



2013 World Water Day: PSI/ASF staff demonstrating household water treatment with PuR water purifier.

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

**Programmatic Quarterly Report  
January – March 2013**

**Submitted by:  
Population Services International  
April 30<sup>th</sup>, 2013**



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## I. Executive Summary

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

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

**Agreement number:** GHH-I-05-07-00062-00

**Country:** Democratic Republic of Congo

**Time period:** January – March 2013 (Q2 FY13)

**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 successes during Q2 FY13:**

1. 8,746,720 male condoms and 101,186 female condoms were distributed in targeted health zones under the AIDSTAR project.
2. 222,365 Combination-3 oral contraceptives, 78,747 injectables, 477 IUDs, 2,407 CycleBeads and 254 *Jadelle* implants were distributed to women of reproductive age in project-targeted health zones.
3. 42,484 CYPs were generated through the distribution of FP products over the quarter.
4. All remaining 81 Clean Delivery Kits were distributed.

5. 790,617 sachets of PUR and 8,000 tablets of Aquatabs were distributed to treat 8,066,170 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*

1. PSI/ASF continued collaborating with wholesalers and distributors both in Kinshasa and in the provinces.
2. Sales forces continued to support distribution activities by integrating the use of communication materials, such as posters and stickers, to enhance the visibility of social marketing products.
3. Sales forces visited points of sale based on social marketing performance (MAP) criteria in Kinshasa, Katanga, Bas-Congo, Kasai Oriental and Sud-Kivu. Through these visits, they made products available to points of sale and reinforced the visibility of our activities.
4. Meetings were held with wholesalers and distributors to strengthen the partnership.
5. Rural strategy materials were inventoried and are being shipped to implementing provinces, namely Katanga, Province Orientale and Kasai Oriental, where they will arrive next quarter to allow focal points implement this strategy. The local consultant in charge of the implementation of the rural strategy was recruited.

### *HIV/AIDS/STI*

1. At the beginning of this quarter, there were 50,917,984 Prudence<sup>®</sup> male condoms and 414,835 Prudence<sup>®</sup> female condoms stored in PSI/ASF's warehouses in the targeted provinces.
2. The application for the scented condom "Prudence Sensuel" market entry authorization (AMM) has been pending MoH approval since December 2012 and there has not been any subsequent meeting of the MoH's committee in charge of delivering this authorization.
3. For testing and sampling purposes, respectively 3,500 and 6,400 "Prudence Sensuel" male condoms were used. Thus, 14,558,100 units are currently available in the main warehouse.
4. During this quarter, PSI/ASF ordered and received 5,000,000 3-unit packs and 333,333 45-unit packs (or dispensers) for packaging Prudence<sup>®</sup> male condoms.
5. The following tables highlight the distribution of male and female condoms by province during Q2 FY13 and the inventory on hand at the end of March 2013:

Male Prudence	Distribution	Stock (packaged and unpackaged) available, end of March 2013
KINSHASA	1,741,050	39,223,230
KATANGA	1,087,760	1,072,610
BAS-CONGO	793,260	54,045
SUD-KIVU/ NORD-KIVU	500,040	40,464
PROVINCE ORIENTALE	735,350	638,545
EQUATEUR	0	278,370
KASAI ORIENTAL/ KASAI OCCIDENTAL	3,889,260	864,000
<b>TOTAL</b>	<b>8,746,720</b>	<b>42,171,264</b>

Female Prudence	Distribution	Stock available, end of March 2013
KINSHASA	25,610	238,383
KATANGA	43,314	0
BAS-CONGO	20,520	5,000
SUD-KIVU/ NORD-KIVU	220	52,236
PROVINCE ORIENTALE	11,522	18,030
KASAI ORIENTAL/ KASAI OCCIDENTAL	0	0
<b>TOTAL</b>	<b>101,186</b>	<b>313,649</b>

6. Prudence<sup>®</sup> male and female condoms were dispatched to provinces where they were socially marketed in the commercial circuit. Female condoms were not dispatched to Kasais as they already distributed their part of the revised target resulting from the HIV budget cut.

## Family Planning

1. The table below shows the contribution of each of the provinces targeted by the project in achieving distribution objectives, from January to March 2013.

Province	COMBI 3	Injectable	IUD	Cycle Beads	Jadelle
Kinshasa	88,695	46,175	161	540	20
Katanga	13,840	4,120	20	558	44
Bas-Congo	15,310	9,130	76	172	94
Sud-Kivu / Nord-Kivu	18,300	10,310	85	582	29
Kasaï Oriental/ Kasaï Occidental	80,625	5,720	134	380	58
Province Orientale	5,520	3,022	1	175	9
Equateur	75	270	0	0	0
<b>TOTAL</b>	<b>222,365</b>	<b>78,747</b>	<b>477</b>	<b>2,407</b>	<b>254</b>

2. FP social marketing products were dispatched and received in provinces to ensure their distribution.
3. Currently, information sessions were conducted to ensure that clinics restock from distributors.
4. FP products (COC, DMPA, IUD, CycleBeads, and Implants) were distributed through social marketing in partner clinics and by distributors.

## Maternal & Child Health

### CDK

1. The distribution of CDK was completed. To date, there is no CDK remaining in PSI/ASF's warehouses.
2. The following table highlights the distribution of *Délivrans*<sup>®</sup> during Q2 FY13, and the inventory on hand at the end of March 2013:

DELIVRANS*	Distribution	Stock available, end of March 2013
Equateur	81	0
<b>TOTAL</b>	<b>81</b>	<b>0</b>

\*Apart from Equateur, all the other provinces already completed their stock.

### DTK

1. During the quarter, samples of low-osmolarity ORS 1-liter packets and packs of ten 20-mg Zinc tablets as well as technical documents were received.

2. The request for DTK's market entry authorization has been submitted to the Third Directorate of the Ministry of Public Health, and pending their decision.
3. After receiving samples of packaged DTKs from the manufacturer, which were found appropriate for wholesalers, ordering another type of packaging was no longer necessary.

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

1. The packaging of Aquatabs was not done since the product was not received in PSI/ASF's main warehouse due to the customs clearance issue. In addition, this activity will be done only after the product has been received, sorted and tested.
2. During this quarter, Aquatabs stock was not dispatched to provinces due to the stockout at the main warehouse level, which results from the customs clearance issue.
3. The PUR purifier stock was dispatched and received in provinces for distribution.
4. The distribution of PUR was conducted in endemo-epidemic cholera health zones in Katanga and Bas-Congo where cholera was reported during this quarter.
5. During this quarter, PSI/ASF did not distribute Aquatabs in some provinces. However, wholesalers, HZs, NGOs and other organizations continued to distribute their available stocks of Aquatabs.
6. From January to March 2013, a total of 790,617 sachets of PUR and 8,000 tablets of Aquatabs were distributed in USAID-targeted provinces and provincial capitals (Kinshasa, Katanga, Sud-Kivu, Nord-Kivu, Bas-Congo, Province Orientale, Equateur, Kasai Occidental and Kasai Oriental). In the meantime, 2,270,400 sachets of PUR were received in PSI/ASF's main warehouse, of which 264 were used for testing purposes.
7. The following tables highlight the distribution of products by province during Q2 FY13, and the inventory on hand at the end of March 2013:

<b>PUR</b>	<b>Distribution</b>	<b>Stock available, end of March 2013</b>
Kinshasa	237,345	2,274,779
Katanga	119,832	94,320
Bas-Congo	15,360	0
Sud-Kivu / Nord-Kivu	276,960	1,500,040
Kasai Oriental/ Kasai Occidental	95,520	0
Province Orientale	44,880	51,120
Equateur	720	98,586
<b>TOTAL</b>	<b>790,617</b>	<b>4,018,845</b>

<b>AQUATABS</b>	<b><i>Distribution</i></b>	<b><i>Stock available, end of March 2013</i></b>
Kinshasa	6,080	23,992
Katanga	1,600	160
Bas-Congo	0	0
Sud-Kivu / Nord-Kivu	0	0
Kasaï Oriental/ Kasaï Occidental	320	0
Province Orientale	0	56
Equateur	0	40
<b>TOTAL</b>	<b>8,000</b>	<b>24,248</b>

**Task 1 Indicators: Situation as of end Q2FY13**

	INDICATORS	Year 4 Targets	Year 4 Achievement (numbers)	Year 4 Achievement (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	36,500,000	12,890,424	35.32	The HIV budget cut implied the reduction of the target and condoms were packaged according to this revised target. However, when mod. 9 was fully executed, product packaging had to restart. This impacted the quantity of stocks available for distribution.
2	Number of female condoms distributed through the USG funded social marketing programs	1,310,000	502,092	38.33	Same comments as above.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	62,000,000	25,216,330	40.67	Custom clearance of PUR and Aquatabs posed great difficulties. Aquatabs is still with the customs yet to be delivered to the PSI warehouse.
4	Number of diarrhea Treatment Kits Containing 2 low amorality flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	100,000	N/A	N/A	The process of obtaining the AMM is in progress though not very fast. This is delaying the shipment of the products.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	1,760	1,760	100	Achieved
6	Number of cycles of oral contraceptives (COMBI 3) distributed through the USG funded social marketing programs	1,797,281	472,973	26.32	The emergency contraceptive has found many clients. In addition, as adoption of long term methods is increasing, we may have to investigate if there is any correlation with the reduction of quantities of OCs sold. We are working to boost sales of this method.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	250,000	136,305	54.52	On track
8	Number of IUDs distributed through the USG funded social marketing programs	3,000	1,749	58.3	On track
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,200	5,318	85.77	Community-based distribution plays a significant role
10	Number of implants distributed through the USG funded social marketing programs	2500	1,164	46.56	Ongoing
11	CYP	218,019	88,712	40.69	Ongoing

**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. Provincial offices, such as Kasai, dispatched communication materials produced for HIV, FP and Water activities. They duplicated audio-visual materials and released promotional materials that will serve on the one hand as a database for governmental partners and on the other hand used during activities conducted by implementing partners.
2. The first draft script of the documentary on the AIDSTAR project was presented. After a brainstorming session around it, another script is now being written in order to produce the documentary by June 2013.

*HIV/AIDS/STI*

1. Considering the communication materials available in PSI/ASF's provincial warehouses, proposals were done to and by provinces for a deployment plan by May 2013 as well as the dispatch of those that are available in the main warehouse, added to what is being produced (FP posters, "En vente ici" stickers, etc.)
2. During this quarter, all the provinces had the reminder spots of the "Vrai Djo" and "La protection au féminin" Prudence campaigns broadcast on partner local and national channels to support Prudence products' sales activities.
3. Leaflets including false beliefs about HIV/AIDS and responses to address them were developed and finalized for production. With this leaflet, sales point owners will be better equipped to respond to various false beliefs (e.g. HIV virus is transmitted by a mosquito bite or witchcraft) which are rooted in consumers' minds. Sometimes these beliefs prevent them from getting the product and thereby adopting good behavior. Since sales points are almost constantly in contact with consumers, PSI/ASF has provided them with products and tools enabling them to answer questions concerning these myths.
4. Local implementing NGOs continued to conduct IPC sessions in all sites for the benefit of CSWs, youth, truckers, police, military and MSM.
5. Mass communication sessions were organized in provinces, in various HZs. After benefiting from capacity building regarding the organization of mass communication activities, such as mobile video sessions, local implementing NGOs continued to hold mass communication sessions.
6. BCC activities coupled with VCT in collaboration with ProVIC were conducted only in Kinshasa through our partner local NGO HALT SIDA, which implement our communication activities. It has become difficult to hold such coupled activities in other provinces because of the new PMTCT-based approach of ProVIC.

7. As part of the new condom launch, PSI/ASF envisions to launch a range of Prudence® products, including new and old, in order to reduce to a minimum the risk of seeing the new product override the old one. Thanks to this range of products, PSI/ASF will meet the needs and desires of its various target groups (adults, youth, women, etc.)

### **100%Jeune**

1. The main theme in the No. 005 issue, which is actually the sixth issue of the magazine, is about dangers of early pregnancies, as youth are becoming sexually active at an increasingly early age, sometimes before 14 years of age. Thus, the magazine talks about abstinence as well as provides counsel to already sexually active youth. The testimony received by email, by Facebook... shows that girls are vulnerable. That is why the main theme of this issue is devoted to early pregnancy.



2. PSI/ASF's team explored the feasibility of an electronic edition of the 100%Jeune magazine taking into account some practical data. Here are the pros and cons:

#### Pros

- Possibility of having a magazine's page or cover as an advertizing insert on Webpages that are viewed by the target reader and where s/he is invited to buy the magazine at clearly definite sales points. With this, our target reader may view the magazine from any part of the world thanks to new communication technologies (Internet and Facebook: on Webpages that are frequently visited by youth, such as Mediacongo – Job offer; Tigo, the most viewed Webpage in DRC according to Facebook statistics about DRC; etc.)

#### Cons

- The size of the magazine, 24 pages, which corresponds to 3-5 Megabytes; bandwidths in cybercafés of working-class areas are too small to allow downloading the magazine;
- Online purchases will require at least an international bank card. Though banks are increasing youth-oriented offers, access still remains quite limited. This difficulty could be overcome with the advent of new payment technologies (Airtel Money, M-Pesa and Tigo Cash), with the following possible benefits:
  - 1° Incentive to use these technologies
  - 2° Possibility of these communication companies to advertize these technologies or other products in the 100%Jeune magazine

- Once the customer purchases the magazine online at about \$1.7 (CDF1,500), s/he will have to spend at least \$12 if s/he wants to get a hard copy of it since color printing costs \$0.5-\$1.1/page in cybercafés.

Conclusion: The paper magazine continues to exist as downloading the entire magazine will be difficult in light of the limited technical possibilities working-class areas' cybercafés offer. Yet, we have to use to the full the new communication technologies to promote the magazine through the Internet and Facebook.

3. To date, the 100%Jeune Facebook profile has 295 friends. This page will be extensively used to announce activities that will be conducted in the upcoming months of May and June.

### ***Family Planning***

1. PSI/ASF's Research Department as well as project-targeted provincial offices' FP staff helped select the most frequent rumors and false beliefs regarding contraceptive methods in the DRC's setting into a leaflet. The design of the leaflet is being finalized. With this leaflet, community-based educators as well as sales points' owners will be better equipped to respond to various false beliefs which are rooted in consumers' minds.
2. The production of the flipcharts is underway and they are expected to be available next quarter.
3. Posters on quality assurance protocols were finalized and are being produced. These five posters to be posted in the network's clinics as reminders for FP providers deal with : 1) stages of infection control; 2) protocols for IUD insertion; 3) protocols for *Jadelle* insertion; 4) questions FP service providers can ask to rule out pregnancy; 5) protocols for post-partum IUD insertion.
4. Community-based educators continued their activities in the community, and women were reached with FP message in clinics during antenatal and preschool consultations. Communication activities were also conducted in churches to pass the information on the importance of contraceptive methods to the women.

Number of people reached through FP interpersonal communication, by province  
(January-March 2013 – Q2 FY13)

<b>Province</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>
Kinshasa	26,773	50,298	77,071
Katanga	2,716	13,196	15,912
Bas-Congo	2,100	9,510	11,610
Sud-Kivu	517	17,100	17,617
Nord-Kivu	834	9,851	10,685
Province Orientale	1,235	5,516	6,751
Kasaï Occidental	1,747	5,668	7,415
Kasaï Oriental	2,290	8,026	10,316
<b>Total</b>	<b>38,212</b>	<b>119,165</b>	<b>157,377</b>

5. The hotline, which aims to improve access of information on FP, reported numerous calls from men, namely 2,083 (59%) calls out of a total of 3,475 calls recorded during the quarter. This demonstrates that there is an increasing proportion of calls coming from women since, at the beginning of the project, the proportion of men's calls was much higher, at 86% (Q1 FY10). 51.37% of recorded questions were about FP advantages, types of methods, users' profile, etc.; 8.49% of them were concerns about the side effects (rumors, false beliefs), 17.21% of them were about the location of FP clients support sites and about 22.93% of them related to other health areas especially malaria.

Number of calls received by FP hotline, by province  
(January-March 2013 – Q2 FY13)

Province	Calls		Total
	Men	Women	
Kinshasa	444	664	1,108
Katanga	656	153	809
Bas-Congo	95	86	181
Sud-Kivu	70	39	109
Nord-Kivu	60	101	161
Province Orientale	63	53	116
Equateur	87	68	155
Kasaï Occidental	194	83	277
Kasaï Oriental	174	72	246
Maniema	68	9	77
Bandundu	172	64	236
<b>Total</b>	<b>2,083</b>	<b>1,392</b>	<b>3,475</b>

6. 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 in health and the available contraceptive methods including condoms, which offer dual protection. As shown in the table below, 29,069 people benefited from this service thanks to FP providers.

Number of people reached through FP counseling visits, by province  
(January-March 2013 – Q2 FY13)

Province	Men	Women	Total
Kinshasa	2,064	12,166	14,230
Katanga	300	1,975	2,275
Bas-Congo	73	223	296
Sud-Kivu	56	1,750	1,806
Nord-Kivu	34	1,393	1,427
Province Orientale	240	1,307	1,547
Kasaï Occidental	1,224	1,801	3,025
Kasaï Oriental	1,169	3,294	4,463
<b>Total</b>	<b>5,160</b>	<b>23,909</b>	<b>29,069</b>

7. A total of 20,649 clients accepted to use modern contraceptive methods.

Number of new clients recruited, by province  
(January-March 2013 – Q2 FY13)

Province	New Clients		Total
	Men	Women	
Kinshasa	0	16,306	<b>16,306</b>
Katanga	0	967	<b>967</b>
Bas-Congo	0	416	<b>416</b>
Sud-Kivu	0	471	<b>471</b>
Nord-Kivu	0	253	<b>253</b>
Province Orientale	0	399	<b>399</b>
Kasaï-Occidental	0	1,116	<b>1,116</b>
Kasaï-Oriental	0	721	<b>721</b>
<b>Total</b>	<b>0</b>	<b>20,649</b>	<b>20,649</b>

8. Nine technical meetings were conducted with clinic providers in order to improve the quality of service delivered in partner clinics. They provided a framework for sharing best practices and lessons learned. During these meetings, specific topics related to quality-assurance were discussed.

### *Maternal & Child Health*

1. The flipchart on diarrhea management has already been produced. Its distribution is contingent on Ora-Zinc's launch.

### *Water and Sanitation*

1. During communication activities on FP products, demonstrations of water purifiers were also performed as part of the integration of activities that target the same groups.
2. During outreach activities promoting the use of water purifier products, 111,566 people were reached.

**Task 2 Indicators: Situation as of end Q2FY13**

	<b>INDICATORS</b>	<b>Year 4 Targets</b>	<b>Year 4 Achievement (numbers)</b>	<b>Year 4 Achievement (%)</b>	<b>Comments</b>
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	12,817	16,232	126.64	The broadcast of DoD-funded radio and TV spots on VCT uptake had a good impact of the general population; and the distribution of the T-shirt with the message on VCT uptake also played a significant role.
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	27,580	11,208	40.63	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	20,386	12,226	59.97	On track
15	Number of targeted condom service outlets	8,852	7,152	80.79	Points of sale are cumulative.
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	460,000	159,491	34.67	Ongoing
17	Number of media outlets including HIV/AIDS messages in their program	25	24	96	On track
18	Number of media broadcasts that promote responsible sexual behavior	5,349	3,536	66.10	On track
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	45	10	22.22	The level of stock out is low and is far from reaching the limit of 45
22	Numbers of people reached during outreach activities promoting the use of water purifier products	200,000	147,426	73.71	Ongoing
23	Numbers of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	20,000	-	-	The product is not yet available
25	Percentage of delivery points reporting stock-out of water purifier at any time	15%	0	100	No stock out has been reported to the project by PSI/ASF's direct clients (wholesalers) for PUR

**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. Technical meetings with partner NGOs were organized in all project-targeted provinces except Katanga and Bas-Congo, where they will be organized next quarter.
2. In collaboration with PNLS and PNMLS, PSI/ASF organized post-training follow up for peer educators in three provinces: Sud-Kivu, Kasai Oriental and Province Orientale. This activity, which was also scheduled in Lubumbashi, did not take place because of the security situation. So it will be organized next quarter in Lubumbashi, as well as in Bas-Congo and Kinshasa.
3. For the continuous improvement of services rendered by clinical providers and community-based educators, meetings were held to discuss about the findings of supervision visits conducted during the quarter. The main focus was on the following points:
  - The management of waste generated by FP service delivery, from the FP counseling room to the site of destruction (incinerator or pits)
  - The operation of the communication tree for the management of major complications resulting from the administration of long-acting contraceptive methods
4. After the PPIUD training of clinic providers, which was conducted with the technical support of PPIUD trainers, the FP service delivery that integrates post partum IUD insertions started in the five selected public-sector maternity facilities in Kinshasa. PSI/ASF's clinic managers from the Kinshasa office have been conducting a post-training follow up targeting the newly trained providers to ensure that they comply with protocols of caring for women who are eligible for this method.
5. During this quarter, with the technical support of PNSR and SCOGO, PSI/ASF continued organizing training sessions which mainly targeted 380 providers from clinics supported by UNC, EGPAF, ICAP and ProVIC. These sessions took place in Kinshasa, Katanga, Province Orientale, Bas-Congo and Sud-Kivu. The official closing ceremony of this series of training sessions was chaired by the Kinshasa's Provincial Health Minister. Symbolically, he officially handed certificates to some trained providers. The representative of the Provincial Gender Minister, the representatives of trained providers' institutions as well as the provincial PNSR's officials were also present.

During the next quarter, PSI/ASF will organize the post-training follow up for providers who were trained in 2012 to deliver integrated FP-HIV services. The objective is to evaluate the compliance with FP quality-assurance standards.
6. The ASF's institutional development plan, which was already finalized, is pending approval by ASF's Board at its next April 2013's meeting.

**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 26<sup>th</sup>, 2013, the COR met with the PSI/ASF's AIDSTAR team. He was given the status of activities' implementation. Among other things, PSI/ASF expressed concern about the negative impact on the distribution of social marketing FP products as a result of the free distribution of contraceptives in some of the *Confiance* network's clinics after the campaign on repositioning FP in DRC. The COR was also informed that activities related to HIV were not being properly carried out because of the \$2-million budget cut. Indeed, without a duly signed modification 9, which would restore that amount, awareness-raising activities were mainly carried out in Kisangani and Kinshasa, and it was difficult to conduct post-training follow-up and order condom packaging. In addition, the launch of *Prudence Sensuel*<sup>®</sup> for youth was discontinued.
2. Quarterly coordination meetings with other USAID partners were held in Province Orientale, Katanga and Bas-Congo. The discussions were about activities implementation, and preparing for the visits of USAID delegations in Lubumbashi and Bas-Congo.
3. PSI/ASF-Katanga participated in the Kamalondo HZ's activities review and PSI/ASF-Kasaï Oriental participated in the Dibindi HZ's activities review.
4. During the quarter, PSI/ASF's offices in Kinshasa, Province Orientale, Kasaï Oriental and Katanga participated in their respective provinces in meetings for the development of HZs operational action plans. During these meetings, PSI/ASF's data were also taken into account.
5. PSI/ASF attended two meetings held by PNLs and PNMLS for the evaluation of year 2012's HIV control activities in the province of Kinshasa.

The 2011-2012 workshop for the evaluation of the fight against cholera was held on January 22 and 23 of this year in the WHO multi-purpose hall. PSI/ASF ensured the coordination of the Commission on water, sanitation and hygiene which issued the following recommendations:

- Set up mechanisms for disengagement of humanitarians to ensure the sustainability of actions;
- Make sure that planning of activities related to water, sanitation and hygiene includes development activities even when dealing with emergency cases;
- Make effective the alignment of partners with country strategies (PNDS, contingency plan, monitoring and evaluation, etc.);
- Involve communities in the process of interventions.

The preparatory meeting on the development of WASH cluster's standards regarding "water" took place on January 31, 2013 at OCHA's. A draft document on water-related interventions was developed and will be submitted to the WASH cluster.

Workshops on the development of the "Action Plan for Eliminating Bottlenecks to Access to Thirteen Life-Saving Commodities for Women and Children" in DRC had been held since January 31, 2013. This work plan covers Phase 1, which deals with planning the

implementation of universal coverage with these 13 drugs. This phase will take 12 months. PSI/ASF was part of the small group that designed and finalized this action plan, alongside the 3<sup>rd</sup> and 10<sup>th</sup> Directorates of the Ministry of Health, UNICEF, WHO, UNFPA and MSH. PSI/ASF hosted many sessions of this group.

The sub-regional workshop on the development of 2013-2017 strategic plan for eliminating cholera in DRC was held on March 12-14, 2013. PSI/ASF facilitated the commission in charge of ensuring the integration of aspects related to the multisectoral approach of interventions against cholera. Indeed, this integration was not successful during the implementation of the previous 2008-2012 plan. In order to improve the multisectoral approach of interventions against cholera in DRC, the involvement of sectors other than health as well their accountability, each within its field of competence, are the favorable conditions.

PSI/ASF materially contributed and technically participated, through its FP technical staff, to the organization and activities of the first phase of the workshop which has to draft the DRC's 2013-2017 FP Strategic Plan. This phase took place in Kinshasa under the coordination of PNSR and the Permanent Multi-sectoral Technical Committee (Comité Technique Multisectoriel Permanent) as part of repositioning FP in DRC. The draft that was produced sets out strategic guidelines for the coordination of FP efforts over the next five years. The next step will consist in incorporating feedback from the small working group before submitting the plan for validation, which is planned in the third quarter of this fiscal year.

PSI/ASF attended the meeting organized by “the FP Coalition in Kinshasa,” which is a new FP-focused working group in Kinshasa. Its goal is to strengthen FP efforts by promoting synergy among stakeholders while avoiding duplication.

“Community-based MNCH” is another working group, which was created last quarter, whose objective is to coordinate all activities related to maternal and child health in the community. PSI/ASF attended the meeting held this quarter which mainly focused on developing the logic model for the working group as well as appointing members of the steering committee for the first year.

6. In order to reinforce coordination, PSI/ASF-Kinshasa met with MoH's programs, such as PNSR and PNLs. Efforts are being made so as to have such meetings with HZs in all provinces.
7. The World Water Day was celebrated on March 22, 2013 in the following provinces: Sud-Kivu, Kasai Oriental, Katanga and Province Orientale. The highlights included the following:
  - Synergy of all stakeholders, namely political, administrative and health authorities such as HZs' chief medical officers and representatives from the provincial MoH's 9<sup>th</sup> Bureau, local NGOs, provincial committee on water and sanitation, the national water company *Régideso*, OXFAM, the diocesan development office, the provincial Energy Division and the Monusco;
  - Public sensitization, with more than 100 people in attendance;
  - Activity appreciated by all WASH cluster actors.



World Water Day Celebration in Mbuji-Mayi; (Right) Demonstration of correct use of PUR in Mpokolo HZ, in Mbuji-Mayi

### Capacity Building & Assessments

1. PSI/ASF renewed partnership agreements with 20 local NGOs that implement HIV control activities.
2. PSI/ASF's subcontractor, Social Impact, recruited 8 provincial candidate coaches and identified 10 PSI/ASF provincial staff to take part into the training of trainers (TOT) for coaches who will further the capacity building process for the 11 local NGOs that have to partner with PSI/ASF. It will be reinforced by an on-the-job training follow up. In order to complete provincial teams, with 4 coaches each, a second TOT, which will include more PSI/ASF's staff, is planned in early April 2013.

### Task 4 Indicator: Situation as of end Q4 FY12

	INDICATOR	Year3 Targets	Year 3 Achievement (numbers)	Year3 Achievement (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	110	36	32.72	Ongoing

### Research, Monitoring and Evaluation

#### Cross-Cutting

1. Research protocols were written for the following end-of-project surveys: HIV TraC, FP TraC, WTR/MCH TraC, and MAP. In addition, research agencies, which will collect these surveys' data, were recruited. The next step is to get the approval of the Ethics Board.
2. Integrated supervisory visits from the national level to the provincial level are scheduled in the next quarter.
3. Integrated supervisory visits were jointly conducted at the provincial level with governmental partners, such as PNSR, PNLs and PNMLS. They targeted partner clinics and local partner NGOs' peer educators.

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

1. During this quarter, data collection for the last phase of the Willingness-to-Pay study was conducted in Lubumbashi. In the meantime, the analysis of collected data is underway, in collaboration with PSI/Washington. The report will be available next quarter and will provide strong evidence-based basis for price adjustment.
2. The research protocol for the qualitative study on "Prudence for Women," Prudence femme FoQus for Segmentation, was written. There was also the recruitment of consultant researchers who will collect data in Kinshasa, Lubumbashi and Mbuji-Mayi. The study will be conducted next quarter.

## ***Reporting***

1. During this quarter, PSI/ASF submitted one quarterly technical progress report and one quarterly financial report for the period from October to December 2012.

## **III. Project Management**

### **AIDSTAR Project's Closeout**

1. A preliminary inventory of remaining products in all provinces will start in the next quarter.
2. A plan for the progressive separation of project staff based on project objectives will be developed next quarter.

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

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

1. Due to the HIV budget cut, activities related to the launch of Prudence Sensuel<sup>®</sup> male condom were discontinued. Now that this budget has been incremented, preparing the launch of the Prudence<sup>®</sup> range (Prudence Classic<sup>®</sup> and Prudence Sensuel<sup>®</sup>) by May 2013 is a big challenge in terms of time, only two months of preparation. It is noteworthy that the success of a new brand greatly depends on its launch.
2. It was observed during post-training visits to providers of some clinics offering FP-HIV integrated services that clinics supported by UNC, EGPAF, ICAP, and ProVIC were slow to get FP supplies as well FP service delivery materials. Thus, some providers who received FP training in 2012 are late in starting up FP service delivery.
3. Most of clinics do not have incinerators for the management of biomedical waste. Some of them rather use pits dug in the ground to destroy medical waste. Thus, they do not comply with required national protocols.
4. In some provinces, such as Kinshasa and Katanga, contraceptives which were freely distributed by some FP partners during the World Contraception Day in October 2012, have been found in *Confiance* network's clinics. These products, which are sold at significantly reduced prices,

have broken the momentum of FP products that are socially marketed through the network. A significant impact was noticed in the achievement of project's indicators during this and the last quarters. To date, this stock still exists in the *Confiance* network. To better document this, PSI/ASF will examine the impact of this free distribution of contraceptives on the social marketing of *Confiance* FP.

5. The stockout of water purifiers (PuR<sup>®</sup> and Aquatabs<sup>®</sup>) at the main warehouse level, due to customs clearance issues, disrupts the distribution of these products, which are a means of preventing diarrheal diseases.
6. To date, Ora-Zinc is being produced in India. In early March, the manufacturer sent samples for getting the market entry authorization (AMM). The session during which our AMM request had to be examined did not take on the scheduled date, and was actually postponed for three more months. As long as this authorization is not granted, PSI/ASF will not be able to import all the Ora-Zinc that will be manufactured. This could delay or prevent altogether the launch of this anti-diarrhea product in compliance with the work plan of the AIDSTAR project's activities as approved by USAID.

## 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 2013 Workplan for the Advancing Social Marketing for Health in DRC														
Activity	People concerned by	2013												Responsible
		JAN				FEB				MAR				
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
<b>A Program Administration</b>														
<b>A-1 Planning 2013</b>														
<b>A-2 AIDSTAR project's closeout</b>														
A-2-2	Create an inventory of equipment acquired for the project		X	X	X	X								Achieved
A-2-4	Take a preliminary inventory of remaining products in all provinces at the end of the project												X	Ongoing
A-2-6	Manage a progressive separation of project staff based on project objectives		X	X	X	X	X	X	X	X	X	X	X	Ongoing
<b>A-3 International trips</b>														
A-3-6	Conduct an R&R trip (DRC to France)	Didier Adjoua, COP	X	X										Achieved
A-3-7	Conduct a short-term technical assistance trip to prepare for project closeout	TBD											X	Postponed
<b>B TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the</b>														
<b>B-1 Cross-Cutting Activities</b>														
B-1-1	Continue collaboration with wholesalers and distributors		X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-1-2	Continue working with sales forces in a timely and targeted way to support the distribution of social marketing products					X	X	X	X					Ongoing
B-1-3	Visit points of sale based on social marketing performance (MAP) criteria		X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-1-4	Organize annual strategic meetings with distributors/wholesalers					X	X	X	X					Ongoing
B-1-5	Inventory all rural strategy materials in provinces and continue the rural strategy		X	X	X	X	X	X	X	X	X	X	X	Ongoing
<b>B-2 HIV/AIDS/STI Activities</b>														
<b>B-2-1 Product</b>														
B-2-1-1	Acquire "Prudence Sensuel" samples and complete technical file for market entry authorization		X	X	X	X	X	X	X					Achieved
B-2-1-2	Receive delivery of "Prudence Sensuel" male condoms from USAID									X	X	X	X	Achieved
B-2-1-3	Order packaging for "Prudence" and "Prudence Sensuel" male condoms		X	X	X	X								Ongoing
<b>B-2-2 Placement/Distribution</b>														
B-2-2-1	Dispatch "Prudence", "Prudence Sensuel" and "Prudence for Women" to the provinces		X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-2-2-2	Distribute male and female condoms through social marketing		X	X	X	X	X	X	X	X	X	X	X	Ongoing
<b>B-3 Family Planning Activities</b>														
<b>B-3-1 Product</b>														
B-3-1-3	Follow up on the Microlut registration process		X	X	X	X	X	X	X	X	X	X	X	Achieved
<b>B-3-2 Placement/Distribution</b>														
B-3-2-1	Dispatch social marketing FP products to the provinces		X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-3-2-2	Direct clinics to restock from distributors		X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-3-2-3	Distribute FP products (COC, DMPA, IUD, CycleBeads, Implants) through social marketing		X	X	X	X	X	X	X	X	X	X	X	Ongoing
<b>B-4 Maternal &amp; Child Health Activities</b>														
<b>B-4-a CDKs</b>														
<b>B-4-a-1 Placement/Distribution</b>														
<b>B-4-b Product: Diarrhea Treatment Kits (DTK)</b>														
<b>B-4-b-1 Product</b>														
B-4-b-1-1	Receive samples of low-osmolarity ORS 1-liter packets and packs of ten 20-mg Zinc tablets as well as technical documents					X	X	X	X					Achieved
B-4-b-1-2	Request market entry authorization for DTKs from the third directorate of the Ministry of Public Health									X	X	X	X	Ongoing
B-4-b-1-5	Order the DTKs wholesalers packaging		X	X	X	X	X	X	X	X	X	X	X	Canceled
<b>B-4-b-2 Placement/Distribution</b>														

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC															
	Activity	People concerned by	2013												Responsible
			JAN				FEB				MAR				
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
<b>B-5</b>	<b>Water and Sanitation Activities</b>														
B-5-1	<b>Product</b>														
B-5-1-2	Order Aquatabs packaging														
B-5-1-3	Package Aquatabs		X	X	X	X	X	X						Postponed in Q3 FY13	
B-5-2	<b>Placement/Distribution</b>														
B-5-2-1	Dispatch Aquatabs to the provinces		X	X	X	X	X	X	X	X	X	X	X	Postponed in Q3FY13	
B-5-2-2	Dispatch PUR stock to the provinces		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-5-2-3	Distribute PUR packets to endemo-epidemic cholera sites in partnership with affected health zones		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-5-2-4	Distribute Aquatabs tablets to commercial distributors/wholesalers, health zones, NGOs and other institutions		X	X	X	X	X	X	X	X	X	X	X	Postponed in Q3FY13	
<b>C</b>	<b>TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses,</b>														
<b>C-1</b>	<b>Cross-Cutting Activities</b>														
C-1-1	Share various communication materials developed on CD and DVD and approved by the Ministry of Health with governmental and non governmental partners		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-1-2	Produce a documentary on the AIDSTAR project integrating pictures from activities in the provinces, in order to document best practices and lessons learned for future projects		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
<b>C-2</b>	<b>HIV/AIDS/STI Activities</b>														
<b>C-2-1</b>	<b>Media Communication and Supports Development</b>														
C-2-1-1	Finalize distribution of remaining communication materials produced in 2012		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-2-1-2	Broadcast "Prudence" reminder radio and TV spots developed in 2012 (5")		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-2-1-3	Print key messages (such as correction of false beliefs) on posters to be distributed with targeted communities		X	X	X	X	X	X	X					Postponed in Q3FY13	
C-2-1-4	Organize interpersonal communication sessions with PNLS, PNMLS, HZs and local implementing NGOs		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-2-1-5	Plan mass communication sessions with PNLS, PNMLS, HZs and local implementing NGOs (MVU, etc.)		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-2-1-6	Organize BCC activities coupled with VCT in collaboration with PROVIC and other partners where PROVIC is not present		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-2-1-7	Design the promotion media campaign for the new condom "Prudence Sensuel"		X	X	X	X	X							Ongoing	
C-2-1-8	Produce communication materials (TV and Radio spots, posters, etc.) for the promotion of "Prudence Sensuel" to the distribution network and target groups						X	X	X	X	X	X	X	Postponed in Q3FY13	
<b>C-2-2</b>	<b>100%Jeune</b>														
C-2-2-1	Produce and distribute 100%Jeune magazine (including FP messages)		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-2-2-2	Explore the need for the development of an electronic edition of 100%Jeune					X	X	X	X	X	X	X	X	Achieved	
C-2-2-3	Increase the number of followers on the 100%Jeune Facebook page to involve youth in discussions about their health issues		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
<b>C-3</b>	<b>Family Planning Activities</b>														
<b>C-3-1</b>	<b>Promotion/Communication</b>														
C-3-1-1	Produce a poster with frequently asked questions addressing false beliefs, to be posted in clinics and sales points, in partnership with PNSR		X	X	X	X	X	X	X	X	X	X	X	Postponed in Q3 FY13	
C-3-1-4	Develop 5 posters on quality assurance protocols (reference materials) to be posted in clinics and sales points, in partnership with PNSR		X	X	X	X	X	X	X	X	X	X	X	Postponed in Q3 FY13	
C-3-1-5	Hold interpersonal communication sessions and educational chats with community-based educators		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-3-1-6	Hold integrated mass communication activities		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-3-1-7	Continue to provide RH/FP-related information through the existing toll-free hotline on business days		X	X	X	X	X	X	X	X	X	X	X	Ongoing	
<b>C-4</b>	<b>Maternal &amp; Child Health Activities</b>														
<b>C-4-a</b>	<b>ORS/Zinc Activities</b>														
<b>C-4-a-1</b>	<b>Promotion/Communication</b>														
<b>C-5</b>	<b>Water and Sanitation Activities</b>														
<b>C-5-1</b>	<b>Promotion/Communication</b>														
C-5-1-1	Organize mass communication activities		X	X	X	X	X	X	X	X	X	X	X	Ongoing	

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC															
	Activity	People concerned by	2013												Responsible
			JAN				FEB				MAR				
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
<b>D</b>	<b>TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and</b>														
<b>D-1</b>	<b>Cross-Cutting Activities</b>														
D-1-1	Organize technical meetings with NGO partners/CBO committees													X	Achieved
D-1-3	Organize technical meetings with CBEs and FP service providers from Confiance network clinics													X	Achieved
D-1-5	Organize FP training sessions for 500 PMTCT partner service providers funded by USAID and CDC in partnership with the PNSR		X	X	X	X	X	X	X	X					Achieved
D-1-8	Continue ASF institutional development		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
<b>E</b>	<b>TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and</b>														
<b>E-1</b>	<b>Cross-Cutting Activities</b>														
E-1-1	Organize quarterly monitoring meetings with USAID at the national level						X								Achieved
E-1-2	Organize quarterly coordination meetings with other USAID partners at the provincial level, based on the experience of the PSI/ASF Kisangani office					X									Ongoing
E-1-3	Participate in periodic reviews and planning for USAID HZs		X			X				X					Ongoing
E-1-4	Participate in the development of HZ operational action plans		X	X	X										Ongoing
E-1-5	Organize a semiannual discussion meeting with FP clinic managers in partnership with the PNSR									X	X	X	X	X	Canceled
E-1-6	Participate in thematic meetings (health clusters, WASH, FP repositioning, HIV) at the national and provincial levels			X			X				X				Ongoing
E-1-8	Hold, where possible, weekly working sessions with program offices and Health Zones to reinforce coordination		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
<b>E-2</b>	<b>Capacity Building &amp; Assessments</b>														
E-2-2	Build leadership capacities of local provincial staff (PO, coordinators)		X	X	X	X	X	X	X	X	X	X	X	X	Achieved
E-2-3	Build capacities of 11 partner NGOs through Social Impact and use them for behavior change communication activities		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
<b>F</b>	<b>Research, Monitoring and Evaluation</b>														
<b>F-1</b>	<b>Cross-Cutting Activities</b>														
F-1-1	Organize 3 TRaC surveys (HIV, FP, WTR/MCH)		X	X	X	X	X	X	X	X	X	X	X	X	Postponed in Q3 FY13
F-1-2	Organize a MAP study		X	X	X	X	X	X	X	X	X	X	X	X	Postponed in Q3 FY13
F-1-5	Organize integrated supervisory visits from the national level to the provincial level			X	X										Postponed in Q3 FY13
F-1-6	Organize integrated supervisory visits from the provincial level to implementing partners				X			X				X			Ongoing
<b>F-2</b>	<b>HIV/AIDS</b>														
F-2-1	Hold a Willingness-to-Pay study on "Prudence" products														Ongoing
F-2-2	Organize a qualitative study on "Prudence for Women" in three health zones, taking into account mid-term evaluation results					X	X	X	X	X	X	X	X	X	Postponed in Q3 FY13
<b>F-3</b>	<b>Reporting</b>														
F-3-3	Produce quarterly reports on the status of AIDSTAR project indicators for 2013				X										Achieved

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

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC																									
Activity	2013																								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</b>	<b>Program Administration</b>																								
<b>A-1</b>	<b>Planning 2013</b>																								
<b>A-2</b>	<b>AIDSTAR project's closeout</b>																								
A-2-1	Create a closeout plan and send to USAID																								
A-2-2	Create an inventory of equipment acquired for the project																								
A-2-4	Take a preliminary inventory of remaining products in all provinces at the end of the project																								
A-2-6	Manage a progressive separation of project staff based on project objectives																								
<b>A-3</b>	<b>International trips</b>																								
A-3-4	Participate in the West and Central Africa's regional stock management training workshop (DRC to TBD)																								
A-3-7	Conduct a short-term technical assistance trip to prepare for project closeout																								
<b>B</b>	<b>TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private</b>																								
<b>B-1</b>	<b>Cross-Cutting Activities</b>																								
B-1-1	Continue collaboration with wholesalers and distributors																								
B-1-2	Continue working with sales forces in a timely and targeted way to support the distribution of social marketing products																								
B-1-3	Visit points of sale based on social marketing performance (MAP) criteria																								
B-1-4	Organize annual strategic meetings with distributors/wholesalers																								
B-1-5	Inventory all rural strategy materials in provinces and continue the rural strategy																								
<b>B-2</b>	<b>HIV/AIDS/STI Activities</b>																								
<b>B-2-1</b>	<b>Product</b>																								
B-2-1-1	Acquire "Prudence Sensuel" samples and complete technical file for market entry authorization																								
B-2-1-2	Receive delivery of "Prudence Sensuel" male condoms from USAID																								
B-2-1-3	Order packaging for "Prudence" and "Prudence Sensuel" male condoms																								
B-2-1-4	Test and package male and female condoms																								
<b>B-2-2</b>	<b>Placement/Distribution</b>																								
B-2-2-1	Dispatch "Prudence", "Prudence Sensuel" and "Prudence for Women" to the provinces																								
B-2-2-2	Distribute male and female condoms through social marketing																								
<b>B-3</b>	<b>Family Planning Activities</b>																								
<b>B-3-1</b>	<b>Product</b>																								
B-3-1-2	Test and package FP products																								
B-3-1-3	Follow up on the Microlut registration process																								
<b>B-3-2</b>	<b>Placement/Distribution</b>																								
B-3-2-1	Dispatch social marketing FP products to the provinces																								
B-3-2-2	Direct clinics to restock from distributors																								
B-3-2-3	Distribute FP products (COC, DMPA, IUD, CycleBeads, Implants) through social marketing																								

**FY 2013 Workplan for the Advancing Social Marketing for Health in DRC**

	Activity	2013																								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>B-4</b>	<b>Maternal &amp; Child Health Activities</b>																									
B-4-a	<b>CDKs</b>																									
B-4-a-1	<b>Placement/Distribution</b>																									
B-4-b	<b>Product: Diarrhea Treatment Kits (DTK)</b>																									
B-4-b-1	<b>Product</b>																									
B-4-b-1-1	Receive samples of low-osmolarity ORS 1-liter packets and packs of ten 20-mg Zinc tablets as well as technical documents					X	X	X	X																	
B-4-b-1-2	Request market entry authorization for DTKs from the third directorate of the Ministry of Public Health									X	X	X	X	X	X	X										
B-4-b-1-3	Receive DTKs at the national level																X	X	X	X						
B-4-b-1-4	Test the DTKs																X	X	X	X						
B-4-b-1-5	Order the DTKs wholesalers packaging	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X										
B-4-b-1-5	Package the DTKs																X	X	X	X						
B-4-b-2	<b>Placement/Distribution</b>																									
B-4-b-2-1	Dispatch DTKs to the provinces																				X	X				
B-4-b-2-2	Distribute DTKs through social marketing																				X	X	X	X	X	
<b>B-5</b>	<b>Water and Sanitation Activities</b>																									
B-5-1	<b>Product</b>																									
B-5-1-3	Package Aquatabs	X	X	X	X	X	X																			
B-5-2	<b>Placement/Distribution</b>																									
B-5-2-1	Dispatch Aquatabs to the provinces	X	X	X	X	X	X	X	X	X	X	X														
B-5-2-2	Dispatch PUR stock to the provinces	X	X	X	X	X	X	X	X	X	X	X														
B-5-2-3	Distribute PUR packets to endemo-epidemic cholera sites in partnership with affected health zones	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-5-2-4	Distribute Aquatabs tablets to commercial distributors/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	
<b>C</b>	<b>TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses,</b>																									
<b>C-1</b>	<b>Cross-Cutting Activities</b>																									
C-1-1	Share various communication materials developed on CD and DVD and approved by the Ministry of Health with governmental and non governmental partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-1-2	Produce a documentary on the AIDSTAR project integrating pictures from activities in the provinces, in order to document best practices and lessons learned for future projects	X	X	X	X	X	X	X	X	X	X	X														
<b>C-2</b>	<b>HIV/AIDS/STI Activities</b>																									
C-2-1	<b>Media Communication and Supports Development</b>																									
C-2-1-1	Finalize distribution of remaining communication materials produced in 2012	X	X	X	X	X	X	X	X	X	X	X														
C-2-1-2	Broadcast "Prudence" reminder radio and TV spots developed in 2012 (5")	X	X	X	X	X	X	X	X	X	X	X														
C-2-1-3	Print key messages (such as correction of false beliefs) on posters to be distributed with targeted communities	X	X	X	X	X	X	X																		
C-2-1-4	Organize interpersonal communication sessions with PNLS, PNMLS, HZs and local implementing NGOs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-2-1-5	Plan mass communication sessions with PNLS, PNMLS, HZs and local implementing NGOs (MVU, etc.)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-2-1-6	Organize BCC activities coupled with VCT in collaboration with PROVIC and other partners where PROVIC is not present	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-2-1-7	Design the promotion media campaign for the new condom "Prudence Sensuel"	X	X	X	X	X																				
C-2-1-8	Produce communication materials (TV and Radio spots, posters, etc.) for the promotion of "Prudence Sensuel" to the distribution network and target groups					X	X	X	X	X	X	X														
C-2-1-9	Organize the launch of the new male condom "Prudence Sensuel"																X	X								

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Activity	2013																								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>100%Jeune</b>																									
Produce and distribute 100%Jeune magazine (including FP messages)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Explore the need for the development of an electronic edition of 100%Jeune				X	X	X	X	X	X	X															
Increase the number of followers on the 100%Jeune Facebook page to involve youth in discussions about their health issues	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>Family Planning Activities</b>																									
<b>Promotion/Communication</b>																									
Produce a poster with frequently asked questions addressing false beliefs, to be posted in clinics and sales points, in partnership with PNSR	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X										
Develop 5 posters on quality assurance protocols (reference materials) to be posted in clinics and sales points, in partnership with PNSR	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X										
Hold interpersonal communication sessions and educational chats with community-based educators	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Hold integrated mass communication activities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Continue to provide RH/FP-related information through the existing toll-free hotline on business days	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>Maternal &amp; Child Health Activities</b>																									
<b>ORS/Zinc Activities</b>																									
<b>Promotion/Communication</b>																									
Hold a preparatory meeting for the Orazinc launch with PNLMD partners at the provincial level																						X			
Print and distribute flipcharts on diarrhea management developed in 2012 with PNLMD																					X	X	X	X	
<b>Water and Sanitation Activities</b>																									
<b>Promotion/Communication</b>																									
Organize mass communication activities	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>TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services</b>																									
<b>Cross-Cutting Activities</b>																									
Organize technical meetings with NGO partners/CBO committees												X												X	
Organize technical meetings with CBEs and FP service providers from Confidence network clinics												X												X	
Organize FP training sessions for 500 PMTCT partner service providers funded by USAID and CDC in partnership with the PNSR	X	X	X	X	X	X	X	X																	
Identify trainers of trainers for correct diarrhea management																						X			
Train service providers (doctors, nurses, HZCO officials) in correct diarrhea management with ORS + Zinc																					X	X	X	X	
Continue ASF institutional development	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Hold a workshop to develop the PSI/ASF 2013-2016 strategic plan																									

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC																									
Activity	2013																							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>E</b>	<b>TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and</b>																								
<b>E-1</b>	<b>Cross-Cutting Activities</b>																								
E-1-1	Organize quarterly monitoring meetings with USAID at the national level					X																			
E-1-2	Organize quarterly coordination meetings with other USAID partners at the provincial level, based on the experience of the PSI/ASF Kisangani office					X																			
E-1-3	Participate in periodic reviews and planning for USAID HZs	X				X				X				X							X				
E-1-4	Participate in the development of HZ operational action plans	X	X	X																					
E-1-5	Organize a semiannual discussion meeting with FP clinic managers in partnership with the PNSR								X	X	X	X													
E-1-6	Participate in thematic meetings (health clusters, WASH, FP repositioning, HIV) at the national and provincial levels		X				X				X				X					X					
E-1-8	Hold, where possible, weekly working sessions with program offices and Health Zones to reinforce coordination	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<b>E-2</b>	<b>Capacity Building &amp; Assessments</b>																								
E-2-1	Renew partnership agreements with local implementing NGOs																								
E-2-2	Build leadership capacities of local provincial staff (PO, coordinators)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
E-2-3	Build capacities of 11 partner NGOs through Social Impact and use them for behavior change communication activities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<b>F</b>	<b>Research, Monitoring and Evaluation</b>																								
<b>F-1</b>	<b>Cross-Cutting Activities</b>																								
F-1-1	Organize 3 TRaC surveys (HIV, FP, WTR/MCH)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
F-1-2	Organize a MAP study	X	X	X	X	X	X	X	X	X	X	X													
F-1-5	Organize integrated supervisory visits from the national level to the provincial level		X	X																X	X				
F-1-6	Organize integrated supervisory visits from the provincial level to implementing partners			X			X				X				X					X				X	
<b>F-2</b>	<b>HIV/AIDS</b>																								
F-2-2	Organize a qualitative study on "Prudence for Women" in three health zones, taking into account mid-term evaluation results					X	X	X	X	X	X	X													
<b>F-3</b>	<b>Reporting</b>																								
F-3-3	Produce quarterly reports on the status of AIDSTAR project indicators for 2013				X																X				
F-3-4	Produce semiannual reports on the status of PEPFAR indicators (Semi-Annual PEPFAR Report)																				X				

## IX. Annexes

### IX.1- Project indicators

#### Annex A: Product Distribution Targets

<b>Annex A: Product Distribution Revised Targets</b>						
	PRODUCTS	YEARS				TOTAL
		1	2	3	4	
HIV	Male Condoms	20,000,000	25,000,000	34,000,000	36,500,000	115,500,000
	Female Condoms	500,000	700,000	1,100,000	1,310,000	3,610,000
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	0	100,000	100,000
	PUR	1,000,000	2,000,000	2,000,000	2,200,000	7,200,000
	Aquatabs	1,150,000	2,000,000	2,000,000	2,000,000	7,150,000

## 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	36 500 000	<b>115 500 000</b>	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (30,000,000+4,000,000). Year 4 target is increased by adding Kinshasa-Kisangani extension (32,000,000+4,500,000).
2	Number of female condoms distributed through the USG funded social marketing programs	500 000	700 000	1 100 000	1 310 000	<b>3 610 000</b>	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (1,000,000+100,000). Year 4 target is increased by adding Kinshasa-Kisangani extension (1,200,000+110,000).
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	<b>215 000 000</b>	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. 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	0	100 000	<b>100 000</b>	Due to the late approval of the waiver for purchasing ORAZINC (Orasel+Zinc) by USAID, and the consecutive need to initiate a new international tender, the arrival of the product in DRC is expected in May 2013. Thus, the distribution will certainly not start before June 2013. Consequently, only 100,000 DTKs are expected to be distributed late FY2013.
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. 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	1 020 000	1 275 000	<b>3 995 000</b>	Year 1 and 2 targets remain the same. Year 3 & 4 targets are decreased by the number of POP to be distributed (respectively 180,000 and 225,000) because of stock out of Ovrette since FY10 and lack of approval for distribution (Autorisation de mise sur le Marche) of Microlut).
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100 000	200 000	200 000	250 000	<b>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) 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 1 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	88 867	145 107	152 150	183 200	569 323	Based on the revised distribution targets above and the new USAID's CYP conversion factors, the calculation of CYPs is updated.
<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	11 252	12 817	28 433	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (10,952+300). Year 4 target is increased by adding Kinshasa-Kisangani extension (11,617+1200).
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	23 442	25 337	66 496	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (19,942+3,500). Year 4 target is increased by adding Kinshasa-Kisangani extension (21,437+3,900).
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	19 666	20 386	54 338	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (16,566+3,100). Year 4 target is increased by adding Kinshasa-Kisangani extension (17,286+3,100).
15	Number of targeted condom service outlets	1 800	6 000	7 952	8 852	8 852	Year 1 and 2 targets remain the same. As this indicator is cumulative from one year to the following, Year 3 & 4 targets are increased by adding Kinshasa-Kisangani extension (respectively 800 and 900).
16	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200 000	340 000	460 000	1 000 000	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (300,000+40,000). Year 4 target is increased by adding Kinshasa-Kisangani extension (400,000+60,000).

17	Number of media outlets including HIV/AIDS messages in their programs	0	48	30	25	48	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (27+3). Year 4 target is increased by adding Kinshasa-Kisangani extension (15+10).
18	Number of media broadcasts that promote responsible sexual behavior	0	20 160	12 986	2 350	35 496	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (5,400+7,586). Year 4 target is increased by adding Kinshasa-Kisangani extension (1350+1,000).
19	Number of peer educators who successfully completed an in-service training program	0	300	300	0	600	No change
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	No change
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
23	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	0	20 000	20 000	Due to the late approval of the waiver for purchasing ORAZINC (Orasel+Zinc) by USAID, and the consecutive need to initiate a new international tender, the arrival of the product in DRC is expected in May 2013. Thus, the distribution will certainly not start before June 2013. Consequently, only 20,000 people are expected to be reached late FY2013.
24	Number of service delivery points social marketing delivery kits	200	400	0	0	400	No change. 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 years 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	-	-	-	-	-	Due to the late approval of the waiver for purchasing ORAZINC (Orasel+Zinc) by USAID, and the consecutive need to initiate a new international tender, the arrival of the product in DRC is expected in May 2013. Thus, the distribution will certainly not start before June 2013. Consequently, we believe that it will be difficult to measure this indicator.
<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 was 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	Years 2 and 3 are cumulative.
<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>							
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.

## IX.2- Inventory on hand: stock

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

Provinces	HIV Products		FP Products					WatSan Products	
	Prudence Male	Prudence Female	Combi 3	Injectable	IUD	Cycle Beads	Jadelle	PUR	AQUATABS
KINSHASA	39, 223,230	238,383	1, 134,882	82,032	1,406	76,583	916	2, 274,779	23,992
KATANGA	1, 072,610	0	122,940	6,438	193	107	107	94,320	160
BAS CONGO	54,045	5,000	8,382	1,670	46	358	16	0	0
SUD KIVU/NORD KIVU	40,464	52,236	38,235	2,978	0	1,413	390	1, 500,040	0
PROVINCE ORIENTALE	638,545	18,030	34,195	6,578	100	279	281	51,120	56
EQUATEUR	278,370	0	39,760	4,828	67	414		98,586	40
KASAI OCCIDENTAL									
KASAI ORIENTAL	864,000	0	104,865	5,252	0	125	42	0	0
<b>TOTAL</b>	<b>42, 171,264</b>	<b>313,649</b>	<b>1, 483,259</b>	<b>109,776</b>	<b>1,812</b>	<b>79,279</b>	<b>1752</b>	<b>4, 018,845</b>	<b>24,248</b>

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

Trip subject	Person	From	To	Anticipated period
Research STTA for the FoQus on Segmentation Study regarding the female condom*	Joseph Inungu	Benin	DRC	May 2013

\*It will be included in the revised documents.

#### X.4- List of Acronyms

AIDS	: Acquired Immune Deficiency Syndrome
AMM	: Autorisation de Mise sur le Marché
ASF	: Association de Santé Familiale
BCC	: Behavior Change Communication
CBDA	: Community-Based Distribution Agent
CBE	: Community-Based Educator
CCP	: Comprehensive Condom Programming
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
CSW	: Commercial Sex Worker
CYP	: Couple Years of Protection
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
MCSD	: Marketing, Communication and Sales Department
MoH	: Ministry of Health
MSM	: Men having Sex with Men
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
PNSA	: Programme National de la Santé des Adolescents

PNSR	: Programme National de Santé de la Reproduction
POP	: Progestin-Only Pill
POU	: Point of Use
PPIUD	: Postpartum Intra Uterine Device
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
SI	: Social Impact
STIs	: Sexually Transmitted Infections
STTA	: Short Term Technical Assistance
TRaC	: Tracking Results Continuously
TV	: Television
UNICEF	: United Nations Children's Fund
UNFPA	: United Nations Population Fund
USAID	: United States Agency for International Development
USG	: United States Government
VCT	: Voluntary Counseling and Testing
W	: Week
WATSAN	: Water and Sanitation
WCA	: West and Central Africa