



Attendees at the project closeout's workshop attentively listening to a presentation; in the forefront, from left to right, Prof. Payanzo, Chairman of ASF's Board; Mr. Mbayambundila, Kinshasa Province's Minister of Tourism; and Mr. Ankiba, PSI Country Representative and Executive Director of ASF

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

**Programmatic Annual Report
October 2012 – September 2013**

**Submitted by:
Population Services International
October 30th, 2013**



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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: October 2012 – September 2013 (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:

1. The Year 4 targets for male and female condoms were both achieved, respectively at 105.26% and 112.35%.
2. The indicator related to water purifiers, i.e. number of liters of water disinfected with point-of-use home water treatment solutions, was surpassed (176.88%). The main reason for this was the increased use of water purifiers during cholera outbreaks that were reported in Bandundu, Bas-Congo, Katanga and Sud-Kivu.
3. The distribution of CDK was completed.

4. The rural strategy continued to be successfully implemented in Kasai Oriental Province (especially in Mweneditu, Ngandajika and Kabinda), in Katanga (especially in Kolwezi and Kamina), and in Province Orientale (especially in Kisangani and its surroundings). The number of commercial bikers recruited went up to more than 3,000 and all received their identifying kits (hats, badges, bibs, bags). This activity generated such an enthusiasm among the population that even non bikers were interested in becoming mobile points of sales as an opportunity for an income generating activity.
5. The Third Directorate of the Ministry of Public Health granted the market entry authorization for DTK (Ora-Zinc).
6. ASF's 2013-2017 strategic plan was developed during a four-day workshop and approved later on by its Board. This plan identifies the strategic direction for ASF over the next five years. It is based on an analysis of the internal and external environment of ASF, results of a stakeholder survey and a review of the PSI global strategic plan.
7. The FP service delivery that integrates post partum IUD (PPIUD) insertions started in the five selected public-sector maternity facilities in Kinshasa (Hôpital Roi Baudouin, Maternité de Kintambo, and Mother and Child centers in Ngaba, Barumbu and Bumbu).
8. Financial and technical quarterly reports were submitted to USAID on time.

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. The collaboration with wholesalers / distributors continued in all the project-targeted provinces in order to reach distribution indicators and strengthen partnership with the private sector.
2. Sales forces visited points of sales to ensure that they meet MAP (measuring access and performance) criteria, which are: lack of stock-out, visibility of products, presence of promotional materials, compliance with the recommended price, and absence of expired products.
3. The inventory of all rural strategy materials in provinces was completed and the rural strategy continued to be successfully implemented in Kasai Oriental Province (especially in Mweneditu, Ngandajika and Kabinda), in Katanga (especially in Kolwezi and Kamina), and in Province Orientale (especially in Kisangani and its surroundings).

HIV/AIDS/STI

1. At the beginning of FY13, there was a quantity of 55,665,850 Prudence[®] male condoms stored throughout the different PSI/ASF's national and provincial warehouses. From October 2012 to September 2013, PSI/ASF only received 14,568,000 Prudence[®] Sensuel male condoms in the first quarter. A total of 2,550 units of Prudence[®] male condoms were used for other purposes, such as testing; and respectively 3,500 and 6,400 Prudence[®] Sensuel male condoms were used

for testing and sampling purposes. A quantity of 38,420,804 Prudence male condoms were distributed in the different targeted provinces and health zones. A total of 550,000 Prudence® male condoms were given out with USAID/DRC's approval to DoD/DRC for its HIV prevention program targeting the military. At the end of FY13, there are 16,638,888 Prudence® male condoms and 14,557,876 Prudence® Sensuel in PSI/ASF's warehouses.

2. PSI/ASF applied for the market entry authorization (AMM) Prudence® Sensuel to the MoH since December 2012. In late June 2013, the MoH informed that PSI/ASF was found eligible to get the AMM provided that it submits additional information about the product beyond usually required information. Since PSI/ASF submitted that additional information in early Q4, PSI/ASF is still waiting for the invitation from the MoH to pay the required fees before being delivered the AMM of Prudence® Sensuel.
3. At the beginning of FY13, there was a total quantity of 65,921 female condoms in stock throughout the different PSI/ASF national and provincial warehouses. From October 2012 to September 2013, PSI/ASF received 750,000 female condoms in the first quarter, 150 units were used for testing purposes and the regularization of inventory was done for 30 units; and 700,000 units were received in the third quarter. A total of 1,471,815 female condoms were distributed through existing networks. At the end of FY13, there are 43,926 Prudence® female condoms.
4. Male and female condoms were distributed in the private sector through pharmaceutical and non-pharmaceutical wholesalers as well as sales outlets. The sales force backed this distribution and enhanced the visibility of sales outlets.
5. In Q1, in partnership with PNMLS and the Ministry of Tourism, the launch of condom distribution in hotels took place in the presence of the Kinshasa Province's Minister of Tourism, the Provincial Executive Secretary of PNMLS and managers of 236 hotels located in Kinshasa (See pictures below).



Left picture: The official launch takes place in Kinshasa in the presence of the Provincial Minister of Tourism (2nd from left), the AIDSTAR project COP (3rd from left) and PNMLS' Provincial Executive Secretary (4th from left); right picture: PSI/ASF's communication staff raises hotel managers' awareness on HIV, with a demonstration on correct use of condom

6. The following tables highlight the distribution of male condoms by province during FY13 and the inventory on hand at the end of September 2013:

Table 1: Male condoms distribution by province from October 2012 to September 2013

Provinces	PRUDENCE HOMME YEAR 4 DISTRIBUTION				TOTAL YEAR 4	Stock available, end of September 2013
	Q1	Q2	Q3	Q4		
KINSHASA	905 625	1 741 050	2 969 889	3 140 424	8 756 988	15971096
KATANGA	531 365	1 087 760	1 975 536	2 067 789	5 662 450	1445
BAS CONGO	135 000	793 260	486 000	345 600	1 759 860	0
SUD KIVU/NORD KIVU	429 885	500 040	1 994 640	466 035	3 390 600	551949
PROVINCE ORIENTALE	212 355	735 350	2 366 224	749 923	4 063 852	0
KASAI ORIENTAL/KASAI OCCIDENTAL	1 929 474	3 889 260	4 644 000	4 324 320	14 787 054	114398
TOTAL	4 143 704	8 746 720	14 436 289	11 094 091	38 420 804	16 638 888

Table 2: Female condoms distribution by province from October 2012 to September 2013

Provinces	PRUDENCE FEMME YEAR 4 DISTRIBUTION				TOTAL YEAR 4	Stock available, end of September 2013
	Q1	Q2	Q3	Q4		
KINSHASA	231 800	25 610	150 016	116 216	523 642	7151
KATANGA	47 840	43 314	79 800	77 400	248 354	24000
BAS CONGO	9 800	20 520	7 600	1 200	39 120	0
SUD KIVU/NORD KIVU	1 200	220	26 946	20 515	48 881	4775
PROVINCE ORIENTALE	3 666	11 522	28 830	49 600	93 618	8 000
EQUATEUR	5 800				5 800	0
KASAI ORIENTAL/KASAI OCCIDENTAL	100 800	0	314 400	97 200	512 400	0
TOTAL	400 906	101 186	607 592	362 131	1 471 815	43 926

Family Planning

1. In December 2012, the MoH granted the market entry authorization for 35-pill Microlut. Unfortunately, there was no product in stock.
2. FP products (COC, DMPA, IUD, CycleBeads, and Implants) were distributed through social marketing in partner clinics and by distributors. Information sessions were conducted to ensure that clinics restock from distributors.
3. The following tables show the contribution of each of the provinces targeted by the project in achieving distribution objectives, from October 2012 to September 2013:

Table 3: COC (Duofem) distribution by province from October 2012 to September 2013

Provinces	COC (Duofem) YEAR 4 DISTRIBUTION				TOTAL YEAR 4	Stock available, end of September 2013
	Q1	Q2	Q3	Q4		
KINSHASA	82 673	88 695	124 816	156 363	452 547	758127
KATANGA	32 880	13 840	26 565	18 390	91 675	77985
BAS CONGO	14 400	15 310	20 325	4 245	54 280	0
SUD KIVU/NORD KIVU	20 935	18 300	38 235	18 000	95 470	0
PROVINCE ORIENTALE	7 910	5 520	19 440	9 705	42 575	5 050
EQUATEUR	3 965	75			4 040	0
KASAI ORIENTAL/KASAI OCCIDENTAL	87 845	80 625	103 065	102 600	374 135	0
TOTAL	250 608	222 365	332 446	309 303	1 114 722	841 162

Table 4: Injectables (DMPA) distribution by province from October 2012 to September 2013

Provinces	INJECTABLE (DMPA) YEAR 4 DISTRIBUTION				TOTAL YEAR 4	Stock available, end of September 2013
	Q1	Q2	Q3	Q4		
KINSHASA	27 028	46 175	52 493	23 436	149 132	38331
KATANGA	8 190	4 120	10 840	10 598	33 748	0
BAS CONGO	4 800	9 130	6 380	2 890	23 200	0
SUD KIVU/NORD KIVU	4 920	10 310	11 950	3 028	30 208	0
PROVINCE ORIENTALE	3 910	3 022	2 890	9 085	18 907	3
EQUATEUR	2 260	270			2 530	0
KASAI ORIENTAL/KASAI OCCIDENTAL	6 450	5 720	5 250	7 802	25 222	0
TOTAL	57 558	78 747	89 803	56 839	282 947	38 334

Table 5: IUD distribution by province from October 2012 to September 2013

Provinces	IUD YEAR 4 DISTRIBUTION				TOTAL YEAR 4	Stock available, end of September 2013
	Q1	Q2	Q3	Q4		
KINSHASA	1 084	161	412	181	1 838	31
KATANGA	35	20	133	0	188	60
BAS CONGO	17	76	45	0	138	0
SUD KIVU/NORD KIVU	10	85	700	0	795	50
PROVINCE ORIENTALE	19	1	17	83	120	0
EQUATEUR	15	0			15	0
KASAI ORIENTAL/KASAI OCCIDENTAL	92	134	100	0	326	0
TOTAL	1 272	477	1 407	264	3 420	141

Table 6: Cycle Beads distribution by province from October 2012 to September 2013

Provinces	CYCLE BEADS YEAR 4 DISTRIBUTION				TOTAL YEAR 4	Stock available, end of September 2013
	Q1	Q2	Q3	Q4		
KINSHASA	724	540	1 795	325	3 384	74 231
KATANGA	535	558	217	236	1 546	254
BAS CONGO	190	172	139	39	540	0
SUD KIVU/NORD KIVU	605	582	1 359	148	2 694	0
PROVINCE ORIENTALE	46	175	154	125	500	0
EQUATEUR	66	0			66	0
KASAI ORIENTAL/KASAI OCCIDENTAL	745	380	275	0	1 400	0
TOTAL	2 911	2 407	3 939	873	10 130	74 485

Table 7: Jadelle (Implants) distribution by province from October 2012 to September 2013

Provinces	JADELLE (IMPLANTS) YEAR 4 DISTRIBUTION				TOTAL YEAR 4	Stock available, end of September 2013
	Q1	Q2	Q3	Q4		
KINSHASA	37	20	80	150	287	568
KATANGA	49	44	47	30	170	30
BAS CONGO	44	94	29	12	179	0
SUD KIVU/NORD KIVU	350	29	47	69	495	274
PROVINCE ORIENTALE	10	9	19	262	300	0
EQUATEUR	0	0			0	0
KASAI ORIENTAL/KASAI OCCIDENTAL	420	58	11	124	613	0
TOTAL	910	254	233	647	2 044	872

4. During FY13, 188,810 CYPs were generated from *Confiance* products: 1,114,722 COCs; 282,947 3-month injectables; 3,420 IUDs; 10,130 CycleBeads; and 2,044 *Jadelle* implants. This distribution represents PSI/ASF's contribution to the prevention of unwanted pregnancies among the target group, thus increasing the contraceptive prevalence in DRC.
5. During FY13, PSI/ASF staff conducted regular supervision visits in USAID-supported sites with focus on IEE regulations, quality insurance of counseling and FP care given to clients in the *Confiance* network. These regular visits helped to improve the capacity of PSI/ASF-trained providers in partner clinics. Apart from frequent visits to partner service delivery points (and trained providers) conducted by PSI/ASF's provincial staff in the areas of intervention, satisfactory national supervision visits took place in Kinshasa, Katanga, Bas-Congo, Sud-Kivu and both Kasais to ensure the smooth running of activities at the operational level. Their goal was not only to support trained providers in their daily activities, but also to strengthen the existing collaboration with the government in order to achieve the assigned objectives to benefit the target population. In addition, an internal audit was conducted in Sud-Kivu in the last quarter by PSI/ASF's technical staff from Kinshasa. Its findings revealed a satisfactory level of partnership with the clinics that were visited, the interest of the clinics' managers to continue offering FP service for the benefit of clients, and the compliance with standards of quality service.

Maternal & Child Health

CDK

1. At the beginning of the reporting period, a quantity of 1,757 CDKs (*Délivrans*[®]) were in stock. It should be noted that there was the regularization of inventory for 3 units, which were missing during the dispatch of the product from Kinshasa to Matadi. During Q1 and Q2 of FY13, all the 1,757 CDKs were distributed in the provinces covered by PSI/ASF.
2. The following table highlights the distribution of *Délivrans*[®] by province during FY13, and the inventory on hand at the end of September 2013:

Table 8: Clean Delivery Kits distribution by province from October 2012 to September 2013

Provinces	CLEAN DELIVERY KITS YEAR 4 DISTRIBUTION				TOTAL YEAR 4	Stock available, end of September 2013
	Q1	Q2	Q3	Q4		
KINSHASA	0				0	0
KATANGA	572				572	0
BAS CONGO	217				217	0
SUD KIVU/NORD KIVU	421				421	0
PROVINCE ORIENTALE	166				166	0
EQUATEUR	40	81			121	0
KASAI OCCIDENTAL	260				260	0
KASAI ORIENTAL	0				0	0
TOTAL	1 676	81	0	0	1 757	0

DTK

1. During the second quarter, samples of low-osmolarity ORS 1-liter packets and packs of ten 20-mg Zinc tablets as well as technical documents were received. With those documents, PSI/ASF could obtain a market entry authorization from the Third Directorate of the Ministry of Public Health in Q3.
2. The DTKs' manufacturer shipped the products to DRC only in Q4 because of the BIVAC issue (Please refer to the Challenges section) but they did not arrive by the end of the project. Therefore, their testing, packaging, dispatch to provinces and distribution through social marketing could not be carried out. The arrival of the purchased stock is expected after the end of the project.

Water and Sanitation

1. From October 2012 to September 2013, a total of 4,105,857 sachets of PUR and 3,430,409 tablets of Aquatabs were distributed in USAID-targeted provinces and provincial capitals (Kinshasa, Katanga, Sud-Kivu, Bas-Congo, Province Orientale, Equateur, Kasai Occidental and Kasai Oriental). PUR and Aquatabs were distributed to health centers, pharmacies, retailers, wholesalers, NGOs and households. The distribution of these water purifiers went beyond the FY13 targets mainly because of emergency situations related to cholera outbreaks in Katanga (for instance in Mura and Kikula, Likasi medical district), Bas-Congo, Bandundu (Bolobo), in Sud-Kivu (Uvira, Kamituga, Rutshuru). UNICEF and NGOs such as World Vision and Oxfam played a key role in that distribution activity.
2. From September 2012 to late Q3, there was a stock-out of Aquatabs in PSI/ASF's main warehouse due to the customs clearance issue that remained pending since last year.
3. The following tables highlight the distribution of products by province during FY13, and the inventory on hand at the end of September 2012:

Table 9: PUR distribution by province from October 2012 to September 2013

Provinces	PUR YEAR 4 DISTRIBUTION				TOTAL YEAR 4	Stock available, end of September 2013
	Q1	Q2	Q3	Q4		
KINSHASA	198 000	237 345	181 704	190 188	807 237	2 006 968
KATANGA	297 360	119 832	179 572	15 360	612 124	366 240
BAS CONGO	77 280	15 360	0	9 600	102 240	0
SUD KIVU/NORD KIVU	171 324	276 960	1 644 040	0	2 092 324	1 620 000
PROVINCE ORIENTALE	200 160	44 880	51 120	24 000	320 160	0
EQUATEUR	12 252	720			12 972	0
KASAI ORIENTAL/KASAI OCCIDENTAL	63 280	95 520	0	0	158 800	0
TOTAL	1 019 656	790 617	2 056 436	239 148	4 105 857	3 993 208

Table 10: AQUATABS distribution by province from October 2012 to September 2013

Provinces	AQUATABS YEAR 4 DISTRIBUTION				TOTAL YEAR 4	Stock available, end of September 2013
	Q1	Q2	Q3	Q4		
KINSHASA	48 320	6 080	98 745	1 109 264	1 262 409	20 100 943
KATANGA	142 080	1 600	160	703 360	847 200	1 203 200
BAS CONGO	38 400	0	0	61 440	99 840	0
SUD KIVU/NORD KIVU	71 680	0	0	284 160	355 840	668 160
PROVINCE ORIENTALE	2 080	0	0	153 600	155 680	41
EQUATEUR	960	0			960	0
KASAI ORIENTAL/KASAI OCCIDENTAL	44 160	320	0	664 000	708 480	0
TOTAL	347 680	8 000	98 905	2 975 824	3 430 409	21 972 344

Table 11: Task 1 Indicators: Situation of FY13

	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	38,420,804	105.26	Achieved
2	Number of female condoms distributed through the USG funded social marketing programs	1,310,000	1,471,815	112.35	Achieved
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	62,000,000	109,666,750	176.88	Due to cholera outbreaks, distribution went beyond the target.
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	Kits not in stock
6	Number of cycles of oral contraceptives (COMBI 3) distributed through the USG funded social marketing programs	1,797,281	1,114,722	62.02	Now, users' needs tend to drift more towards long lasting methods in a context where all the modern methods are proposed to the target group.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	250,000	282,947	113.18	Achieved
8	Number of IUDs distributed through the USG funded social marketing programs	3,000	3,420	114.00	Achieved
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,200	10,130	163.39	Widely accepted in the community and also contributed to the achievement of oral contraceptives.
10	Number of implants distributed through the USG funded social marketing programs	2500	2,044	81.76	Free distribution of implants by other stakeholders reported in Q2 FY13 affected sales of socially marketed implants.
11	CYP	218,019	188,810	86.60	Due to reasons mentioned above.

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. Communication materials developed on CD and DVD and approved by the Ministry of Health were shared in Kinshasa with governmental partners (PNMLS, PNSR, and PNLMD) and partner implementing NGOs.
2. The script of the documentary on the AIDSTAR project was validated internally and externally by USAID. Then the film was edited and a final draft was presented to USAID in mid-September for feedback.

HIV/AIDS/STI

1. 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.
2. The leaflet containing integrated HIV and FP messages was developed and distributed to targeted communities to counteract false beliefs regarding condoms and contraceptive methods.
3. Interpersonal and mass communication sessions with local implementing NGOs were conducted in project-targeted provinces.
4. BCC activities coupled with mobile VCT in collaboration with ProVIC were conducted in Kinshasa only in October and during World AIDS Day (WAD) in December 2012. In October, 2,500 persons were reached, 900 of them were oriented to VCT. During WAD 2012, 900 persons were reached, 700 of them were oriented to VCT; 501 out of these 700 got tested.
5. As part of the Prudence[®] product’s life cycle, consumer studies were conducted and these revealed the need to have the brand evolve to a more comprehensive range in order to offer a variety of products that meet the evolving needs of target populations. However, given the short project’s remaining time and the lack of guarantee that social marketing would continue after the AIDSTAR project, USAID recommended that PSI/ASF stop the launch of the Prudence[®] range, consisting in current male and female condoms with an uplifted packaging and the scented male condom. Indeed, it was deemed better not to create a demand that would not be met thereafter. USAID gave its consent only for the uplifting of the current packaging, not for the launch of new product (Prudence Sensuel). The production of the Prudence[®] range packaging, communication/promotional materials and the launch were canceled and replaced by the production of packaging of the current Prudence[®] in order to achieve the targets of project’s condom social marketing. The existing stock of Prudence[®] Sensuel is kept in PSI/ASF’s main warehouse.

100%Jeune

1. The implementation of the *100%Jeune* project revealed that most of the targeted youth (aged 14-25) were already sexually active. So, the best way of raising their awareness was to integrate reproductive health with HIV in the contents of the magazine. In addition, various testimonies gathered and published in 2012 indicated that young girls were vulnerable and exposed to risk. Thus, starting with the No. 005 issue, the magazine examined the dangers of early pregnancies and clandestine abortion. During this fiscal year, two issues were released.

PSI/ASF’s team explored the feasibility of an electronic edition of the *100%Jeune* magazine taking into account some practical data. After analyzing the pros and cons, it was decided to continue releasing the paper magazine as downloading the entire magazine would be difficult in light of the limited technical possibilities working-class areas’ cybercafés offer. Yet, we have to take full advantage of new communication technologies to promote the magazine via such tools as Facebook.

2. The number of followers on the Facebook profile of the magazine increased from 150 at the beginning of the fiscal year to 597 at the end of the project. PSI/ASF greatly used Facebook

during activities that were carried out in May and June 2013, especially the organization of the second edition of the Dictation Contest and the concert for closing all the activities in connection with that contest.



Pupils from Kinshasa's schools are passing the dictation contest organized by the *100%Jeune* team with USAID support

Family Planning

1. To address frequently asked questions, PSI/ASF produced information leaflets addressing false beliefs related to various FP methods, including condoms. These leaflets were distributed to service providers and recipients.
2. The FP flipchart was developed, produced and distributed to all partner clinics of the *Confiance* network so that they can continue to educate women who attend ante-natal and preschool consultations.
3. The 5 posters on quality assurance protocols, which serve as reminders to FP providers, were produced and posted in partner clinics throughout project-targeted provinces. These posters 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. These posters were distributed to USAID- and CDC-supported eMTCT health facilities and to PNSR.
4. Community-based educators were active in all the project-targeted areas. They conducted home visits, educational chats and participated in the community-based distribution of some FP methods such as oral contraceptives, CycleBeads, and condoms.
5. Due to IPC activities conducted with the support of community-based educators, a total of 483,979 persons were reached with the message about the importance of FP in health, the location of service delivery points, the promotion of the hotline for questions related to clients care and the promotion of long-term methods. These activities were conducted during home visits and educational talks in local communities.

Table 12: Number of people reached through FP interpersonal communication, by province from October 2012 to September 2013

Number of people reached through FP interpersonal communication, FY13									
Provinces	Q1		Q2		Q3		Q4		TOTAL
	Men	Women	Men	Women	Men	Women	Men	Women	
KINSHASA	17 329	17 740	26 773	50 298	27 292	78 180	7 916	27 172	252 700
KATANGA	1 445	8 847	2 716	13 196	4 659	28 410	0	0	59 273
BAS CONGO	261	1 044	2 100	9 510	0	0	0	0	12 915
SUD KIVU	1 193	7 573	517	17 100	937	17 666	9	453	45 448
NORD KIVU	2 225	7 619	834	9 851	1 461	7 276	2	69	29 337
PROVINCE ORIENTALE	1 126	2 392	1 235	5 516	1 376	4 977	0	0	16 622
EQUATEUR	525	2 867							3 392
KASAI OCCIDENTAL	2 258	9 493	1 747	5 668	2 402	9 065	0	0	30 633
KASAI ORIENTAL	2 604	8 111	2 290	8 026	2 847	9 781	0	0	33 659
TOTAL PER SEX	28 966	65 686	38 212	119 165	40 974	155 355	7 927	27 694	
TOTAL	94 652		157 377		196 329		35 621		483 979

6. The PSI/ASF's field staff, the partners in the *Confiance* network, and the trained community-trained educators continued to promote the two hotline numbers (+243 81 080 00 00 and +243 99 300 30 01) and distribute printed communication materials listing these hotline numbers so as to extend access to FP information to the targeted groups. They also referred potential users to the *Confiance* network's clinics and pharmacies for adequate support. The hotline, which aims to improve access to information on FP, reported 8,957 calls from men (61.09%) out of a total of 14,662 calls during FY13. A monthly analysis of the questions asked was carried out to improve IPC activities.

Table 13: Number of calls received by FP hotlines from October 2012 to September 2013

Number of calls received by FP hotline, FY13									
Provinces	Q1		Q2		Q3		Q4		TOTAL
	Men	Women	Men	Women	Men	Women	Men	Women	
KINSHASA	641	699	444	664	448	784	452	731	4 863
KATANGA	754	116	656	153	736	202	781	230	3 628
BAS CONGO	116	95	95	86	121	122	129	91	855
SUD KIVU	79	23	70	39	62	68	73	41	455
NORD KIVU	43	31	60	101	51	41	52	31	410
PROVINCE ORIENTALE	84	22	63	53	84	49	77	41	473
EQUATEUR	116	39	87	68	87	63	99	73	632
KASAI OCCIDENTAL	177	70	194	83	177	99	143	47	990
KASAI ORIENTAL	207	72	174	72	166	80	194	62	1 027
MANIEMA	66	19	68	9	81	23	49	21	336
BANDUNDU	159	70	172	64	165	90	205	68	993
OTHERS	0	0	0	0	0	0	0	0	0
TOTAL PER SEX	2 442	1 256	2 083	1 392	2 178	1 621	2 254	1 436	
TOTAL	3 698		3 475		3 799		3 690		14 662

7. Counseling sessions, organized for couples or individuals 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 following table, 136,469 people benefited from this service thanks to FP providers.

Table 14: Number of people reached through FP counseling activities, by province from October 2012 to September 2013

Provinces	Number of people reached through FP counseling visits, FY13								TOTAL
	Q1		Q2		Q3		Q4		
	Men	Women	Men	Women	Men	Women	Men	Women	
KINSHASA	1 759	10 007	2 064	12 166	2 389	43 231	2 036	11 523	85 175
KATANGA	250	2 017	300	1 975	269	2 286	322	1 991	9 410
BAS CONGO	69	259	73	223	0	0	0	0	624
SUD KIVU	55	956	56	1 750	69	1 455	36	1 032	5 409
NORD KIVU	162	1 236	34	1 393	41	805	3	94	3 768
PROVINCE ORIENTALE	183	945	240	1 307	86	585	95	343	3 784
EQUATEUR	40	129							169
KASAI OCCIDENTAL	948	1 982	1 224	1 801	976	1 830	1 186	1 892	11 839
KASAI ORIENTAL	1 150	3 129	1 169	3 294	1 084	3 280	674	2 511	16 291
TOTAL PER SEX	4 616	20 660	5 160	23 909	4 914	53 472	4 352	19 386	
TOTAL	25 276		29 069		58 386		23 738		136 469

- Of all clients who received care in partner service delivery points during this year, there were 49,284 new FP clients for modern contraceptive methods.

Table 15: Number of new FP clients, by province, from October 2012 to September 2013

Provinces	Number of new FP clients, FY13								TOTAL
	Q1		Q2		Q3		Q4		
	Men	Women	Men	Women	Men	Women	Men	Women	
KINSHASA	0	7 789	0	16 306	0	7 496	0	2 393	33 984
KATANGA	0	732	0	967	0	884	0	638	3 221
BAS CONGO	0	67	0	416	0	0	0	0	483
SUD KIVU	0	516	0	471	0	441	0	286	1 714
NORD KIVU	0	251	0	253	0	210	0	0	714
PROVINCE ORIENTALE	0	472	0	399	0	565	0	284	1 720
EQUATEUR	0	484							484
KASAI OCCIDENTAL	0	954	0	1 116	0	1 256	0	811	4 137
KASAI ORIENTAL	0	722	0	721	0	871	0	513	2 827
TOTAL PER SEX	0	11 987	0	20 649	0	11 723	0	4 925	
TOTAL	11 987		20 649		11 723		4 925		49 284

Maternal & Child Health

DTK

- The flipchart on diarrhea management was developed in collaboration with PNLMD and produced. It was not distributed during the life of the project as it depended on the launch of Ora-Zinc.
- The marketing plan, the communication plan and the materials related to the Ora-Zinc campaign were developed and produced. However, they were not used since the product was not received by PSI/ASF by the end of the project.

Water and Sanitation

- Communication activities regarding water treatment were organized. They were coupled with family planning communication activities as both of them have the same target, women. During

these sessions, community-based educators reached these women, who are mostly mothers of children under five, with water-related messages.

2. A total of 207,606 people, including mothers and caregivers with children under five, students, etc., were reached with messages on: household water treatment, water and diseases, drink potable water, protecting our children, safe water storage, healthy environment, etc.

Table 16: Task 2 Indicators: Situation of FY13

	INDICATORS	Year 4 Targets	Year 4 Achievement (numbers)	Year 4 Achievement (%)	Comments
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	12,817	55,556	433.46	The broadcast of DoD-funded radio and TV spots on VCT uptake had a tremendous impact on the general population; and the distribution of the T-shirt with the message on VCT uptake also played a significant role. People are referred from IPC and mass communication activities
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	28,045	101.69	Achieved
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	18,111	88.84	Partnership conventions with most of local implementing NGOs targeting MARP were discontinued earlier
15	Number of targeted condom service outlets	8,852	9,285	104.89	Points of sale are cumulative
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	460,000	612,676	133.19	Sessions drew a lot of attention from the population
17	Number of media outlets including HIV/AIDS messages in their program	25	25	100	Achieved
18	Number of media broadcasts that promote responsible sexual behavior	5,349	5,463	102.13	Achieved
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	207,606	103.80	Achieved
23	Numbers of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	20,000	NA	-	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. In collaboration with PNLs, PNMLS and HZs, technical meetings for validating data were held each month with 20 partner NGOs and 12 associations that implement communication activities in Kinshasa, Katanga, Province Orientale, Sud-Kivu, Bas-Congo and Kasai Oriental.
2. In collaboration with PNLs, PNMLS and HZs, post-training sessions with trained PEs and supervisors, implementing partner NGOs members, etc. were held on integrated communication techniques and data quality assurance in all six provinces: Lubumbashi (Katanga), Kinshasa, Kisangani (Province Orientale), Bukavu (Sud-Kivu), Mbuji-Mayi (Kasai Oriental), Matadi and Boma (Bas-Congo).
3. Technical meetings with CBEs and FP service providers from *Confiance* network clinics were held in various locations for their continuous capacity building and improvement of services they deliver. The following topics were discussed: management of waste generated by FP service delivery, from the FP counseling room to the site of destruction (incinerator or pits); operation of the communication tree for the management of major complications resulting from the administration of long-acting contraceptive methods; persistence of free-distribution stocks of generic contraceptive products in the network's clinics, these products from some public-sector FP stakeholders were found in PSI/ASF's partner clinics as a result of the campaign for the celebration of the 2012 World Contraception Day; and overlapping in the supply of contraceptives in some network's clinics that were targeted by PMTCT partners, such as the case of ICAP in Kinshasa.
4. The Post-partum IUD (PPIUD) insertions pilot phase got started. First, five public-sector health facilities in Kinshasa (Hôpital Roi Baudouin, Maternité de Kintambo, and Mother and Child centers in Ngaba, Barumbu and Bumbu) were identified as PPIUD clinics in collaboration with the Provincial Inspection of the MoH and PNSR's Provincial Coordination. Then, thanks to the technical support from the PPIUD trainers who were trained in September 2012, 10 FP clinic providers were trained on techniques of post partum IUD insertion started delivering this service. PSI/ASF's clinic managers from the Kinshasa office conducted post-training follow up targeting the newly trained providers to ensure that they complied with protocols of caring for women who are eligible for this method.
5. With the technical support of PNSR and SCOGO, the FP basic training which started during project's Year 3, continued for the capacity building of 380 providers from clinics supported by UNC, EGPAF, ICAP and ProVIC. 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.
6. The 2013-2017 ASF's strategic plan, which was developed during a four-day workshop held in November, was approved by ASF's Board at its April 2013's meeting. This plan identifies the

strategic direction for ASF over the next five years. It is based on an analysis of the internal and external environment of ASF, results of a stakeholder survey and a review of the PSI global strategic plan.

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

Cross-Cutting

1. In FY13, PSI/ASF technical teams met three times with the COTR to monitor project progress, discuss challenges and solutions, and address commodities issues. These are the main items that were discussed during these meetings: PSI/ASF's 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 Prudence[®] range campaign, the status of Ora-Zinc and the closeout plan.
2. In May 2013, the COR made a supervision trip in Kisangani during which he visited one of PSI/ASF's partner FP clinics. He also attended an IPC session conducted by one of PSI/ASF's local partner NGOs targeting youth. In addition, he met the coordinating committee of a local partner NGO targeting CSWs.
3. PSI/ASF's offices in Kinshasa, Province Orientale, Kasai 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.
4. Coordination meetings with other USAID partners were held in Province Orientale, Katanga and Bas-Congo. The discussions were about activities implementation, supervision and coordination of activities with a visiting USAID team in these provinces.
5. PSI/ASF's Katanga provincial office participated in two periodic reviews related to USAID HZs: the first one was in the Haut Katanga District, namely in the HZs of Kipushi, Sakania and Kafubu; and the second one was in the Likasi District, with the Mpanda, Kikula and Likasi HZs. It also participated in the monthly review held by the Lubumbashi health district. Moreover, PSI/ASF's office in Kasai Oriental Province shared data regarding our achievements with 10 HZs in Mbuji-Mayi. PSI/ASF's provincial office in Sud-Kivu participated in meetings held by the Ibanda HZ to harmonize data generated by PSI/ASF in the HZ's database and for the presentation of the operational action plan by the management committee.
6. To mark the celebration of the World Contraception Day, PSI/ASF supported and participated in activities that aimed at raising target groups awareness of the importance of FP on health and promoting FP in various intervention sites.
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 9th 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 sensitizations;
 - Activity appreciated by all WASH cluster actors.
8. During this year, PSI/ASF participated in various thematic meetings and workshops both at the national and the provincial levels: WASH cluster meetings, workshops on development of the "Action Plan for Eliminating Bottlenecks to Access to Thirteen Life-Saving Commodities for Women and Children" in DRC, the 2011-2012 workshop for the evaluation of the fight against cholera, the sub-regional workshop on the development of 2013-2017 strategic plan for eliminating cholera in DRC, meeting organized by PNLS about the analysis of HIV epidemiologic data for developing DRC's HIV profile, meeting organized by PNMLS for reviewing the national HIV multi-sectorial strategic plan, workshop for writing the DRC's FP multi-sectorial strategic plan, the meeting of the coalition of FP stakeholders operating in Kinshasa, etc.

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, finalized plans for capacity assessment and strengthening for the remaining 11 partner NGOs.
3. Social Impact organized training of trainers (TOT) workshops to develop organizational coaching skills of its technical focal points and of PSI/ASF's focal points (2 by provincial office + 6 from the national office). These had to further the capacity building process for all 20 local partner NGOs. These NGOs were assisted in developing their strategic plans as well as their financial and administrative manuals. A website was developed to establish links between local NGOs and trained technical focal points, and offers an easy-to-use platform for lessons and best practices exchange.
4. In Q4, Social Impact held a workshop for the development of coaches' training module, which should help coaches continue supporting these NGOs even after the project's end. It should be noted that, thanks to this process of building local partner NGOs' capacity, some of them started distributing products and have been able to expand their activities.

Table 17: Task 4 Indicator: Situation of FY13

	INDICATOR	Year 4 Targets	Year 4 Achievement (numbers)	Year 4 Achievement (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	110	71	64.55	Among other things, the unavailability of other stakeholders prevented PSI/ASF from reaching its target.

Research, Monitoring and Evaluation

Cross-cutting activities

1. The Research Department developed the integrated supervisory and reporting tool.
2. 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.
3. Joint supervision was conducted in all project-targeted provinces with PNLS, PNMLS, coordinating teams of and supervisors from local NGOs in charge of implementing BCC activities. The purpose was to share new guidelines regarding the participatory approach, techniques and principles of IPC in peer education.
4. Research protocols were written for the following end-of-project surveys: HIV TraC, FP TraC, WTR/MCH TraC, and MAP. These surveys were conducted and the data collected were analyzed.
5. In order to evaluate the quality of FP service in the *Confiance* network's clinics, an internal audit was conducted in Sud-Kivu by PSI/ASF's technical staff from Kinshasa. Its findings revealed a satisfactory level of partnership with the clinics that were visited, the interest of the clinics' managers to continue offering FP service for the benefit of clients, and the compliance with standards of quality service. The most important areas for improvement were related to the management of biomedical waste and the good use of data collection tools.

HIV/AIDS/STI

1. The willingness to pay study on "Prudence" products was completed and the data analysis completed.
2. The qualitative study on "Prudence for Women" was conducted among women living in Kinshasa, Lubumbashi and Mbuji-Mayi, and provided relevant information to enhance the positioning of Prudence® female condom and promote its use.

Reporting

1. During this fiscal year, PSI/ASF submitted Year 3 annual technical report, four quarterly technical progress reports and four quarterly financial reports.
2. The semiannual report on the status of PEPFAR indicators was not produced since PSI/ASF did not receive the template from PEPFAR.

III. Project Management

1. Planning 2013

- In early October 2012, PSI/ASF organized a 2013 activity-planning workshop for the AIDSTAR project with USAID, the Ministry of Health through its technical programs [National Reproductive Health Program (PNSR), National AIDS Control Program (PNLS), National Multi-Sectoral Program against AIDS (PNMLS) and National Program to Combat Diarrheal Diseases (PNLMD)] and implementing partners (USAID/PROVIC, USAID/PROSANI). PSI/ASF was represented by its provincial offices' representatives, the national programmatic teams, key staff from support departments and PSI/W representative (Program Manager based in Washington, DC). Activities during the workshop included: 1) PSI/ASF FY12 AIDSTAR project achievements, lessons learned and challenges, 2) Reminders on PNLMD's, PNSR's and PNLS' national policies and their 2013 work plans, 3) experience sharing with ProVIC and PROSANI, 4) USAID's general and specific comments and guidance, 5) Development of the AIDSTAR project's FY13 work plan with inputs from all the attendees, including USAID and the MoH.
 - The final version of the 2013 action plan was submitted to USAID for approval on October 30, 2012. A second version was submitted on December 13, 2012 integrating USAID's feedback (i.e. a request that PSI/ASF adjust all HIV indicators and distribution targets to the previous levels already approved by PEPFAR). Since USAID approved the revised work plan package and budget with an exception and some recommendations, PSI/ASF resubmitted the last versions of these documents, which took into account that exception and those recommendations, on December 21, 2012. It should be noted that these resubmissions were based on the principle that the HIV budget was re-established to its initial level.
2. During Q4, the modification No. 10 of the contract was signed with USAID to realign the budget and update the work plan.
 3. The Financial Specialist, one of the project's key personnel, was relocated to Madagascar in Q3 and the new financial specialist was approved by USAID. In addition, the Marketing and Logistics Specialist, another key personnel, was relocated to Cameroon in Q4 at the end of the project.

4. AIDSTAR Project's Closeout

- The equipment acquired for the project was inventoried.
- The termination of project's staff was gradually conducted as the project reached its end, with the last wave taking place 15 days before the end of the project. Therefore, project's activities went gradually down during the last quarter.
- PSI/ASF submitted to USAID its proposed closeout plan in early September 2013 along with ten annexes including "equipment inventory and disposition plan" and "status of stocks as of July 2013".

- On September 26th, 2013, PSI/ASF organized a closeout workshop with USG partners, national programs officials (PNLS, PNMLS, PNSR, PNLMD, PNSA, etc.) to share lessons learned and factors of success. Attendees followed presentations and testimonies that highlighted for each area of intervention (HIV, FP, MCH, Water) project's main achievements, lessons learned, and partnerships that were set up with public and private sectors. The MoH was represented by its Secretary General and the USAID mission by its Director. Testimonies of actors from public and private sectors, as well as from direct beneficiaries of the project, highlighted project's impact on the community.

5. International Trips

- In October 2012, a four-day STTA was conducted by the PSI/WCA Deputy Regional Director to review the design and the implementation of the ASF's institutional development plan. Valuable amendments were proposed to the plan, which was approved by ASF's board meeting in April 2013.
- Alongside other USAID's partners and MoH's representatives, PSI/ASF attended the international conference on the *Use of Mobile Technology to Improve FP and RH* in Dar es Salaam, Tanzania. This conference allowed countries to share their experiences in using the mobile technology through its available functions (voice, SMS, Internet, money transfer, etc.) to improve vulnerable populations' health. DRC's presentation, displayed in the plenary session, consisted in a video that took into account all mobile technology's options different partners use in the health field. At the end of the conference, each member country developed and presented a national vision related to large-scale use of mobile telephone to improve health. For DRC, the proposed vision is the "rational integration of mHealth in the national health system to improve coordination, use of services and program management." MoH's representatives (PNSR and PNSA) will submit it to government health officials in order to define the next steps.
- From October 28, 2012 to November 16, 2012, three training sessions took place in Washington, DC. They were related to marketing, leadership and induction for the PSI/ASF BCC Specialist. Since PSI's main activity is social marketing, leveraging successful experiences from private sector, a whole week was devoted to the marketing trade approach that platforms should start to put in place. The focus during the second and third weeks was the personal development in the management of work relationships and in the membership to an international organization as well as the implications of these factors in fulfilling daily activities. It should be noted that the Marketing and Logistics Technical Advisor also attended the marketing training; his trip was supported by another funding mechanism.
- In December 2012, a short-term technical assistance trip in connection with the willingness-to-pay survey on Prudence products was conducted by PSI Washington researcher.
- In May, July and August, short-term technical assistance trips were conducted by a regional researcher from PSI/West and Central Africa's office in Benin to finalize analyses of end-of-project surveys.

IV. Problems / Challenges faced during the reporting period

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

1. Exoneration and license plate issues delayed the acquisition of vehicles, which was necessary to achieve project's indicators;
2. In some *Confiance* network clinics, there was double coverage caused by the integration of FP by PMTCT partners. Consequently, there were two different approaches for the distribution of contraceptives (social marketing and free distribution) in these clinics. Thus, there was high risk that social marketing FP products be pushed out by the same products freely distributed;
3. 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, were found in *Confiance* network's clinics. These products, which were sold at significantly reduced prices, broke the momentum of FP products that were socially marketed through the network. A significant impact was noticed in the achievement of project's indicators during Q1 and Q2. That continued to affect the momentum of socially marketed FP products throughout the network of PSI/ASF's partner clinics even in Q3;
4. No stock of Microlut;
5. Delayed start of FP/PMTCT training sessions due, among other things, to a delayed transmission of participants' list by PMTCT partners;
6. It was observed, in Q2, 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 as FP service delivery materials. Thus, some providers who received FP training in 2012 were late in starting up FP service delivery;
7. Most of clinics did not have incinerators for the management of biomedical waste. Some of them rather used pits dug in the ground to destroy medical waste. Thus, they did not comply with required national protocols;
8. In Q1, the news of cuts in the HIV budget for FY13 had some negative impact for the continuity of the project activities: termination of some staff members, loss of motivation for the remaining staff, no funds for the continuation of local NGOs' activities, discontinuation of preparatory activities related to the launch of Prudence[®] range (Prudence Classic[®] and Prudence Sensuel[®]), not enough funds for supervision missions and post-training monitoring, etc;
9. The cancellation of the process of launching the campaign on the Prudence[®] range awaited by the community as a result of the constraint related to the closure of the project in September 2013. This prevented PSI/ASF from meeting the consumers' evolving needs and from getting the opportunity of readjusting condom price according to the findings of the Willingness to Pay study. In the case of Prudence Sensuel's launch, this cancellation required further negotiations to buy back the campaign concept from the advertising agency; and PSI/ASF was obliged to cancel orders placed for new packagings;

10. A stock-out of more than 6 months for Aquatabs at PSI/ASF's main warehouse due to customs clearance issue disrupted the distribution of this product. This issue also affected PuR water purifier;
11. Insecurity in some provinces, namely Katanga and Sud-Kivu, did not enable PSI/ASF's teams to cover all the project-targeted areas; this impacted the achievement of distribution targets;
12. The reception of ORS and zinc kits was not possible this year for the following reasons: (1) slowness of the process for obtaining the market entry authorization (AMM); indeed, it was only by the end of Q3 that PSI/ASF received the invitation to pay fees for obtaining the AMM and (2) after being invited to pay these fees, difficulty to obtain the BIVAC to authorize the shipment of 90,000 Ora-Zinc kits already manufactured, as the manufactured product had not the required minimum shelf life of two years at the entry port in DRC -- special permission from the Ministry of Health (through the 3rd Directorate) was required so as to get from the manufacturer's country the authorization of shipping the product to DRC. PSI/ASF has now settled the issue;
13. PSI/ASF had to dismiss some of its experienced and qualified staff at the end of the project;
14. Ensuring that all unpaid bills to be charged to the project were collected from providers by September 30th, 2013 in view of their payment during the trailing period;
15. In Q4, closing the Mbuji-Mayi's provincial office (end of the project) and moving the Bukavu's office to another location (insufficient costs share with other donor fundings), with all the logistics issues that entailed, namely how to keep all the equipments/commodities acquired with the project funding before their disposition.

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 is making available the handbook entitled "Data sheet for injections and samplings safety, and biomedical waste management" in FP clinics for a continual application of this procedure in dealing with such waste.
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 IUDs 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 generally contributes to environmental protection.
4. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP methods training. Guidelines for assuring IEE requirements are met in *Confiance* clinics

have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.

5. 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 took online courses on regulations concerning the provision of services and contraceptive products in order to ensure better program coordination.

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC																											
Activity	People concerned by	2012												2013												Comments	
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
B-5 Water and Sanitation Activities																											
B-5-1 Product																											
B-5-1-1	Test Aquatabs in Kinshasa				X	X	X	X	X																		Achieved
B-5-1-2	Order Aquatabs packaging			X	X	X	X	X	X	X																	Achieved
B-5-1-3	Package Aquatabs						X	X	X	X	X																Achieved
B-5-2 Placement/Distribution																											
B-5-2-1	Dispatch Aquatabs to the provinces						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
B-5-2-2	Dispatch PUR stock to the provinces				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
B-5-2-3	Distribute PUR packets to endo-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	X	Achieved
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	X	Achieved
C TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable																											
C-1 Cross-Cutting Activities																											
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	X	Achieved
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	X	X	X	X	X	X	X	X	X	X	X	Achieved
C-2 HIV/AIDS/STI Activities																											
C-2-1 Media Communication and Supports Development																											
C-2-1-1	Finalize distribution of remaining communication materials produced in 2012	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
C-2-1-2	Broadcast "Prudence" reminder radio and TV spots developed in 2012 (S)				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
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	X	Achieved
C-2-1-5	Plan mass communication sessions with PNLS, PNMLS, HZs and local implementing NGOs (MVLJ, 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	X	Achieved
C-2-1-6	Organize BCC activities coupled with VCT in collaboration with PNLS and other partners where DPO/NGO 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	X	Achieved
C-2-1-7	Design the promotion media campaign for the new condom "Prudence Sensuel"								X	X	X	X															Achieved
C-2 100%Jeune																											
C-2-2-1	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	X	Achieved
C-2-2-2	Explore the need for the development of an electronic edition of 100%Jeune									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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
C-3 Family Planning Activities																											
C-3-1 Promotion/Communication																											
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	X	X	X	X	X	X	X	X	X	Achieved
C-3-1-2	Finalize the design for the FP flipcharts begun in 2012 in collaboration with PNSR	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
C-3-1-3	Produce and distribute flipcharts to network community organizers				X	X	X	X	X																		Achieved
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	X	X	X	X	X	X	X	X	X	X	X	Achieved
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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
C-3-1-6	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	Achieved
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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
C-4 Maternal & Child Health Activities																											
C-4-a ORS/Zinc Activities																											
C-4-a-1 Promotion/Communication																											
C-4-a-1-1	Hold a preparatory meeting for the Orazinc launch with PNLM and partners at the provincial level																										Achieved
C-4-a-1-2	Officially launch Orazinc in all provinces																										Not achieved
C-4-a-1-3	Broadcast Orazinc TV and radio spots produced in 2012 in all provinces																										Not achieved
C-4-a-1-4	Print and distribute flipcharts on diarrhea management developed in 2012 with PNLM				X	X	X	X	X																		Achieved
C-4-a-1-5	Organize interpersonal communication sessions with PNLM and NGOs/CBDAs																										Not achieved
C-5 Water and Sanitation Activities																											
C-5-1 Promotion/Communication																											
C-5-1-1	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	Achieved
D 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.																											
D-1 Cross-Cutting Activities																											
D-1-1	Organize technical meetings with NGO partners/CBO committees								X																		Achieved
D-1-2	Organize post training sessions with trained PEs and supervisors, implementing partner NGO members, PNLS and PNMLS representatives on integrated communication techniques and data quality assurance						X	X	X																		Achieved
D-1-3	Organize technical meetings with CBEs and FP service providers from Confluence network clinics								X																		Achieved
D-1-4	Utilize trainers trained on PPIUD in 2012 to train 10 FP clinic providers in Kinshasa in partnership with the PNSR				X	X	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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
D-1-6	Identify trainers of trainers for correct diarrhea management																										Achieved
D-1-7	Train service providers (doctors, nurses, HZCO officials) in correct diarrhea management with ORS + Zinc																										Not achieved
D-1-8	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	X	Ongoing
D-1-9	Hold a workshop to develop the PSI/ASF 2013-2016 strategic plan				X																						Achieved

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC																																						
Activity	People concerned by	2012												2013												Comments												
		OCT			NOV			DEC			JAN			FEB			MAR			APR			MAY				JUN			JUL			AUG			SEPT		
		W1	W2	W3	W1	W2	W3	W1	W2	W3	W1	W2	W3	W1	W2	W3	W1	W2	W3	W1	W2	W3	W1	W2	W3		W1	W2	W3	W1	W2	W3	W1	W2	W3			
E 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-																																						
E-1 Cross-Cutting Activities																																						
E-1-1	Organize quarterly monitoring meetings with USAID at the national level																																		Achieved			
E-1-2	Organize quarterly coordination meetings with other USAID partners at the provincial level, based on the experience of the PSI/ASFP Kisangani office																																		Achieved			
E-1-3	Participate in periodic reviews and planning for USAID HZs																																		Achieved			
E-1-4	Participate in the development of HZ operational action plans																																		Achieved			
E-1-5	Organize a semiannual discussion meeting with FP clinic managers in partnership with the PNSR																																		Cancelled			
E-1-6	Participate in thematic meetings (health clusters, WASH, FP, reproductive, HIV) at the national and provincial levels																																		Achieved			
E-1-7	Participate in the Ministry of Health annual review																																		Achieved			
E-1-8	Hold, where possible, weekly working sessions with program offices and Health Zones to reinforce coordination																																		Achieved			
E-2 Capacity Building & Assessments																																						
E-2-1	Renew partnership agreements with local implementing NGOs																																		Achieved			
E-2-2	Build leadership capacities of local provincial staff (PO, coordinators)																																		Achieved			
E-2-3	Build capacities of 11 partner NGOs through Social Impact and use them for behavior change communication activities																																		Achieved			
F Research, Monitoring and Evaluation																																						
F-1 Cross-Cutting Activities																																						
F-1-1	Organize 3 TRAC surveys (HIV, FP, WTRMCH)																																		Achieved			
F-1-2	Organize a MAP study																																			Achieved		
F-1-3	Disseminate results of the TRAC and MAP studies																																			Achieved		
F-1-4	Develop integrated supervisory and reporting tools																																			Achieved		
F-1-5	Organize integrated supervisory visits from the national level to the provincial level																																			Achieved		
F-1-6	Organize integrated supervisory visits from the provincial level to implementing partners																																			Achieved		
F-2 HIV/AIDS																																						
F-2-1	Hold a Willingness-to-Pay study on "Prudence" products																																		Achieved			
F-2-2	Organize a qualitative study on "Prudence for Women" in three health zones, taking into account mid-term evaluation results																																		Achieved			
F-3 Reporting																																						
F-3-1	Produce the last quarterly report on the status of AIDSTAR project indicators for 2012																																		Achieved			
F-3-2	Produce an annual report for year 3 of the AIDSTAR project																																		Achieved			
F-3-3	Produce quarterly reports on the status of AIDSTAR project indicators for 2013																																			Achieved		
F-3-4	Produce semiannual reports on the status of PEPFAR indicators (Semi-Annual PEPFAR Report)																																			Not achieved (see Task 4 / Reporting for reasons)		
F-3-5	Produce an AIDSTAR project annual report (year 4) - October 30, 2013																																		Achieved			
F-3-6	Produce an AIDSTAR project final report - December 30, 2013																																		Ongoing			

VIII. Annexes

VIII.1- Project indicators

Annex A: Product Distribution Targets

Annex A: Product Distribution Revised Targets						
	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	
Task 1: Increase supply and diversity of health services and products							
1	Number of male condoms distributed through the USG funded social marketing programs	20 000 000	25 000 000	34 000 000	36 500 000	115 500 000	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	3 610 000	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	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. 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	100 000	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 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	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	1 020 000	1 275 000	3 995 000	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	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 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.
Task 2: Increase the awareness of and demand for health products and services							
12	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4 364	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.
Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services including behavior change communication activities							
27	Number of socially marketed health products or services transitioned to the private sector	0	0	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.
Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other USG and non-USG partners							
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	110	373	Based on budget available, and past experience in coordination. No change.

VIII.2- Achievement of Project Indicators up to Year 4

Task 1 Indicators: Situation as of end of FY13

	INDICATORS ¹	Year 1 Targets	Year 2 Targets	Year 3 Targets	Year 4 Targets	Years 1, 2, 3 and 4 Targets	Achievement (numbers)	Achievement (%)
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	115,500,000	118,951,186	103
2	Number of female condoms distributed through the USG funded social marketing programs	500,000	700,000	1,100,000	1,310,000	3,610,000	4,249,221	121
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	506,297,960	235
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	100,000	NA	NA
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20,000	30,000	0	0	50,000	50,893	102
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	3,995,000	3,304,469	83
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100,000	200,000	200,000	250,000	750,000	846,242	113
8	Number of IUDs distributed through the USG funded social marketing programs	2,000	2,500	2,750	3,000	10,250	11,828	115
9	Number of Cycle Beads distributed through the USG funded social marketing programs	4,000	6,000	6,000	6,200	22,200	36,934	166
10	Number of implants distributed through the USG funded social marketing programs	0	1,300	2,500	2,500	6,300	7,365	117
11	Couple-years of protection (CYP) in USG-supported programs	88,867	145,107	152,150	183,200	569,323	588,823	103

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

Task 2 Indicators: Situation as of end of FY13

	INDICATORS	Year 1 Targets	Year 2 Targets	Year 3 Targets	Year 4 Targets	Years 1, 2, 3 and 4 Targets	Achievement (numbers)	Achievement (%)
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	0	4,364	11,252	12,817	28,433	106,006	373
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	0	17,717	23,442	25,337	66,496	66,961	101
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	86,240	159
15	Number of targeted condom service outlets	1,800	6,000	7,952	8,852	8,852	9,285	105
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	0	200,000	340,000	460,000	1,000,000	1,223,571	122
17	Number of media outlets including HIV/AIDS messages in their program	0	48	30	25	48	48	100
18	Number of media broadcasts that promote responsible sexual behavior	0	20,160	12,986	2,350	35,496	36,647	103
19	Number of peer educators who successfully completed an in-service training program	0	300	365	665	665	665	100
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	199	5	204	204	204	100
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	100	68	45	45	45	0	100
22	Numbers of people reached during outreach activities promoting the use of water purifier products	50,000	300,000	250,000	200,000	800,000	1,268,528	159
23	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	0	20,000	20,000	-	-
24	Numbers of service delivery points for social marketing delivery kits	200	400	0	0	400	400	100
25	Percentage of delivery points reporting stock-out of water purifier at any time	40%	30%	20%	15%	15%	0	100
26	Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time	-	-	-	-	-	-	-

Task 3 Indicators: Situation as of end of FY13

	INDICATORS	Year 1 Targets	Year 2 Targets	Year 3 Targets	Year 4 Targets	Years 1, 2 and 3 Targets	Achievement (numbers)	Achievement (%)
27	Number of socially marketed health products or services transitioned to the private sector	0	0	0	0	0	0	0
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	20	100

Task 4 Indicator: Situation as of end of FY13

	INDICATORS	Year 1 Targets	Year 2 Targets	Year 3 Targets	Year 4 Targets	Years 1, 2, 3 and 4 Targets	Achievement (numbers)	Achievement (%)
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	110	373	383	103

VIII.3- 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					WatSan Products	
	Prudence Male	Prudence Female	Combi 3	Injectable	IUD	Cycle Beads	Jadelle	PUR	AQUATABS
KINSHASA	15 971 096	7 151	758 127	38 331	31	74 231	568	2 006 968	20 100 943
KATANGA	1 445	24 000	77 985	0	60	254	30	366 240	1 203 200
BAS CONGO	0	0	0	0	0	0	0	0	0
SUD KIVU/NORD KIVU	551 949	4 775	0	0	50	0	274	1 620 000	668 160
PROVINCE ORIENTALE	0	8 000	5 050	3	0	0	0	0	41
KASAI ORIENTAL/KASAI OCCIDENTAL	114 398	0	0	0	0	0	0	0	0
TOTAL	16 638 888	43 926	841 162	38 334	141	74 485	872	3 993 208	21 972 344

It should be noted that there are also 14,557,876 Prudence Sensuel male condoms in PSI/ASF's main warehouse in Kinshasa.

VIII.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 lutte 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