



Congolese music star Koffi Olomide shares in the official launch of the *100% Jeune* magazine in Kinshasa on February 9, 2012

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

**Programmatic Quarterly Report  
January – March 2012**

**Submitted by:  
Population Services International  
April 30<sup>th</sup>, 2012**



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## I. Executive Summary

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

**Address:** 4630, De la Science Avenue, USCT Building Block C, Gombe, Kinshasa, Democratic Republic of Congo (DRC)

**Contact:** Dr. Didier Adjoua, Chief of Party

**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 2012 (Q2 FY12)

**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 during Q2 FY12:**

1. 5,831,473 male condoms and 245,750 female condoms were distributed in targeted health zones under the AIDSTAR project.
2. 183,694 Combination-3 oral contraceptives, 56,812 injectables, 944 IUDs, 1,577 Cycle Beads and 603 *Jadelle* were distributed to women of reproductive age in project-targeted health zones.
3. 36,237 CYPs were generated by the FP products distribution over the quarter.
4. 2,640 Clean Delivery Kits were distributed.

- 1,160,541 sachets of PUR and 1,776,648 tablets of Aquatabs were distributed, to treat 47,138,370 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 activities*

- The distribution network has been expanded to the fast moving consumer goods distributors and their network in Kasai Occidental (Magasin Oudney dans Dieu Seul Espoir based in Kananga), Kasai Oriental (Final Boutique based in Mbuji-mayi), Sud-Kivu (Sharcom based in Bukavu) and Kinshasa (NILU and LD).
- A programmatic workshop was held in Kinshasa at Caritas' site where the sales team's supervisors were trained on how to organize the presence of sales teams in the field by visiting sales outlets. This training has equipped sales teams to organize their work to ensure that each of their members has a specific geographic area assigned to him/her and sales objectives to reach.

### *HIV/AIDS/STI*

- In the second quarter of fiscal year 2012, PSI/ASF received 3,999,000 Prudence® male condoms and 5,000,000 Prudence® female condoms in its main warehouse in Kinshasa. At the end of this quarter, there are a total of 28,644,528 Prudence® male condoms and 1,020,103 Prudence® female condoms in stock in PSI/ASF's warehouses in the targeted provinces.
- The following tables highlight the distribution of male and female condoms by province during Q2 FY12 and the inventory on hand at the end of March 2012:

Male Prudence	Distribution	Stock available, end of March 2012
<b>KINSHASA</b>	2,130,030	22,952,131
<b>KATANGA</b>	1,806,087	1,433,913
<b>BAS-CONGO</b>	262,665	952,335
<b>SUD-KIVU*</b>	790,695	998,145
<b>PROVINCE ORIENTALE</b>	434,025	776,835
<b>EQUATEUR</b>	34,020	235,980
<b>KASAI OCCIDENTAL</b>	187,156	568,844
<b>KASAI ORIENTAL</b>	186,795	726,345
<b>TOTAL</b>	<b>5,831,473</b>	<b>28,664,528</b>

\*In this report, Sud-Kivu's distribution figures include Nord-Kivu's. But in future reports, they will be disaggregated.

<b>Female Prudence</b>	<b>Distribution</b>	<b>Stock available, end of March 2012</b>
<b>KINSHASA</b>	153,000	839,373
<b>KATANGA</b>	20,400	30,000
<b>BAS-CONGO</b>	12,000	48,000
<b>SUD-KIVU</b>	1,850	37,920
<b>PROVINCE ORIENTALE</b>	2,400	8,400
<b>EQUATEUR</b>	0	10,400
<b>KASAI OCCIDENTAL</b>	7,500	23,700
<b>KASAI ORIENTAL</b>	48,600	22,310
<b>TOTAL</b>	<b>245,750</b>	<b>1,020,103</b>

After integrating the Kinshasa and Kisangani HIV expansion component into the AIDSTAR contract, the total of male condoms to be distributed this fiscal year increased to 34,000,000. The condom distribution will continue to use the same channels in PSI/ASF's distribution network including ladies' hair salons.

Some additional points of junction were identified during the last quarter. PSI /ASF distributed kits (containing condoms and water purifiers) to mobile sales outlets during Q2 FY12 as seen during the PEPFAR Deputy Principals' visit in Katanga and will continue the distribution in Q3 2012. The sales teams will be responsible for the distribution as their presence will be reinforced in the field during the next quarter.

### ***Family Planning***

1. The oral contraceptives packaging is being finalized to include three blisters in one pack, replacing the existing one-blister pack. The revised CycleBeads packaging is also being finalized.
2. The FP packaging material ordered was received, except dispensers for Combination 3.
3. Bayer is directly handling Microlut's marketing authorization (AMM) follow-up with the Ethica agency.

4. The table below shows the contribution of each of the provinces targeted by the project in achieving distribution objectives, from January to March 2012.

Province	COMBI 3	MICROLUT	Injectable	IUD	CycleBeads	Jadelle
Kinshasa	130,470	0	37,996	136	332	82
Katanga	20,000	0	6,720	62	260	50
Bas-Congo	10,408	0	1,490	84	124	5
Sud-Kivu	10,910	0	5,650	460	241	415
Kasaï Occidental	4,806	0	1,366	56	159	3
Kasaï Oriental	2,400	0	1,088	109	286	48
Nord-Kivu						
Province Orientale	2,300	0	1,850	20	33	0
Equateur	2,400	0	652	17	142	0
Maniema						
<b>TOTAL</b>	<b>183,694</b>	<b>0</b>	<b>56,812</b>	<b>944</b>	<b>1,577</b>	<b>603</b>

5. This quarter, 36,237 CYPs were generated from *Confiance* products: 183,694 COC, 56,812 3-month injectables, 944 IUDs, 1,577 Cycle Beads and 603 *Jadelle*. This distribution represents PSI/ASF's contribution to the prevention of unwanted pregnancies among women of reproductive age, thus improving the contraceptive prevalence in DRC.
6. During the programmatic workshop held in Kinshasa, the sales team was instructed to introduce *Confiance* contraceptives through pharmaceutical wholesalers as described in the project year 3's USAID approved priorities. PSI/ASF has received a stock of OCs and began to distribute them in generic form (Bayer product) in the pharmaceutical wholesalers' network. In the meantime, PSI/ASF is getting packaging materials so as to start the packaging process of OCs in a branded form.

### **Maternal & Child Health**

#### **CDK**

1. At the beginning of the current reporting period, a quantity of 10,756 CDKs (*Délivrans*<sup>®</sup>) were in stock. During Q2 FY12, 2,640 CDKs were distributed in all the provinces covered by PSI/ASF.
2. The following table highlights the distribution of *Délivrans*<sup>®</sup> by province during Q2 FY12, and the inventory on hand at the end of March 2012:

DELIVRANS	Distribution	Stock available, end of March 2012
Kinshasa	23	32
Katanga	486	2,193
Bas-Congo	208	516
Sud-Kivu	1,751	3,223
Nord-Kivu		
Province Orientale	41	72
Equateur	93	156
Kasaï Occidental	22	1,728
Kasaï Oriental	16	196
Maniema		
<b>TOTAL</b>	<b>2,640</b>	<b>8,116</b>

#### DTK

1. Since the selected manufacturer for *Ora-Zinc*<sup>®</sup> withdrew, PSI/ASF re-launched the bidding process in March 2012 for the selection of a new manufacturer for the product as indicated in the Q1 FY11 report. Once the new manufacturer is selected, PSI/ASF will submit a new waiver request to USAID. Beginning to product *Ora-Zinc*<sup>®</sup> and planning the new date for launching this product in DRC depend on getting the waiver.
2. As soon as the waiver is obtained from USAID, PSI/ASF will ask the manufacturer to send the technical file and samples of *Ora-Zinc*<sup>®</sup> for the registration process in DRC. To be proactive, PSI/ASF got in touch with the MoH to pave the way for the registration process and the import of *Ora-Zinc*<sup>®</sup>.

#### Water and Sanitation

1. From January to March 2012, a total of 1,160,541 sachets of PUR and 1,776,648 tablets of Aquatabs were distributed in USAID-targeted provinces and provincial capitals (Kinshasa, Katanga, Sud-Kivu, Bas-Congo, Province Orientale, Equateur, Kasaï Occidental and Kasaï Oriental). PUR and Aquatabs were distributed to health centers, pharmacies, retailers, wholesalers, NGOs and households.
2. The cholera outbreaks in Equateur, Bas-Congo and other provinces are the principal reason of the high use of water purifiers.

3. The following tables highlight the distribution of products by province during Q2 FY12, and the inventory on hand at the end of March 2012:

<b>PUR</b>	<b>Distribution</b>	<b>Stock available, end of March 2012</b>
Kinshasa	156,480	4,107,409
Katanga	36,612	582,828
Bas-Congo	83,280	30,960
Sud-Kivu	169,809	63,909
Kasaï Occidental	47,520	74,880
Kasai Oriental	90,720	84
Province Orientale	13,680	287,136
Equateur	562,440	0
<b>TOTAL</b>	<b>1,160,541</b>	<b>5,147,206</b>

<b>AQUATABS</b>	<b>Distribution</b>	<b>Stock available, end of March 2012</b>
Kinshasa	764,320	2,963,746
Katanga	80,048	103,152
Bas-Congo	85,120	22,304
Sud-Kivu	389,936	529,461
Kasaï Occidental	64,032	193,376
Kasaï Oriental	56,872	23,680
Province Orientale	46,720	139,896
Equateur	289,600	236,160
<b>TOTAL</b>	<b>1,776,648</b>	<b>4,211,775</b>

## Task 1 Indicators: Situation as of end Q2 FY12

	INDICATORS <sup>1</sup>	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	34,000,000	8,504,334	25.01	Provincial staff was involved in training workshops held in Kinshasa. An increase in distribution is expected in the next quarter.
2	Number of female condoms distributed through the USG funded social marketing programs	1,322,840	402,737	30.44	Part of the stock of female condoms was received already approaching expiry (Nov. 2012). Now, wholesalers are refusing to buy them. This stock will be distributed for free to PSI/ASF's local partner NGOs that work with women and with CSWs.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	60,000,000	124,142,710	206.9	A significant amount of POU products were distributed during cholera outbreaks by NGOs (about 60%).
5	Number of clean delivery kits distributed through the USG funded social marketing programs	18,008	4,733	26.28	A reorientation of the distribution is planned for next quarter to concentrate more on high-demand areas like Sud-Kivu.
6-1	Number of cycles of oral contraceptives (COMBI 3) distributed through the USG funded social marketing programs	1,530,282	347,194	22.68	This is the generic form. Next quarter the branded form will be distributed and sales are expected to be boosted.
6-2	Number of cycles of oral contraceptives (MICROLUT) distributed through the USG funded social marketing programs	270,000	0	0	Stock out of Ovrette since Q4 FY10. 35-tablet Microlut registration process still underway, follow-up by Bayer Schering.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	217,960	88,686	40.68	On track
8	Number of IUDs distributed through the USG funded social marketing programs	2,750	1,575	57.27	On track
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,000	1,665	27.75	The distribution will increase during the next quarter. During presentation of the <i>Confiance</i> package for informed choice, interest was expressed in some provinces for this product.
10	Number of implants distributed through the USG funded social marketing programs	2,500	1,155	46.2	On track
11	CYP	204,884	59,422	29.0	With the trainings just held and the relaunch of activities after the social crisis the CYPs score is expected to improve next quarter.

## 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. During this quarter, PSI/ASF alongside government partners organized the celebration of the International Women's Day. The theme chosen in DRC was: Invest in Rural Woman and Young Girls for a Best Future. During this event, PSI/ASF raised women's awareness on a range of PSI/ASF's socially marketed products.

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

2. PSI/ASF initiated and sent a letter to USAID indicating its willingness to share communication tools developed by PSI/ASF with USAID and other USAID's partners. In February, the first tools containing new MCH campaigns were sent to USAID.

### ***HIV/AIDS/STI***

1. Prior to a distribution of PSI/ASF's new communication campaigns, communication tools developed for *Prudence*<sup>®</sup> (male and female) condoms were pretested in February. That allowed agencies to incorporate changes before final production. The final delivery of TV and radio communication tools occurred in late March. As a result, branded communication materials such as posters, leaflets, and T-shirts related to the campaigns were sent for production in Q2 FY12. Currently, the previous *Prudence*<sup>®</sup> (male and female) condoms campaigns are being broadcast until they are replaced by the new campaigns at the beginning of next quarter.
2. PSI/ASF conducted communication activities in Q2 FY12 to reach targeted at-risk populations. Targeted communications and promotional materials for uniformed personnel, including 300 T-shirts, were delivered at the PSI/ASF's main warehouse. Road billboard designs are being produced for the trucker target population. The film *Amah Dja Foule* was translated into different Congolese national languages (Lingala, Swahili, Tshiluba and Kikongo) to target CSWs. Flipcharts for CSWs and uniformed personnel were also developed and will be produced in Q3 FY2012.
3. PSI/ASF began the selection of sites with good visibility for billboards.

### ***100%Jeune***

1. The launch ceremony of the *100%Jeune* magazine took place on February 9, 2012 at *Collège Boboto*, in Kinshasa, with over a hundred young people in attendance. USAID and other partners were also present. This event helped promote the first two issues of the magazine already published.



Attendees at the ceremony of *100%Jeune* magazine's official launch come with their copies to get Koffi Olomide's autograph.

1. At the beginning of March, (music and sports) TV shows were selected on partner channels to further publicize the magazine among the target group. Radio and TV spots on the *100%Jeune* project are being produced based on a song that will be adapted into a movie clip for TV and aired on partner radio stations in Kinshasa, Katanga and Sud-Kivu. The aim is to make the magazine known and incite young people to buy it and read it.

## IPC

1. During this quarter, PSI/ASF organized refresher trainings for all the 9 NGOs it collaborates with in order to increase their capacity to conduct IPC sessions. Furthermore, seven other partner organizations were trained in Bukavu, Lubumbashi, Kananga, Mbuji-Mayi and Boma to continue awareness-raising campaign activities through IPC.
2. 300 new PEs were selected in collaboration with PNLS and local partner NGOs in 7 provinces.
3. During this quarter, 11 of PSI/ASF's BCC staff were identified in collaboration with PNLS to be trained as PEs' trainers.
4. PSI/ASF received technical assistance from PSI/Rwanda to update refresher and training modules for PEs in collaboration with PNLS.
5. PSI/ASF conducted a training of PEs' trainers in Kinshasa during this quarter. The 11 participants (5 males and 6 females) were from 7 provinces: Kinshasa, Province Orientale (Kisangani), Katanga (Lubumbashi), Sud-Kivu (Bukavu), Bas-Congo, Kasai Oriental and Kasai Occidental.
6. In collaboration with PNLS, PSI/ASF retrained 197 existing PEs out of the 200 who were scheduled to be trained, including 120 males and 77 females, to enhance the strategy of the delivery of prevention messages to target groups (youth, CSWs, truckers and uniformed personnel) in accordance with national standards. The 3 remaining PEs were not available during the retraining period.
7. In collaboration with PNLS, PSI/ASF trained 232 new PEs out of the 300 who were scheduled to be trained, including 135 males and 97 females, in the delivery of prevention messages to target groups (youth, CSWs, uniformed personnel, MSM and truckers) in accordance with national standards. These training sessions were held in 5 provinces: Sud-Kivu (Bukavu), Katanga (Lubumbashi), Kasai Oriental, Kasai Occidental and Bas-Congo). The remaining 68 new PEs will be trained in Kinshasa next quarter.
8. Mass communication activities were organized and conducted in Kinshasa's peripheral sites such as Camp Luka. Other mass outreach sessions were held during the International Women's Day and World Water Day.
9. PSI/ASF collaborated with ProVIC in referring target groups to existing counseling and testing centers. PSI/ASF also organized joint activities with ProVIC including PSI/ASF raising people's awareness on HIV/AIDS and referring them to mobile testing units operated by ProVIC.

## *Family Planning*

1. The revision of the existing flipchart to incorporate new modern contraceptive methods is being finalized with PNSR's assistance. Once finalized, it will be produced and distributed to PEs and clinics.
2. Based on the creative brief, the first two radio programs were recorded to leverage users testimonials and correct false beliefs. They are being edited. In April, they will effectively be aired in Kinshasa.
3. Promotional materials, including 29,000 leaflets explaining *Confiance* products and 2012 calendars were delivered at PSI/ASF's main warehouse.
4. Existing FP generic spots were broadcast in January. The next broadcast is scheduled for Q3 FY2012.
5. During this quarter, IPC sessions were conducted in all provinces where CBEs are active. CBEs focused their activities near PSI/ASF's partner clinics.

Number of people reached through FP interpersonal communication, by province  
(January-March 2012 – Q2 FY12)

<b>Province</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>
Kinshasa	4,267	13,642	17,909
Katanga	1,491	9,846	11,337
Bas-Congo	405	2,780	3,185
Sud-Kivu	144	6,184	6,328
Province Orientale	462	1,600	2,062
Equateur	144	606	750
Kasaï Occidental	1,099	4,513	5,612
Kasaï Oriental	1,156	4,267	5,423
<b>Total</b>	<b>9,168</b>	<b>43,438</b>	<b>52,606</b>

6. The hotline, which aims at improving access to information on FP, reported numerous calls from men, namely 1,922 (69.31%) calls out of a total of 2,773 calls recorded during the quarter. 54,2% of recorded questions were about FP information (FP advantage, types of methods, users' profile, etc.), 6,7% of them were concerns about the side effects (rumors, false beliefs), 5,6% of them were about the location of FP clients support sites and about 33,5% of them concerned other health areas, especially malaria.

Number of calls received by FP hotline, by province  
(January-February-March 2012 – Q2 FY12)

Province	Calls		Total
	Men	Women	
Kinshasa	332	481	813
Katanga	630	65	695
Bas-Congo	76	53	129
Sud-Kivu	66	15	81
Nord-Kivu	42	10	52
Province Orientale	105	16	121
Equateur	94	38	132
Kasaï Occidental	201	74	275
Kasaï Oriental	114	36	150
Maniema	124	9	133
Bandundu	138	54	192
<b>Total</b>	<b>1,922</b>	<b>851</b>	<b>2,773</b>

7. Counseling sessions, organized for couples or individuals (men and women) of reproductive age in network clinics, created a framework for extensive exchanges on FP, its importance on health and available contraceptive methods including condoms, which offer dual protection. As shown in the table below, 17,478 people benefited from this service thanks to FP providers.

Number of people reached through FP counseling visits, by province  
(January-February-March 2012 – Q2 FY12)

Province	Men	Women	Total
Kinshasa	1,285	5,905	7,190
Katanga	232	2,097	2,329
Bas-Congo	465	942	1,407
Sud-Kivu	28	572	600
Province Orientale	303	504	807
Equateur	21	60	81
Kasaï Occidental	510	2,156	2,666
Kasaï Oriental	1,009	1,389	2,398
<b>Total</b>	<b>3,853</b>	<b>13,625</b>	<b>17,478</b>

8. A total of 4,895 new clients accepted to use modern contraceptive methods.

Number of new clients recruited, by province  
(January-February-March 2012 – Q2 FY12)

Province	New Clients		Total
	Men	Women	
Kinshasa	0	1,749	1,749
Katanga	0	972	972
Bas-Congo	0	295	295
Sud-Kivu	0	505	505
Province Orientale	0	126	126
Equateur	0	228	228
Kasaï-Occidental	0	723	723
Kasaï-Oriental	0	297	297
<b>Total</b>	<b>0</b>	<b>4,895</b>	<b>4,895</b>

9. In the implementation of activities during the January-March 2012 quarter, 8 technical meetings were organized by PSI/ASF's provincial staff with partner clinics to talk about the progress of their successes and the difficulties faced in providing FP services and products. One of the highlights on the agenda was the compliance with Quality-Assurance standards and protocols related to clients care in a FP unit.
10. During this quarter, under PNSR's coordination, the draft of the revised supervision checklist was pretested in a few clinics that provide FP service in Kinshasa, Lubumbashi and Likasi. The purpose was to get supervisors and supervisees' feedback on the contents and approximate time needed to fill out this tool. During next quarter, PSI/ASF's technical staff will sit with PNSR to incorporate the observations made and finalize the updated checklist.
11. Regarding the organization of the referral system in case of complications resulting from the administration of FP methods, especially long-acting methods, and in compliance with PSI's international standards, PSI/ASF is working with SCOGO, the Congolese Gynecology & Obstetrics Society, to identify gynecologists and obstetricians based in the project-targeted provinces and interested in FP to serve as focal points in the management of possible complications. This step precedes the development of the communication tree to be used in the future in case of complication.
12. In order to finalize the training plan related to "FP capacity building for PMTCT Acceleration plan," PSI/ASF met with the four concerned partners (ProVIC, UNC, EGPAF, ICAP). Consequently, the intervention mapping was finalized (Kinshasa, Katanga, Bas-Congo, Sud Kivu and Province Orientale), participants were categorized in terms of service providers and

supervisors, and the number of 450 persons to be trained next quarter for these four organizations was split.

The following table shows the number of participants per partner:

Organization	Recipients		Total
	Service Providers	Supervisors	
ProVIC	122	37	159
UNC	66	6	72
EGPAF	44	5	49
ICAP	142	28	170
<b>Total</b>	<b>374</b>	<b>76</b>	<b>450</b>

This training will take place early next quarter with the technical support of the Provincial Inspection of Health, the PNSR and the SCOGO.

13. The technical competence of service providers is one of the core standards to provide quality service. Therefore, PSI/ASF has been organizing refresher training for the *Confiance* network's clinical providers, taking into account weaknesses observed during supervision visits conducted by its FP staff. This activity will continue in April 2012.
14. Members of the FP *Confiance* social franchise network signed the memorandum of understanding that defines each signatory party's obligations including PSI/ASF's material and technical support in order to ensure clients' security in partner clinics. To further strengthen this partnership, PSI/ASF has offered the managers of the network's clinics a framework for exchanges on the strengths and areas for improvement in implementing this project and for FP promotion in DRC. This initiative ensures that these managers are involved in the process of improving the quality of service/products offered to women of reproductive age.

### ***Maternal & Child Health***

#### ***DTK***

1. The new flipchart for diarrhea care targeting children under five was developed and is being produced.

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

1. New communication campaigns for PUR and Aquatabs were finalized and broadcast beginning March 15, 2012. The PUR children cartoon was broadcast in January. Promotional and advertizing items (stickers) are being produced in Q3 FY12.
2. IPC activities were strengthened, especially in Bukavu, Bas-Congo and Mbandaka where a cholera outbreak was announced.

3. In collaboration with the MoH, PSI/ASF developed a training manual for care providers regarding the management of diarrhea for children under five with the use of low-osmolarity ORS and Zinc. The manual is now with the ethics committee at the General Secretariat of MoH which is planning to summon a workshop of its validation during the second quarter of 2012.
4. A total of 36,290 people, including mothers and caregivers with children under five, students, etc., were reached.

**Task 2 Indicators: Situation as of end Q2FY12**

	INDICATORS	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	10,952	6,565	59.94	Ongoing
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	19,942	10,017	50.23	Ongoing
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	16,566	18,948	114.37	Ongoing
15	Number of targeted condom service outlets	7,152	7,152	100	Points of sale are cumulative.
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	300,000	49,400	16.46	With the BCC managers' recent training, this indicator will be improved. The integration of local NGOs' activities (MVU) will also help improve it.
17	Number of media outlets including HIV/AIDS messages in their program	36	14	38.88	The target was revised and increased.
18	Number of media broadcasts that promote responsible sexual behavior	5,400	1,926	35.66	The target was revised and increased.
19	Number of peer educators who successfully completed an in-service training program	300	232	77.33	the remaining 68 new peer educators will be trained in Kinshasa next quarter
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	5	0	0	Planned in Q3 FY12
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	45	0	0	Service delivery points sufficiently supplied
22	Numbers of people reached during outreach activities promoting the use of water purifier products	250,000	166,995	66.79	Ongoing
25	Percentage of delivery points reporting stock-out of water purifier at any time	20%	0	0	No stock out has been reported to the project by PSI/ASF's direct clients (wholesalers)

**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. Nine NGOs were provided refresher training and continue to conduct communication activities in all provinces. Seven additional NGOs were trained to conduct the same activities. During the next quarter four other NGOs will be added to the list in order to have at least 20 NGOs to conduct communication activities, including MVU.

**Task 3 Indicators: Situation as of end Q2 FY12**

	INDICATORS	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 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	9	90%	Ongoing

**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. On February 23, 2012, PSI/ASF met with the COTR to review his comments on Q1 FY12’s progress report, receive an update on commodity management and needs, and talk about the main activities planned for the second quarter. Another meeting was held on March 2, 2012 with the USG’s implementing partners’ COPs. They discussed tips for working with UNICEF and updates on COP2012, MSM workshop and OVC global forum. There was a debriefing on PEPFAR Deputy Principals’ visit.
2. PSI/ASF organized meetings with (9) partner NGOs to ensure project implementation. PSI/ASF also attended meetings with government partners.
3. During this quarter, PSI/ASF participated in different workshops organized in the provinces under PNLMS’ coordination to evaluate HIV activities and to prepare the operational plan for 2012.
4. During this quarter, PSI/ASF and ProVIC held joint activities during the PEPFAR Deputy Principals’ site visits in January. PSI/ASF and ProVIC convene to prepare a specific agenda for the next coming quarter.

**Capacity Building & Assessments**

1. The PEs and PEs’ supervisors for the 9 NGOs selected during Year 2 were trained to carry out BCC activities related to HIV for the target populations including youth, CSWs, truckers, and uniformed personnel. Furthermore, Social Impact had the opportunity to debrief the 9 NGOs after the organizational capacity assessment done during the past quarter.

- The Capacity Assessment of 11 remaining NGOs selected during Year 2 is planned for the next quarter.

**Task 4 Indicator: Situation as of end Q2 FY12**

	INDICATOR	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	110	29	26.36	Ongoing

**Research, Monitoring and Evaluation**

**Cross-Cutting**

- The dissemination of HIV survey results will first start with USAID next quarter.
- The QED group was subcontracted to perform the external mid-term evaluation with an approved international consultant, Dan Blumhagen, in the Year 3’s scope of work for this task order. The in-country assessment was scheduled to take place from March 26<sup>th</sup> to April 27<sup>th</sup> 2012. PSI was informed that the QED Group needed to terminate their subcontract with PSI due to a conflict of interest stated in Amendment 3 of the USAID Global Health Technical Assistance RFP, solicitation number SOL-OAA-12-000025. Amendment 3 states that “In accordance with the principles of FAR Subpart 9.5 and USAID policy, the contractor shall be ineligible to furnish, as a prime or subcontractor or otherwise, Global Health implementation services under any contract, task order, cooperative agreement, or grant for the life of this contract”. The QED Group requested to terminate the subcontract by April 2<sup>nd</sup>, 2012 in order to comply with this organizational conflict of interest requirement. PSI/ASF will propose to USAID the replacement of QED by Social Impact, one of the other subcontractors under this IQC, to conduct this mid-term evaluation.
- The protocol of the “willingness to pay” survey is under discussion with the PSI/WCA research team, and the survey is planned for the next quarter.
- During this quarter, two TV spots on male and female *Prudence* condoms were pretested to assess target groups’ level of understanding and acceptance.

**Family Planning**

- The protocol of the “Exit Interview” survey has already been submitted to the ethics committee and their approval is still awaited.

**Reporting**

- During this quarter, PSI/ASF submitted one quarterly technical progress report related to the period from October to December 2011.

### III. Project Management

1. In order to revitalize the *Confiance* network, which includes partner clinics, PSI/ASF's FP staff made an exchange visit to PSI/Mali since this platform is experienced in organizing and maintaining a social franchise network. Lessons learned from this mission will help increase the FP services attendance rate and improve FP products distribution system through the existing network.
2. The exchange visit made by PSI/ASF's FP technical staff to PSI/Benin focused on the process of improving the quality of FP services and products by complying with the 5 quality-assurance standards, namely: technical competence, client satisfaction, informed choice, privacy/confidentiality and continuity of care. The benefit of this mission includes some lessons learned such as points to take into account when organizing a programmatic audit of FP activities, and facilitative supervision which is also directed to other categories of clinics personnel (logisticians, cleaners, etc.) who are involved in the safety and satisfaction of clients.
3. PSI/ASF's MCH Director visited PSI/Cameroon and will apply lessons learned from this exchange visit about ORS and Zinc distribution:
  - Take all possible steps to get the marketing authorization (AMM) for ORS and Zinc as a prerequisite to present and future import in order to ensure continuous availability of stocks;
  - Ensure communication on proper management of diarrhea (*PEC-D*, French acronym) with ORS and Zinc for the benefit of target population in order to create informed demand (allow a sizeable budget);
  - Provide training for providers and prescribers on *PEC-D* before launch;
  - Advocate with the GDRC for the strengthening of communication on social marketing so as not to be confused with merchants;
  - Ensure advocacy with the MoH for ORS and Zinc's de-medicalisation in order to make them more accessible and increase their coverage;
  - Provide the PSI/ASF Marketing, Communication and Sales Department (MCSD) with all technical and strategic elements and let it manage all marketing matters related to ORS/Zinc (as well as all other products);
  - Share Cameroon's experience with the MCSD to strengthen partnership with wholesalers in order to motivate and retain them, and to continue making of provincial offices purely marketing units (sharing information and working papers).
4. In February 2012, communication managers attended a workshop whose goal was to clarify expectations regarding communication via mass media and identify the tools required to carry out activities. Communication teams are now well equipped to organize IPC and mass activities, and monitor related indicators.
5. During the same month, provincial clinic managers in the *Confiance* network attended a capacity building workshop held in Kinshasa in order to promote FP in accordance with quality-assurance standards. The workshop focused on two aspects: training of trainers,

including notions on supervision of FP activities, and discussions on best practices and lessons learned about the process of improving quality in FP.

6. The workshop held during this quarter provided a good opportunity to build provincial Sales Managers' capacity.
7. During the quarter, provincial managers in charge of monitoring-evaluation of field activities in areas of PSI/ASF's intervention in DRC underwent capacity building training with the goals of:
  - Improving skills in monitoring-evaluation of activities carried out by local NGOs that work with PSI/ASF in the implementation of project's activities;
  - Harmonizing and understanding indicators that are used and reported;
  - Standardizing tools for collecting and reporting data.
8. A large portion of the needed equipment (air conditioners, furniture, computer accessories, etc) for program implementation was purchased. For the remaining equipment (Computers, MVU materials, 4-wheel-drive vehicles, etc), the analysis and selection of suppliers is underway.
9. PSI/ASF received this quarter an STTA from PSI/Nairobi to strengthen its partnership with the 9<sup>th</sup> Directorate of the MoH regarding the integration of point-of-use water treatment in their 2012 annual action plan. So far, this important aspect of hygiene was barely mentioned as a simple prevention method in the national policy on fighting diarrheal diseases. Efforts are still needed to achieve this integration in the DRC's national policy on hygiene.
10. PSI/ASF received this quarter an STTA from PSI/Rwanda to update the HIV prevention training modules for PEs, facilitate a TOT workshop, and provide the new HIV/TB Director an overview of PSI's approaches for implementing HIV programs.
11. PSI/ASF's FP staff continues to take the online training on regulations regarding FP service/products offer. Early in the next quarter, certificates of this training completion will be sent to USAID.

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

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

1. The distribution of female condoms whose expiry date is November 2012. Therefore, wholesalers are reluctant to purchase them. In the next quarter, PSI/ASF will see how to develop a free distribution of this stock to women's associations.
2. In March 2012, the bidding process was launched again to select the new manufacturer of Ora-Zinc. Once the manufacturer is selected, PSI/ASF will submit a new waiver request to USAID. Beginning to product Ora-Zinc<sup>®</sup> and planning the new date for launching this product in DRC depend on getting the waiver.
3. Bayer, Combination 3's manufacturer, was slow to provide its concurrence for the over-branding of this FP product. This has delayed the production of appropriate packaging.

## **V. Environmental Mitigation (IEE)**

1. As part of the management of waste generated by the delivery of FP services and products in partner clinics, waste bins were included in the set of materials distributed in the supported provinces.
2. During on-site visits and regular meetings with clinicians, the provincial FP staff regularly reiterates the national policy on biomedical waste management. PSI/ASF's provincial staff made the handbook entitled "*Data sheet for injections and samplings safety, and biomedical waste management*" available for FP clinics for a continual application of this procedure in dealing with such waste.
3. 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 it reaches the clinic incinerator, and it also contributes to environmental protection.
4. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP method training. Guidelines for assuring IEE requirements are met in *Confiance* clinics and have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.
5. 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**

1. USAID's regulations on delivering FP services and products were the focus of discussions during the series of meetings with FP providers to reiterate the TIAHRT Amendment in view of expected results in their FP service delivery.
2. As part of capacity building on USAID's FP policy, PSI/ASF's teams in charge of FP activities have been taking online courses on regulations concerning the provision of services and contraceptive products in order to ensure better program coordination.

## VII. Planned activities versus progress (table)

FY 2012 Workplan for the Advancing Social Marketing for Health in DRC																					
Activity	People concerned by trips	2011				2012				Comments											
		OCT	NOV	DEC	JAN	FEB	MAR														
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4				
<b>A Program Administration</b>																					
<b>A-1 General</b>																					
<b>A-2 Trainings and Conferences</b>																					
A-2-2	PSI/ASF Staff Exchange Visit on Social Franchising / DRC-Mali / 1 person																	X	Achieved		
A-2-4	PSI/ASF Staff Exchange Visit on Internal Audit of FP Activities Quality / DRC-Benin / 2 people																		X	Achieved	
A-2-6	PSI/ASF Staff MCH Exchange visit / DRC- Cameroon / 1 person																			X	Achieved
A-2-8	PSI/ASF Staff Exchange visits / DRC-Cameroon / 1 person																			X	Postponed in Q4 FY12
A-2-9	PSI/ASF Staff Exchange visits / DRC- Vietnam / 1 person																			X	Postponed in Q4 FY13
A-2-14	Capacity building for key personnel / DRC- Washington DC																			X	Postponed in Q4 FY13
A-2-15	BCC capacity building for PSI/ASF's provincial Communication Managers																			X	Achieved
A-2-16	FP capacity building for PSI/ASF's provincial Clinics Network Managers																			X	Achieved
A-2-17	Sales capacity building for PSI/ASF's provincial Sales Managers																			X	Achieved
A-2-18	M&E capacity building for PSI/ASF's provincial M & E Managers																			X	Achieved
<b>A-3 Procurement/Equipment</b>																					
A-3-2	Analyze and select suppliers, and purchase equipments																			X	Ongoing
<b>A-4 Technical Assistance Travel</b>																					
A-4-4	MCH/Watsan Technical Assistance trip / Nairobi -DRC / 1 person																			X	Achieved
A-4-5	HIV Technical Assistance trip / Cameroon - DRC / 1 person																			X	Achieved
A-4-6	QED's project mid-term and M&E system evaluation trip / Washington DC - DRC / 2 people																			X	Postponed in Q3 FY12
<b>A-5 Other Travels</b>																					
A-5-3	FoQuS on Marketing Planning study / Benin - DRC / 1 person																			X	Postponed in Q3 FY12
<b>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>B-1 Cross-Cutting Activities</b>																					
B-1-1	Expand the distribution network to fast moving consumer goods distributors and their network	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-1-2	Reinforce presence of sales teams in the field to visit existing sales outlets, replace those that are not operational					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-1-3	Hold distribution strategy meetings with wholesalers									X	X	X	X	X	X	X	X	X	X	X	Postponed in Q3 FY12
<b>B-2 HIV/AIDS/STI Activities</b>																					
<b>B-2-1 Product</b>																					
B-2-1-1	Receive male and female condoms from USAID					X	X													X	Ongoing
B-2-1-2	Procure male and female condom packaging material					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
B-2-1-3	Sample, test and package male and female condoms					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-2-1-4	Ship condoms to provinces					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
<b>B-2-2 Placement/Distribution</b>																					
B-2-2-1	Distribute 30,000,000 male condoms	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-2-2-2	Distribute 1,222,840 female condoms (Year 2 remaining target-222,840; year 3 target -1,000,000)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-2-2-3	Scale up distribution into rural areas (involve partners community-based outreach workers/ NGOs/ Associations and commercial bikers)														X	X	X	X	X	X	Ongoing
B-2-2-4	Continue to identify female friendly condom distribution outlets like hair dressing/ beauty shop for women									X	X	X	X	X	X	X	X	X	X	X	Postponed in Q3 FY12







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

FY 2012 Workplan for the Advancing Social Marketing for Health in DRC																																																		
Activity	People concerned by trips	2012																								Comments																								
		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																									
<b>A Program Administration</b>																																																		
<b>A-1 General</b>																																																		
<b>A-2 Trainings and Conferences</b>																																																		
A-2-2	PSI/ASF Staff Exchange Visit on Social Franchising / DRC-Mali / 1 person	FP Social Franchising Coordinator, Luther Mokanga																								X																								
A-2-3	PSI/ASF Staff Exchange Visit on PPIUD / DRC-Mali / 3 people	1- Deputy MCH Director, Gaby Kasongo 2- PNSR Director 3- PNSR FP Focal Point																																																
A-2-4	PSI/ASF Staff Exchange Visit on Internal Audit of FP Activities Quality / DRC-Benin / 2 people	1- Deputy MCH Director, Gaby Kasongo 2- FP Quality Assurance Coordinator, Nancy Ntatakidi																																																
A-2-5	FP Social Franchising Workshop /DRC-Mombassa/1 person	FP Social Franchising Coordinator, Luther Mokanga																																																
A-2-6	PSI/ASF Staff MCH Exchange visit / DRC- Cameroon / 1 person	1- MCH Director, Albert Chikuru																																																
A-2-8	PSI/ASF Staff Exchange visits / DRC-Cameroon / 1 person	PSI/Cameroon 100%Jeune Coordinator																																																
A-2-9	PSI/ASF Staff Exchange visits / DRC- Vietnam / 1 person	COP, Didier Adjoua																																																
A-2-10	Management and Leadership Training / DRC - Washington, DC / 1 person	COP, Didier Adjoua																																																
A-2-11	WCA Regional Financial Training/ DRC-Washington.DC / 1 person	Internal Audit Deputy Director, Titi Tudibenu																																																
A-2-12	DELTA Social Marketing Leaders Training / DRC-TBD / 1 person	1- BCC Specialist, Aaphy Makuta																																																X
A-2-13	DELTA Social Marketing capacity building / DRC-Benin / 1 person	BCC Specialist, Aaphy Makuta																																																
A-2-14	Capacity building for key personnel / DRC- Washington DC	1-COP, Didier Adjoua, 2-Social Marketing and logistics Technical Advisor, Dipoko Degrande																																																
A-2-15	BCC capacity building for PSI/ASF's provincial Communication Managers																																																	
A-2-16	FP capacity building for PSI/ASF's provincial Clinics Network Managers																																																	
A-2-17	Sales capacity building for PSI/ASF's provincial Sales Managers																																																	
A-2-18	M&E capacity building for PSI/ASF's provincial M & E Managers																																																	
A-2-19	Administration and Finance capacity building for PSI/ASF's provincial Administration and Finance Coordinators																																																	
<b>A-3 Procurement/Equipment</b>																																																		
A-3-2	Analyze and select suppliers, and purchase equipments																																																	
<b>A-4 Technical Assistance Travel</b>																																																		
A-4-3	FP PPIUD Trainer trip / Washington -DRC / 2 people	TBD																																																
A-4-4	MCH/Watsan Technical Assistance trip / Nairobi -DRC / 1 person	PSI/Kenya MCH/Watsan Technical Advisor, Yves Cyaka																																																
A-4-5	HIV Technical Assistance trip / Cameroon - DRC / 1 person	PSI/Cameroon, HIV Director, Annie Michele Mvogo																																																
A-4-6	QED's project mid-term and M&E system evaluation trip / Washington DC - DRC / 2 people	Swedberg and Speyer, QED																																																
<b>A-5 Other Travels</b>																																																		
A-5-3	FoQuS on Marketing Planning study / Benin - DRC / 1 person	PSI/WCA Regional Researcher, Joseph Inungu																																															X	X
A-5-6	Home Leave / DRC-Ivory Coast	COP, Didier Adjoua + 3 dependents																								X																								

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-1</b>		<b>Cross-Cutting Activities</b>																											
B-1-1	Expand the distribution network to fast moving consumer goods distributors and their network	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
B-1-2	Reinforce presence of sales teams in the field to visit existing sales outlets, replace those that are not operational	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
B-1-3	Hold distribution strategy meetings with wholesalers	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
<b>B-2</b>		<b>HIV/AIDS/STI Activities</b>																											
<b>B-2-1</b>		<b>Product</b>																											
B-2-1-1	Receive male and female condoms from USAID																												
B-2-1-2	Procure male and female condom packaging material	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
B-2-1-3	Sample, test and package male and female condoms	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B-2-1-4	Ship condoms to provinces	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>B-2-2</b>		<b>Placement/Distribution</b>																											
B-2-2-1	Distribute 30,000,000 male condoms	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B-2-2-2	Distribute 1,222,840 female condoms (Year 2 remaining target-222,840; year 3 target -1,000,000)	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
B-2-2-3	Scale up distribution into rural areas (involve partners community-based outreach workers/ NGOs/ Associations and commercial bikers)																												
B-2-2-4	Continue to identify female friendly condom distribution outlets like hair dressing/ beauty shop for women	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>B-3</b>		<b>Family Planning Activities</b>																											
<b>B-3-1</b>		<b>Product</b>																											
B-3-1-1	Receive FP products from USAID																												
B-3-1-2	Revise oral contraceptives packaging to insert three blisters in one pack replacing the existing one-bliester pack	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
B-3-1-3	Revise CycleBeads packaging and adapt it to shipping constraints	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
B-3-1-4	Procure FP packaging material	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
B-3-1-5	Sample, test and package FP 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
B-3-1-6	Ship products to provinces	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B-3-1-7	Follow up registration process of new contraceptives (AMM for Microlut and Overbranding for Combination 3)	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
<b>B-3-2</b>		<b>Placement/Distribution</b>																											
B-3-2-1	Distribution of <i>Contraception</i> contraceptives through pharmaceutical wholesalers and partner clinics	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
B-3-2-2	Distribute 1,800,282 OCs = (1,200,000 Yr 3 + 600,282 Yr 2 gap)	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
B-3-2-3	Distribute 217,960 injectable contraceptives = (200,000 Yr 3 + 17,960 Yr 2 gap)	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
B-3-2-4	Distribute 2,750 IUDs	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
B-3-2-5	Distribute 6,000 CycleBeads	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
B-3-2-6	Distribute 2,500 implants	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
<b>B-4</b>		<b>Maternal &amp; Child Health Activities</b>																											
<b>B-4-a</b>		<b>Product: CDKs</b>																											
<b>B-4-a-1</b>		<b>Product</b>																											
B-4-a-1-1	Produce 5,159 CDKs (With PSI funds)	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
B-4-a-1-2	Ship CDKs to provinces	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>B-4-a-2</b>		<b>Placement/Distribution</b>																											
B-4-a-2-1	Distribute 18,008 CDKs at cost-recovery (for PSI/ASF)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>B-4-b</b>		<b>Product: Diarrhea Treatment Kits (DTK)</b>																											
<b>B-4-b-1</b>		<b>Product</b>																											
B-4-b-1-1	Follow up the source/origin and pharmaceutical waiver requested to USAID																												
B-4-b-1-2	Procure pre-packaged low osmolarity flavored 1-liter sachets ORS and 20 mg 10-tablet Zinc blisters	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
B-4-b-1-3	Register DTK to the MOH																												
<b>B-5</b>		<b>Water and Sanitation Activities</b>																											
<b>B-5-1</b>		<b>Product</b>																											
B-5-1-1	Receive already ordered Aquatabs (funded by Pooled Fund and Unicef)																												
B-5-1-2	Test Aquatabs in Kinshasa																												
B-5-1-3	Package Aquatabs																												
B-5-1-4	Ship Aquatabs to provinces																												
B-5-1-5	Ship existing PUR stock to provinces	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>B-5-2</b>		<b>Placement/Distribution</b>																											
B-5-2-1	Distribute 2 million PUR sachets through commercial wholesalers, health zones, NGOs and other institutions	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
B-5-2-2	Distribute 2 million <i>Aquatabs</i> through commercial wholesalers, health zones, NGOs and other institutions	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







## IX. Annexes

### IX.1- Project indicators

#### Annex A: Product Distribution Targets

Annexe A: Product Distribution Targets						
	PRODUCTS	ANNEE				TOTAL
		1	2	3	4	
HIV	Male Condoms	20 000 000	25 000 000	34 000 000	32 000 000	111 000 000
	Female Condoms	500 000	700 000	1 100 000	1 200 000	3 500 000
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	2 500	2 500	6 300
MCH/WS	Clean Delivery Kits	20 000	30 000	0	0	50 000
	ORS+Zinc Diarrhea Treatment Kit	0	0	1 000	699 000	700 000
	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	
<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	34 000 000	32 000 000	111 000 000	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	1 100 000	1 200 000	3 500 000	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. year 3 and 4 targets cannot be increased, as cholera outbreaks are not included in the calculation as they cannot be planned.
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	1 000	699 000	700 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and similar project achievements in other PSI countries. Numbers have been revised, based on pending waiver approval. The distribution may start in September 2012.
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. Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible.
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	2 500	2 500	6 300	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. Year 3 and 4 targets have been updated, based on year 2 achievement.
11	Couple-years of protection (CYP) in USG-supported programs	103 607	140 217	160 375	195 200	599 399	Based on year 1 and 2 achievements, and expected family planning products availability, year 3 and 4 targets have been increased.
<b>Task 2: Increase the awareness of and demand for health products and services</b>							
12	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4 364	10 952	11 617	26 933	National reference is 11% for this activity (DHS 2007). Project efforts will increase this target to 30% 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	19 942	21 437	59 096	Year 3 targets are based on previous project achievements, and number of trained field actors to conduct sensitization sessions. 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	16 566	17 286	48 137	Year 3 targets are based on previous project achievements, and numbers of trained field actors to conduct sensitization sessions. Targets are related to available budget.
15	Number of targeted condom service outlets	1 800	6 000	7 152	7 152	7 152	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 3 and 4 targets have been updated, based on year 2 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 3 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	36	15	48	Based on budget available. Each TV and radio station used for message airing is considered as one media outlet, and is counted only once. Year 3 indicator has been increased from 20 to 36. Cumulative indicator.

18	Number of media broadcasts that promote responsible sexual behavior	0	20 160	5 400	1 350	26 910	Based on year 3 budget available. Year 3 indicator has been increased from 1,800 to 5,400.
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	5	0	204	5 new clinics will be integrated in <i>Confiance</i> network for PPIUD pilot project in year 3, resulting in an increase of year 3 target from 0 to 5.
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.
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	No change of year 3 target.
23	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	500	125 000	125 500	Year 3 target has been significantly decreased from 100,000 to 500 as communication activities are awaiting waiver approval from USAID. The time necessary to purchase and ship ORS to Congo will allow less than one-month for distribution in Yr 3 (September 2012).
24	Number of service delivery points social marketing delivery kits	200	400	0	0	400	No change of year 3 target. Non cumulative indicator.
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. No change.
26	Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time	-	-	-	60%	60%	As the distribution of the product is expected to start in September 2012, it will not be possible to assess this indicator in year 3.
<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>							
27	Number of socially marketed health products or services transitioned to the private sector	0	0	0	0	0	Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible. Thus, the indicator for year 3 has been zeroed out.
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	10	0	20	Year 3 and 4 targets have been cumulated in year 3.
<b>Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRRC, other USG and non-USG partners</b>							
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 in coordination. No change in year 3 target.



## 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	Combi 3	POP	Injectable	IUD	Cycle Beads	Jadelle	DELIVRANS	PUR	AQUATABS
KINSHASA	22 952 131	839 373	505 430	-	86 961	915	95 012	1 233	32	4 107 409	2 963 746
KATANGA	1 433 913	30 000	46 000	-	8 280	275	540	250	2 193	582 828	103 152
BAS CONGO	952 335	48 000	15 992	-	8 040	138	425	364	516	30 960	22 304
SUD KIVU	998 145	37 920	109 090	-	16 559	140	259	585	3 223	63 909	529 461
NORD KIVU	-	-	-	-	-	-	-	-	-	-	-
PROVINCE ORIENTALE	776 835	8 400	10 900	-	5 250	65	191	-	72	287 136	139 896
EQUATEUR	235 980	10 400	36 000	-	6 118	126	258	-	156	-	236 160
KASAI OCCIDENTAL	568 844	23 700	17 194	-	4 684	244	241	107	1 728	74 880	193 376
KASAI ORIENTAL	726 345	22 310	18 010	-	5 272	121	210	246	196	84	23 680
MANIEMA	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>28 644 528</b>	<b>1 020 103</b>	<b>758 616</b>	<b>-</b>	<b>141 164</b>	<b>2 024</b>	<b>97 136</b>	<b>2 785</b>	<b>8 116</b>	<b>5 147 206</b>	<b>4 211 775</b>

### IX.3- Travel plan for the next quarter

Trip subject	Person	From	To	Anticipated period	Codes
PSI/ASF Staff Exchange Visit on PPIUD	1- Deputy MCH Director, Gaby Kasongo 2-PNSR Director 3- PNSR FP Focal Point 3 people	Kinshasa	Mali	April 2012	A-2-3
DELTA Social Marketing Leaders Training	BCC Specialist, Aaphy Makuta 1 person	Kinshasa	TBD	June 2012	A-2-12
DELTA Social Marketing Capacity Building	BCC Specialist, Aaphy Makuta 1 person	Kinshasa	Benin	May 2012	A-2-13
FP PPIUD Trainers Trip	1.Dr. Eve Espey 2.Dr. Dakouo Marie-Lea 2 people	1.WDC 2. Mali	Kinshasa	June 2012	A-4-3
FoQus on Marketing Planning study (second trip)	PSI/WCA Regional, Researcher, Joseph Inungu 1 person	Benin	Kinshasa	June 2012	A-5-3
Social Impact's Supervision Trip	Program Associate, Abra Pollock 1 person	WDC	Kinshasa	May 2012	
HIV Capacity Building Training Workshop	1.COP, Didier Adjoua 2. HIV Director, Papy Anau 2 people	Kinshasa	Israel	May 2012	Kisangani HIV Expansion
WCA Workshop for New Research, M&E Directors	Research, M&E Director, Willy Onema 1 person	Kinshasa	Benin	April 2012	Kisangani HIV Expansion
Platform Assessment Tool/Performance Improvement Processus (PAT/PIP)	Consultant, John Justino	WDC	Kinshasa	April 2012	Kisangani HIV Expansion

### X.3- List of Acronyms

AIDS	: Acquired Immune Deficiency Syndrome
AMM	: Autorisation de Mise sur le Marché
ASF	: Association de Santé Familiale
BCC	: Behavior Change Communication
CDK	: Clean Delivery Kit
CILC	: Comité Intersectoriel de Lutte contre le Cholera
CNAEA	: Comité National d'Action Eau et Assainissement
COC	: Combined Oral Contraceptive
COP	: Chief of Party
COTR	: Contracting Officer's Technical Representative
CR	: Country Representative
DHS	: Demographic and Health Survey
DTK	: Diarrhea Treatment Kit
DRC	: Democratic Republic of Congo
FH	: Food for the Hungry
FMCG	: Fast Moving Consumer Goods
FP	: Family Planning
FY	: Fiscal Year
GDRC	: Government of DRC
HIV	: Human Immune deficiency Virus
IEC	: Information, Education and Communication
IPC	: Interpersonal Communication
IUD	: Intra Uterine Device
MAP	: Mesure de l'Accès et de la Performance
MCH	: Maternal and Child Health
MCSA	: Marketing, Communication and Sales Department
MoH	: Ministry of Health
MVU	: Mobile Video Unit
No	: Number
NGO	: Non-Governmental Organization
OC	: Oral Contraceptive
OFOG	: Overseas Financial Operations Group
ORS	: Oral Rehydration Solution
P&G	: Procter and Gamble
PEC-D	: Prise en Charge Correcte de la Diarrhée
PEPFAR	: (US) President's Emergency Plan for AIDS Relief
PLWHA	: People Living With HIV/AIDS
PMTCT	: Prevention of Mother To Child Transmission
PMEP	: Performance Monitoring and Evaluation Plan
PNLMD	: Programme National de Lutte contre les Maladies Diarrhéiques
PNLS	: Programme National de Lutte contre le Sida
PNMLS	: Programme National Multisectoriel de Lutte contre le Sida
PNSR	: Programme National de Santé de la Reproduction
POP	: Progestin-Only Pill
POU	: Point of Use
ProVIC	: Projet de lute contre le VIH Intégré au Congo
PSI	: Population Services International
Q	: Quarter
RH	: Reproductive Health

SCOGO	: Société CONgolaise de Gynéco-Obstétrique
STIs	: Sexually Transmitted Infections
STTA	: Short Term Technical Assistance
TRaC	: Tracking Results Continuously
TV	: Television
UNICEF	: United Nations Children’s Fund
USAID	: United States Agency for International Development
USG	: United States Government
VCT	: Voluntary Counseling and Testing
W	: Week
WATSAN	: Water and Sanitation
WCA	: Western and Central Africa