



June 1, 2013: Pupils are happy to have participated in the final test of the second edition of the dictation contest organized in Kinshasa by PSI/ASF's *100%Jeune* magazine team with USAID's support

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

**Programmatic Quarterly Report
April – June 2013**

**Submitted by:
Population Services International
July 30th, 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: April – June 2013 (Q3 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 Q3 FY13:

1. 14,436,289 male condoms and 607,592 female condoms were distributed in targeted health zones under the AIDSTAR project.
2. 332,446 Combination-3 oral contraceptives, 89,803 injectables, 1,407 IUDs, 3,939 CycleBeads and 233 *Jadelle* implants were distributed to women of reproductive age in project-targeted health zones.
3. 59,849 CYPs were generated through the distribution of FP products over the quarter.
4. 2,056,436 sachets of PUR and 98,905 tablets of Aquatabs were distributed to treat 22,542,460 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. The collaboration with wholesalers/distributors has continued in Kinshasa and in provinces. For the sake of efficiency of the network in place, PSI/ASF reduced the number of distributors, from 62 wholesalers in 2012 to 32.
2. In collaboration with the sales force put in place in all provinces, points of sales were systematically visited in accordance with MAP criteria, including availability of products, presence of promotional materials, compliance with the price list and non expiration of products.
3. The rural strategy had continued in the Kasai Oriental Province, especially in Mweneditu, Ngandajika and Kabinda. PSI/ASF's provincial sales and communication managers recruited and trained community leaders as focal points for sales and distribution, who in turn recruited and trained existing commercial bikers. They also made sure that junction points had enough products for supplying these bikers on a regular basis. During the quarter the Katanga Province, especially in Kolwezi and Kamina, and the Province Orientale, mainly in Kisangani and its surroundings, were also covered. As a whole, 2,407 existing commercial bikers were recruited in these provinces. In collaboration with HZs' officials, Community Agents were trained as supervisors of activities related to the rural strategy.

HIV/AIDS/STI

1. At the beginning of this quarter, there were 42,171,264 Prudence[®] male condoms and 313,649 Prudence[®] female condoms stored in PSI/ASF's warehouses in the targeted provinces. A quantity of 2,550 pieces of male condoms was used for other purposes, such as testing. During the same period, PSI/ASF received 700,000 pieces of female condoms from USAID to cover the remaining quantities to be distributed by the end of the project.
2. After analyzing PSI/ASF's request for getting Prudence[®] Sensuel's market entry authorization (AMM), the MoH informed in late June 2013 that PSI/ASF was found eligible to get the AMM provided that it submit additional information about the product beyond usually required information.
3. Prudence[®] male and female condoms were dispatched to and received in provinces for their distribution by wholesalers.
4. Male and female condoms were distributed in the commercial circuit through pharmaceutical and non-pharmaceutical wholesalers as well as sales outlets. The sales force put in place to back the distribution was instrumental in this activity.

5. The following tables highlight the distribution of male and female condoms by province during Q3 FY13 and the inventory on hand at the end of June 2013:

Male Prudence	Distribution	Stock (packaged and unpackaged) available, end of June 2013
KINSHASA	2,969,889	25,271,795
KATANGA	1,975,536	989,234
BAS-CONGO	486,000	185,805
SUD-KIVU/ NORD-KIVU	1,994,640	205,824
PROVINCE ORIENTALE	2,366,224	321
KASAI ORIENTAL/ KASAI OCCIDENTAL	4,644,000	1,080,000
TOTAL	14,436,289	27,732,979

Female Prudence	Distribution	Stock available, end of June 2013
KINSHASA	150,016	269,967
KATANGA	79,800	51,000
BAS-CONGO	7,600	47,800
SUD-KIVU/ NORD-KIVU	26,946	25,290
PROVINCE ORIENTALE	28,830	9,600
KASAI ORIENTAL/ KASAI OCCIDENTAL	314,400	2,400
TOTAL	607,592	406,057

Family Planning

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

Province	COMBI 3	Injectable	IUD	Cycle Beads	Jadelle
Kinshasa	124,816	52,493	412	1,795	80
Katanga	26,565	10,840	133	217	47
Bas-Congo	20,325	6,380	45	139	29
Sud-Kivu / Nord-Kivu	38,235	11,950	700	1,359	47
Kasai Oriental/ Kasai Occidental	103,065	5,250	100	275	11
Province Orientale	19,440	2,890	17	154	19
TOTAL	332,446	89,803	1,407	3,939	233

2. Apart from the quantities of Combination 3 that were distributed, there was an inventory regularization of 254 additional pieces and 602 pieces were used for other purposes such as demonstrations or testing.
3. During this quarter, PSI/ASF received 75,200 injectables from USAID.
4. FP products (COC, DMPA, IUD, CycleBeads, Implants) were distributed through social marketing in partner clinics and by distributors.

Maternal & Child Health

DTK

1. The third directorate of the Ministry of Public Health granted the market entry authorization for DTKs.
2. PSI/ASF had not yet received DTKs at the national level because of the BIVAC issue (Please refer to the Challenges section). The MoH recently wrote the Head of BIVAC/DRC to authorize the shipment of DTKs to DRC.
3. The testing and the packaging of DTKs were not done because of the above-mentioned reason. Once DTKs are received at PSI/ASF's main warehouse, they will be carried out.

Water and Sanitation

1. Since the customs clearance issue related to Aquatabs was at last sorted out and the product was received at PSI/ASF's main warehouse, the testing process took place. The product is now being packaged and will be shipped to provinces during the month of July.
2. The PUR water purifier stock was dispatched to provinces, namely Kinshasa, Sud-Kivu and Katanga.
3. PUR was distributed in Bolobo, Bandundu Province, to prevent the cholera outbreak that was reported there. In collaboration with the Katanga provincial Ministry of Health, 500 cartons of PUR were distributed for free to inhabitants of Mura and Kikula in the medical district of Likasi to fight cholera. Another distribution campaign was conducted to fight cholera in Uvira, 120 km away from Bukavu.
4. Commercial distributors/wholesalers, health zones and NGOs did not distribute Aquatabs because of the stockout that lasted more than 6 months. Now that the product is available, the distribution will resume in July.
5. From April to June 2013, a total of 2,056,436 sachets of PUR and 98,905 tablets of Aquatabs were distributed. PSI/ASF received 25,024,000 Aquatabs from PSI/Washington, and 1,120 of them were used for testing purposes. A total of 374 sachets of PUR were used for other purposes.
6. The following tables highlight the distribution of products by province during Q3 FY13, and the inventory on hand at the end of June 2013:

PUR	Distribution	Stock available, end of June 2013
Kinshasa	181,704	1,951,708
Katanga	179,572	10,560
Bas-Congo	0	0
Sud-Kivu / Nord-Kivu	1,644,040	0
Kasaï Oriental/ Kasaï Occidental	0	0
Province Orientale	51,120	0
TOTAL	2,056,436	1,962,268

AQUATABS	Distribution	Stock available, end of June 2013
Kinshasa	98,745	24,948,127
Katanga	160	0
Bas-Congo	0	0
Sud-Kivu / Nord-Kivu	0	0
Kasaï Oriental/ Kasaï Occidental	0	0
Province Orientale	0	56
TOTAL	98,905	24,948,183

Task 1 Indicators: Situation as of end Q3FY13

	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	27,326,713	74.87	Targets are expected to be met next quarter
2	Number of female condoms distributed through the USG funded social marketing programs	1,310,000	1,109,684	84.71	On track
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	62,000,000	47,758,790	77.03	Targets are expected to be met next quarter
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	805,419	44.81	There is assumption that choice of method is drifting towards the long lasting methods
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	250,000	226,108	90.44	On track
8	Number of IUDs distributed through the USG funded social marketing programs	3,000	3,156	105.20	The Kivus and Kinshasa provinces inserted many of the achieved results this quarter
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,200	9,257	149.31	Widely accepted in the community
10	Number of implants distributed through the USG funded social marketing programs	2500	1,397	55.88	Ongoing but continuing free distribution of implants affects sales of social marketing implants (Please, refer to the Challenges section of Q2 FY13)
11	CYP	218,019	148,561	68.14	Ongoing

Task 1a Indicators: Situation from Inception to end of Q3FY13

PRODUCT	OVERALL PROJECT TARGET (4 YEARS)	ACHIEVEMENT	VARIANCE	%
Male Condoms	115,500,000	107,857,095	7,642,905	93
Female Condoms	3,500,000	3,887,090	-387,090	111
COC	3,995,000	2,995,166	999,834	75
POP	660,000	10,507	649,493	2*
Injectables	750,000	789,403	-39,403	105
IUD	10,250	11,564	-1,314	113
CycleBeads	22,200	36,061	-13,861	162
Implants	6,300	6,718	-418	107
Deliverans	50,000	50 893	-893	102
PUR	7,000,000	12,707 608	-5, 707,608	182
Aquatabs	7,250,000	15,865,696	-8,615,696	219
CYP	613,323	548,574	64,750	89

*Since project's Q4 Year 1, POP has no longer been available.

TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.

Cross-cutting activities

1. The finalization of the script of the documentary on the AIDSTAR project is underway. Before starting the production, working sessions with the donor (USAID) will be organized. The documentary is due by September 2013.

HIV/AIDS/STI

1. The broadcast of Prudence reminder radio and TV spots developed in 2012 has continued during this quarter.
2. In order to maximize the integration of health messages, false beliefs related to HIV were included in the FP leaflet since condoms have a dual role.
3. During this reporting period, 2,733 interpersonal communication sessions under the oversight of PNLS, PNMLS, HZs and local implementing NGOs were organized in all six project-targeted provinces (Kinshasa, Katanga, Province Orientale, Kasai Oriental, Sud-Kivu and Bas-Congo).
4. During the quarter, 453,185 individuals were reached with mass communication sessions by local partner NGOs in all the project-targeted provinces.
5. BCC activities coupled with VCT in collaboration with PROVIC were not conducted during this quarter because of the security situation in Lubumbashi, the closure of PROVIC's office in Bukavu and that of PSI/ASF's office in Bas-Congo.
6. 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 project's remaining time and the lack of guarantee that social marketing will 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 condom, since it is better not to create a demand that will 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 have been 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 will be kept in PSI/ASF's main warehouse.

100%Jeune

1. To continue addressing issues that affect youth, especially girls, the issue 6 of *100%Jeune* magazine is being produced. Its main theme is clandestine abortion, which is a recurring problem in our society.
2. 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. The profile now has 594 followers.



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

Family Planning

1. False beliefs related to contraceptive methods are deeply rooted in the community, especially among women of reproductive age. To address frequently asked questions, PSI/ASF has been producing information leaflets on false beliefs related to various FP methods, including condoms. These leaflets will be distributed in partner clinics, through USAID- and CDC-supported eMTCT health facilities and PNSR.
2. FP flipcharts are being produced and will be 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, are being posted in partner clinics throughout project-targeted provinces. These posters will also be distributed through USAID- and CDC-supported eMTCT health facilities and to PNSR.
4. During the quarter, community-based educators (CBEs) continued holding sensitization sessions in the community as well as in *Confiance* network's clinics during antenatal and preschool consultations. CBEs worked beyond their usual targeted areas in order to enlarge the coverage of FP messages promotion and reach more people.

Number of people reached through FP interpersonal communication, by province
(April-June 2013 – Q3 FY13)

Province	Men	Women	Total
Kinshasa	27,292	78,180	105,472
Katanga	4,659	28,410	33,069
Bas-Congo			
Sud-Kivu	937	17,666	18,603
Nord-Kivu	1,461	7,276	8,737
Province Orientale	1,376	4,977	6,353
Kasaï Occidental	2,402	9,065	11,467
Kasaï Oriental	2,847	9,781	12,628
Total	40,974	155,355	196,329

5. During the quarter, the toll-free hotline addressed FP queries and concerns from clients. Though calls from men were still numerous, i.e. 2,178 calls out of a total of 3,799 calls recorded during the quarter (57.33%), they were not that higher than women's. The reason for this could be the fact that during the quarter, IPC activities were more oriented towards mother and child health services in partner clinics. It should be noted that 54.57% of recorded questions were about FP advantages, types of methods, users' profile, etc.; 10.42% of them were concerns about the side effects (rumors, false beliefs), 15.98% of them were about the location of FP clients support sites and about 18.93% of them related to other health areas especially malaria.

Number of calls received by FP hotline, by province
(April-June 2013 – Q3 FY13)

Province	Calls		Total
	Men	Women	
Kinshasa	448	784	1,232
Katanga	736	202	938
Bas-Congo	121	122	243
Sud-Kivu	62	68	130
Nord-Kivu	51	41	92
Province Orientale	84	49	133
Equateur	87	63	150
Kasaï Occidental	177	99	276
Kasaï Oriental	166	80	246
Maniema	81	23	104
Bandundu	165	90	255
Total	2,178	1,621	3,799

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, 58,386 people benefited from this service thanks to FP providers.

Number of people reached through FP counseling visits, by province
(April-June 2013 – Q3 FY13)

Province	Men	Women	Total
Kinshasa	2,389	43,231	45,620
Katanga	269	2,286	2,555
Bas-Congo			
Sud-Kivu	69	1,455	1,524
Nord-Kivu	41	805	846
Province Orientale	86	585	671
Kasaï Occidental	976	1,830	2,806
Kasaï Oriental	1,084	3,280	4,364
Total	4,914	53,472	58,386

7. A total of 11,723 clients accepted to use modern contraceptive methods.

Number of new clients recruited, by province
(April-June 2013 – Q3 FY13)

Province	New Clients		Total
	Men	Women	
Kinshasa	0	7,496	7,496
Katanga	0	884	884
Bas-Congo			
Sud-Kivu	0	441	441
Nord-Kivu	0	210	210
Province Orientale	0	565	565
Kasaï-Occidental	0	1,256	1,256
Kasaï-Oriental	0	871	871
Total	0	11,723	11,723

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 marketing plan, the communication plan and the materials related to the Orazinc campaign were developed and produced. However, since the shipping of the product to DRC might take longer than expected, it was established that the product will not be launched by the end of the AIDSTAR project during a PSI/ASF-USAID meeting held during the quarter.

Water and Sanitation

1. Communication activities regarding water treatment had been organized during the quarter. 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.

Task 2 Indicators: Situation as of end Q3FY13

	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	54,243	423.21	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	24,289	88.06	On track -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	14,000	68.67	Activities are ongoing, and targets are expected to be met next quarter
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	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	Target achieved
18	Number of media broadcasts that promote responsible sexual behavior	5,349	4,672	87.34	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	207,606	103.80	Cholera outbreaks made it necessary to reinforce activities promoting water purification
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 2a Indicators: Situation from Inception to end of Q3FY13

	OVERALL PROJECT TARGET (4 YEARS)	ACHIEVEMENT	VARIANCE	%
Number of people reached during HIV/AIDS activities who are oriented to VCT site	28,433	104,693	- 76,260	368
Number of individuals reached with individual and/or small group preventive interventions primarily focused on abstinence and/or being faithful (AB)	66,496	63,205	3,291	95
Number of individuals reached with individual and/or small group preventive interventions primarily focused on OP (MARF)	54,338	82,129	- 27,791	151
Number of individuals who participated in communitywide event focused on HIV/AIDS	1,000,000	1,223,571	- 223,571	122
Number of media outlets under contract	48	48	0	100
Number of media broadcasts that promote responsible sexual behavior	35,496	35,856	- 360	101
Number of trained PEs	600	665	- 65	111
Number of individuals who participated in communitywide event focused on WatSan	800,000	1,328,708	- 528,708	166
Number of technical and coordination meetings	373	369	4	99

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, six 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. Meetings for technical exchanges with CBEs and FP service providers were held to ascertain the progress of their service in clinics and community. These are some of the main points raised in most of the provinces: 1) persistence of free-distribution stocks of generic contraceptive products in the network's clinics; these products from some public-sector FP stakeholders are found in PSI/ASF's partner clinics as a result of the campaign for the celebration of the 2012 World Contraception Day; and 2) overlapping in the supply of contraceptives in some network's clinics that are targeted by PMTCT partners, such as the case of ICAP in Kinshasa.
4. Regarding providers' diarrhea prevention and treatment training, the list of trainers who were identified at the provincial level, in collaboration with PNLMD, in the first quarter of this fiscal year was submitted during this quarter to teams involved to certify their availability.

Unfortunately, the supply of ORS and zinc had not been made available at the end of the quarter.

5. During this quarter, the profile and the number of service providers (doctors, nurses, HZCO officials) to be trained in correct diarrhea management with ORS + Zinc were determined with each provincial team. The selection took into account actors from private sector who work in the *Confiance* network and those from public sector who operate in the AIDSTAR project-targeted zones.
6. The 2013-2017 ASF's strategic plan was presented to and approved by ASF's Board at its 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. Two monitoring meetings with USAID at the national level were held during this quarter. The main items that were discussed at the first meeting, held on April 16, 2013, were clarification on the FY 2012 incremental funding and the project's closeout plan. Regarding the first item, the notification sent by PSI/ASF regarding costs already incurred was put in its context and the COR briefly recalled the contents of his email dated April 12, 2013, which was a reply to the notification sent by PSI/ASF. As for the closeout plan, PSI/ASF presented its proposed exit plan filled out on a template sent by the COR. In this document, PSI/ASF proposed to transfer some activities or products either to its new projects funded by other donors or to other partners. The Prudence® range concept, with a relifting of the existing Prudence® male and female condoms' packaging to welcome the scented male condom, was also discussed during this meeting.

The second meeting was held on June 27, 2013. The Prudence campaign, the status of Ora-Zinc and of commodity stocks and the closeout plan were the main items that were discussed. Regarding the Prudence campaign, PSI/ASF informed the COR that it took into account his recommendations and decided to no longer launch this campaign. Thus, all the activities in connection with this campaign had been discontinued. The COR agreed with PSI/ASF's proposal to buy the concept developed by the advertizing agency. As for the status of Ora-Zinc, the COR told PSI/ASF to confirm the production of the remaining 610,000 sachets though this shipment will arrive in the country after the end of the project. It was decided to keep the initial delivery address, ASF, for this shipment. Concerning stocks and equipments that are in PSI/ASF's provincial offices, the COR stated that they would remain there after the end of the project unless the CO decides otherwise. As for the project closeout, the COR promised to send to PSI/ASF the closeout letter in a near future.

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.

2. Quarterly coordination meetings with other USAID partners were held in Province Orientale with ESP/UNC, FHI 360/C-CHANGE and PROVIC and in Bas-Congo with PROVIC. In both provinces, these meetings focused on supervision and coordination of activities with the visiting USAID team.
3. 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. 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 a meeting held by the Ibanda HZ to harmonize data generated by PSI/ASF in the HZ's database.
4. During the quarter, PSI/ASF attended the following meetings related to HIV:
 - meeting organized by PNLs about the analysis of HIV epidemiologic data for developing DRC's HIV profile;
 - meeting organized by PNLMS for reviewing the national HIV multi-sectorial strategic plan;
 - meeting organized by PNLMS for the condom cluster; and the second national conference on HIV/AIDS and STIs organized by PNLMS.

In connection with MCH/Water, PSI/ASF attended the following meetings:

- 4 workshops held in DRC on 13 life-saving commodities for women and children, namely: implant, misoprostol, emergency contraceptive, female condom, ORS, zinc, amoxicillin-250mg dispersible tablet, injectable amoxicillin 1g, injectable magnesium sulfate, injectable oxytocin, 7.1% chlorhexidine digluconate, injectable dexamethasone 4mg and injectable ceftriaxone 1g. The draft of the DRC's action plan for eliminating bottlenecks to access to these commodities was developed during these workshops. This plan will cover one year from the time of funding. The initiative supporting universal access to these commodities was launched by the UN Secretary General through the UN Commission for life-saving commodities for women and children. For the first year, it targets eight pilot countries including DRC. PSI/ASF is part of the core of partners that make up the working group for DRC, namely: the Ministry of Health through its Third Directorate, 10th Directorate, PNSR and PNAM; UNICEF, WHO, UNFPA and MSH.
- 3 meetings of the WASH cluster's technical working group in charge of establishing minimum standards for WASH interventions. They resulted in a three-pronged tool (water, sanitation and hygiene) that lists activities, average costs of interventions and expected needs in each area. The same group also worked on gender aspects in WASH interventions.
- PSI/ASF participated in all three monthly meetings of the WASH cluster that focused on the cholera epidemic in Katanga, which persists even though the mortality rate has now fallen below 1%. This proves that medical care and community support are improving while environmental conditions remain favorable to cholera. The validation process of the multi-sectorial plan for eliminating cholera by the Prime Minister and its adoption by all actors operating in this field were always on the agenda of the WASH cluster's meetings. It should be noted that other sectors concerned by the fight against cholera (Environment, Energy, Rural Development, etc.) are not heavily involved in this

fight. As a result, there is insufficient coordination of prevention activities when it is known that the availability of drinking water is one of the effective ways to achieve the elimination of cholera.

- In Katanga, PSI/ASF participated on April 24, 2013 in a WASH cluster's meeting at the provincial level. One of the main items discussed was the status of the cholera epidemic in Lubumbashi.
- PSI/ASF participated in two meetings of the cholera subcommittee, which outlines the epidemiologic status of cholera in DRC, interventions from various partners and orients various strategic and operational interventions.

In the context of promoting FP interventions in DRC, PSI/ASF also attended several thematic workshops/meetings, such as:

- PSI/ASF actively contributed technically and financially to the organization and holding of the second phase of the workshop for writing the DRC's FP multi-sectorial strategic plan. Provincial health ministers, provincial medical inspectors, civil society and organizations operating in the FP field attended this workshop, which was coordinated by PNSR and the Permanent Multi-sectorial Technical Committee (Comité Technique Multisectoriel Permanent) as part of repositioning FP in DRC. The objective of this workshop held in Kinshasa was to enrich the draft already developed and clearly define steps for its completion. At the end of this quarter, a small committee, of which PSI/ASF is a member, met in Kinshasa to integrate the feedback the workshop made on the draft
- The debriefing of the Dar es Salaam Conference on m-Health. This meeting was organized by USAID for members of the MoH in charge of FP and NGOs that operate in the FP field. The idea was to present the vision that was developed by DRC's participants at that conference on the extensive use of mobile technology to improve peoples' health.
- The meeting of the coalition of FP stakeholders operating in Kinshasa, which was organized by the national office of PNSR in collaboration with the local representation of Tulane University. It focused on the situational analysis of FP interventions in Kinshasa after the baseline survey conducted by the Kinshasa School of Public Health on the performance of clinics delivering FP services in Kinshasa according to predefined criteria. The same survey will be conducted in November 2013 with the support of Tulane University and Packard Foundation. Thus, there is a need to accompany partner clinics in maintaining and improving the quality of FP care.
- The meeting organized by UNFPA to announce the existence of the UNFPA – IPPF coalition at the global level. This coalition targets 7 African priority countries, including DRC, for strengthening demand and offer of FP service in order to contribute to the achievement of the Millennium Development Goals by 2015 on the basis of a comprehensive action plan to be developed within this framework.

Capacity Building & Assessments

1. PSI/ASF's subrecipient, Social Impact, developed organizational coaching skills of its 12 technical focal points and of 18 PSI/ASF's focal points (i.e. 2 by provincial office + 6 from the national office).

- Capacities of 11 partner NGOs were built through Social Impact and these were used for BCC activities. 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.

Task 4 Indicator: Situation as of end Q3 FY13

	INDICATOR	Year 3 Targets	Year 3 Achievement (numbers)	Year3 Achievement (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	110	57	51.82	Ongoing

Research, Monitoring and Evaluation

Cross-Cutting

- The 3 TRaC surveys (HIV, FP, WTR/MCH) were launched in May and June, 2013. Up to now:
 - Regarding the HIV TRaC, the research agency that was recruited to conduct it collected data in Kinshasa and Bukavu in late May and early June 2013. These data were coded/entered in the database.
 - As for the FP TRaC, data collection was done in Kinshasa in June 2013.
 - Concerning the WTR/MCH TRaC, the implementing research agency has just completed data collection in Bukavu.
- The research agency in charge of the MAP study has just completed data collected in 11 provinces of DRC.
- 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.

HIV/AIDS

- The analysis of data collected in connection with the willingness to pay study on “Prudence” products was completed and the report is being finalized.
- Data collection regarding the qualitative study on "Prudence for Women" was carried out in Kinshasa, Mbuji-Mayi and Lubumbashi. The M&E Specialist made a business trip to Mbuji-Mayi to supervise data collection process in connection with the Prudence® female condom

qualitative study. The interpretation of data collected during in-depth interviews with target groups of was also done.

Reporting

1. During this quarter, PSI/ASF submitted one quarterly technical progress report for the period from January to March 2013.

III. Project Management

1. The financial specialist, one of the project's key personnel, was relocated to Madagascar during the quarter. The request for approval of the new financial specialist has been submitted to USAID.

AIDSTAR project's closeout

1. PSI/ASF submitted a draft exit plan to the COR for items and activities that will not be completed by September 30, 2013. As for the closeout, it will be submitted next quarter, along with the inventory of equipment acquired for and products in stock at the end of the project. An equipment disposition plan will also be submitted for USAID approval.
2. During this quarter, PSI/ASF separated with some project staff at the national and provincial levels. Termination of contracts for additional staff committed to the AIDSTAR project will continue during Q4 FY13.

IV. Problems /Challenges faced during the reporting period

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

1. The suspension 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 prevents 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.
2. Insecurity in some provinces, namely Katanga and Sud-Kivu, did not enable PSI/ASF's teams to cover all the project-targeted areas.
3. Free-distribution generic contraceptives from public sector still persist in some of the *Confiance* network's clinics. As mentioned in the previous report, the wide range of contraceptive methods that are distributed free of charge continues to affect the momentum of socially marketed FP products throughout the network of PSI/ASF's partner clinics. An evaluation of this impact is underway.
4. The reception of ORS and zinc kits was not possible during this quarter for the following reasons: (1) slowness of the process for obtaining the market entry authorization (AMM); indeed, it was only by the end of the quarter 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 since the beginning of the year; indeed, 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) is required so as to get from the manufacturer's country the authorization of shipping the product to DRC. PSI/ASF has initiated the necessary steps to settle the issue. Taking into account these significant challenges, it is anticipated that the product will arrive in DRC after the end of the project.

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												Comments	
			APR				MAY				JUN					
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
A	Program Administration															
A-1	Planning 2013															
A-2	AIDSTAR project's closeout															
A-2-1	Create a closeout plan and send to USAID						X	X	X	X					Ongoing	
A-2-2	Create an inventory of equipment acquired for the project						X	X	X	X					Achieved	
A-2-3	Develop an equipment disposition plan and submit for USAID approval										X	X	X	X	Ongoing	
A-2-4	Take an preliminary inventory of remaining products in all provinces at the end of the project		X	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	X	Ongoing	
A-3-3	Participate in PSI West and Central Africa's biannual regional retreat for capacity building and experience sharing (DRC to TBD)	Albert Chikuru, MCH Director Gaby Kasongo, RH/FP Deputy Director Papy Anau, HIV/TB Director Willy Onema, Research & M&E Director Aashy Makute										X	X	X	X	Canceled
A-3-4	Participate in the West and Central Africa's regional stock management training workshop (DRC to TBD)	Angèle Kanza, Pharmacist	X	X	X	X										Canceled
A-3-7	Conduct a short-term technical assistance trip to prepare for project closeout	TBD														Canceled
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and															
B-1	Cross-Cutting Activities															
B-1-1	Continue collaboration with wholesalers and distributors		X	X	X	X	X	X	X	X	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	X	Ongoing	
B-1-4	Organize annual strategic meetings with distributors/wholesalers														Achieved	
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	X	Ongoing	
B-2	HIV/AIDS/STI Activities															
B-2-1	Product															
B-2-1-3	Order packaging for "Prudence" and "Prudence Sensuel" male condoms														Canceled	
B-2-2	Placement/Distribution															
B-2-2-1	Dispatch "Prudence", "Prudence Sensuel" and "Prudence for Women" to the provinces		X	X											Canceled	
B-2-2-2	Distribute male and female condoms through social marketing		X	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												Comments		
			APR				MAY				JUN						
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4			
B-3	Family Planning Activities																
B-3-1	<i>Product</i>																
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	X	X	X	Ongoing
B-4	Maternal & Child Health Activities																
B-4-a	<i>CDKs</i>																
B-4-a-1	<i>Placement/Distribution</i>																
B-4-b	<i>Product: Diarrhea Treatment Kits (DTK)</i>																
B-4-b-1	<i>Product</i>																
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											Achieved
B-4-b-1-3	Receive DTKs at the national level						X	X	X	X							Postponed in Q4 FY13
B-4-b-1-4	Test the DTKs						X	X	X	X							Postponed in Q4 FY14
B-4-b-1-5	Order the DTKs wholesalers packaging		X	X	X	X											Postponed in Q4 FY14
B-4-b-1-6	Package the DTKs						X	X	X	X							Postponed in Q4 FY14
B-4-b-2	<i>Placement/Distribution</i>																
B-4-b-2-1	Dispatch DTKs to the provinces										X	X					Postponed in Q4 FY14
B-4-b-2-2	Distribute DTKs through social marketing										X	X	X	X	X	X	Postponed in Q4 FY14
B-5	Water and Sanitation Activities																
B-5-1	<i>Product</i>																
B-5-1-3	Package Aquatabs																Postponed in Q4 FY14
B-5-2	<i>Placement/Distribution</i>																
B-5-2-1	Dispatch Aquatabs to the provinces																Postponed in Q4 FY14
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	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	X	X	X	Postponed in Q4 FY14
C	TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of																
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	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																Ongoing

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

	Activity	People concerned by	2013												Comments	
			APR				MAY				JUN					
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
D	TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health															
D-1	Cross-Cutting Activities															
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-1-6	Identify trainers of trainers for correct diarrhea management				X											Achieved
D-1-7	Train service providers (doctors, nurses, HZCO officials) in correct diarrhea management with ORS + Zinc					X	X	X	X							Canceled
D-1-8	Continue ASF institutional development		X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
E	TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial,															
E-1	Cross-Cutting Activities															
E-1-1	Organize quarterly monitoring meetings with USAID at the national level					X										Ongoing
E-1-2	Organize quarterly coordination meetings with other USAID partners at the provincial level, based on the experience of the PSI/ASF					X										Ongoing
E-1-3	Participate in periodic reviews and planning for USAID HZs		X			X				X						Ongoing
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	X	Ongoing
E-2	Capacity Building & Assessments															
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	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	X	Ongoing
F	Research, Monitoring and Evaluation															
F-1	Cross-Cutting Activities															
F-1-1	Organize 3 TRaC surveys (HIV, FP, WTR/MCH)		X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
F-1-2	Organize a MAP study															Ongoing
F-1-5	Organize integrated supervisory visits from the national level to the provincial level					X	X									Ongoing
F-1-6	Organize integrated supervisory visits from the provincial level to implementing partners				X			X				X				Ongoing
F-2	HIV/AIDS															
F-2-2	Organize a qualitative study on "Prudence for Women" in three health zones, taking into account mid-term evaluation results															Ongoing
F-3	Reporting															
F-3-3	Produce quarterly reports on the status of AIDSTAR project indicators for 2013				X											Ongoing
F-3-4	Produce semiannual reports on the status of PEPFAR indicators (Semi-Annual PEPFAR Report)					X										Postponed in Q4 FY13

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
		APR				MAY				JUN				JUL				AUG				SEPT				
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
A	Program Administration																									
A-1	Planning 2013																									
A-2	AIDSTAR project's closeout																									
A-2-1	Create a closeout plan and send to USAID					X	X	X	X																	
A-2-2	Create an inventory of equipment acquired for the project					X	X	X	X																	
A-2-4	Take an preliminary inventory of remaining products in all provinces at the end of the project	X	X																							
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	X													
A-3	International trips																									
A-3-4	Participate in the West and Central Africa's regional stock management training workshop (DRC to TBD)	X	X	X	X																					
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private																									
B-1	Cross-Cutting Activities																									
B-1-1	Continue collaboration with wholesalers and distributors	X	X	X	X	X	X	X	X	X	X	X	X													
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	X													
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	X	X	X	X	X	X	X	X	X	X	X	X													
B-2	HIV/AIDS/STI Activities																									
B-2-1	Product																									
B-2-2	Placement/Distribution																									
B-2-2-1	Dispatch "Prudence", "Prudence Sensuel" and "Prudence for Women" to the provinces	X	X																							
B-2-2-2	Distribute male and female condoms through social marketing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B-3	Family Planning Activities																									
B-3-1	Product																									
B-3-2	Placement/Distribution																									
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	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B-4	Maternal & Child Health Activities																									
B-4-a	CDKs																									
B-4-a-1	Placement/Distribution																									
B-4-b	Product: Diarrhea Treatment Kits (DTK)																									
B-4-b-1	Product																									
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																					
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																					
B-4-b-1-5	Package the DTKs					X	X	X	X																	
B-4-b-2	Placement/Distribution																									
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	X	X	X	X	X	X	X	X	X	X	X	X

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

	Activity	2013																								Comments
		APR				MAY				JUN				JUL				AUG				SEPT				
		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-5	Water and Sanitation Activities																									
B-5-1	Product																									
B-5-2	Placement/Distribution																									
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						
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						
C	TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses,																									
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						
C-2	HIV/AIDS/STI Activities																									
C-2-1	Media Communication and Supports Development																									
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						
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						
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						
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																							
C-2-1-9	Organize the launch of the new male condom "Prudence Sensuel"							X	X																	
C-2-2	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						
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						
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																					
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																					
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						
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						
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
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 PNLMD partners at the provincial level					X																				
C-4-a-1-4	Print and distribute flipcharts on diarrhea management developed in 2012 with PNLMD				X	X	X	X																		
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						

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC																									
Activity	2013																								Comments
	APR				MAY				JUN				JUL				AUG				SEPT				
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
D	TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services																								
D-1	Cross-Cutting Activities																								
D-1-1	Organize technical meetings with NGO partners/CBO committees																								
D-1-3	Organize technical meetings with CBEs and FP service providers from Confiance network clinics																								
D-1-7	Train service providers (doctors, nurses, HZCO officials) in correct diarrhea management with ORS + Zinc																								
D-1-8	Continue ASF institutional development																								
E	TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and																								
E-1	Cross-Cutting Activities																								
E-1-1	Organize quarterly monitoring meetings with USAID at the national level																								
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																								
E-1-3	Participate in periodic reviews and planning for USAID HZs																								
E-1-4	Participate in the development of HZ operational action plans																								
E-1-6	Participate in thematic meetings (health clusters, WASH, FP repositioning, HIV) at the national and provincial levels																								
E-1-8	Hold, where possible, weekly working sessions with program offices and Health Zones to reinforce coordination																								
E-2	Capacity Building & Assessments																								
E-2-2	Build leadership capacities of local provincial staff (PO, coordinators)																								
E-2-3	Build capacities of 11 partner NGOs through Social Impact and use them for behavior change communication activities																								
F	Research, Monitoring and Evaluation																								
F-1	Cross-Cutting Activities																								
F-1-1	Organize 3 TRaC surveys (HIV, FP, WTR/MCH)																								
F-1-5	Organize integrated supervisory visits from the national level to the provincial level																								
F-1-6	Organize integrated supervisory visits from the provincial level to implementing partners																								
F-2	HIV/AIDS																								
F-3	Reporting																								
F-3-3	Produce quarterly reports on the status of AIDSTAR project indicators for 2013																								
F-3-4	Produce semiannual reports on the status of PEPFAR indicators (Semi-Annual PEPFAR Report)																								

IX. Annexes

IX.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-blisters 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.

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	25, 271,795	269,967	1, 036,878	71,167	161	74,470	636	1, 951,708	24,948,127
KATANGA	989,234	51,000	96,375	10,598	60	490	60	10,560	0
BAS CONGO	185,805	47,800	657	4,290	101	219	87	0	0
SUD KIVU/NORD KIVU	205,824	25,290	0	28	0	54	343	0	0
PROVINCE ORIENTALE	321	9,600	14,755	9,088	83	125	262	0	56
KASAI ORIENTAL	1, 080,000	2,400	1,800	2	0	0	131	0	0
TOTAL	27, 732,979	406,057	1, 150,465	95,173	405	74,358	1,519	1, 962,268	24,948,183

IX.3- Travel plan for the next quarter

Trip subject	Person	From	To	Anticipated period
Research STTA for analyses of end-of-project surveys	Joseph Inungu	Benin	DRC	July 2013 and August 2013

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