



PSI/ASF's exhibition stand at 2012 International Fair of Kinshasa (FIKIN): People come to know more about PSI/ASF's health products and services

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

**Programmatic Quarterly Report
July – September 2012**

**Submitted by:
Population Services International
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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: July – September 2012 (Q4 FY12)

Program Goal: To improve the health status of the people of the Democratic Republic of the Congo.

Program Purpose: To expand and build upon the achievements of USAID's previous social marketing programs in DRC by increasing the use of effective health products, services, and behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation.

Program Objectives: The proposed program has four main objectives:

1. Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
3. Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Key successes during Q4 FY12:

1. 14,749,848 male condoms and 610,424 female condoms were distributed in targeted health zones under the AIDSTAR project.
2. During the 2012 International Fair of Kinshasa, 32,280 people were reached with HIV prevention messages through mass communication activities and as part of PSI/ASF's joint activities with ProVIC, these people were referred to ProVIC's stand for voluntary HIV counseling and testing.
3. 289,046 Combination-3 oral contraceptives, 74,034 injectables, 401 IUDs, 1,741 CycleBeads and 494 *Jadelle* were distributed to women of reproductive age in project-targeted health zones.
4. 44,982 CYPs were generated through the distribution of FP products over the quarter.

5. 8,541 Clean Delivery Kits were distributed.
6. 709, 833 sachets of PUR and 1,810,360 tablets of Aquatabs were distributed to treat 43,305,530 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. Commercial wholesalers have been effectively distributing products in Kinshasa as well as in provinces since all of them have continued to order products and their stock rotation is significant.
2. The number of sales forces teams increased during this quarter. PSI/ASF's visibility in the field was thus improved, points of sale that were not operating were replaced in distribution sites, and coverage was expanded.

HIV/AIDS/STI

1. At the beginning of this quarter, there were 14,427,069 Prudence[®] male condoms and 213,445 Prudence[®] female condoms stored in PSI/ASF's warehouses in the targeted provinces. During this quarter, several quantities were received: 55,998,000 male condoms and 329 units from overstock, and 462,900 female condoms, including 390,000 units borrowed from DoD stock. It should be noted that 9,700 male condoms were used for testing purposes.
2. The following tables highlight the distribution of male and female condoms by province during Q4 FY12 and the inventory on hand at the end of September 2012:

Male Prudence	Distribution	Stock (packaged and unpackaged) available, end of September 2012
KINSHASA	5,228,865	51,383,905
KATANGA	2,337,102	99,735
BAS-CONGO	1,330,560	442,305
SUD-KIVU/ NORD-KIVU	1,479,060	1,024,551
PROVINCE ORIENTALE	865,297	506,250
EQUATEUR	304,110	278,370
KASAI OCCIDENTAL	1,211,714	1,116,504
KASAI ORIENTAL	1,993,140	814,230
TOTAL	14,749,848	55,665,850

Female Prudence	Distribution	Stock available, end of September 2012
KINSHASA	410,205	9,143
KATANGA	29,396	40,784
BAS-CONGO	22,600	120
SUD-KIVU/ NORD-KIVU	38,943	3,256
PROVINCE ORIENTALE	880	6,818
EQUATEUR	3,200	5,800
KASAI OCCIDENTAL	44,000	0
KASAI ORIENTAL	61,200	0
TOTAL	610,424	65,921

- PSI/ASF built the capacity of 225 community health workers in Katanga's rural health zones, especially in Kinkonja, Malemba, Kabongo, Kamina, Kitenge, Songa, Kanzenze and Fungurume ensuring that communities are involved in the rural strategy.
- In all provinces, the sales force teams continued to open points of sales consisting of ladies' hair salons for the distribution of female condom.

Family Planning

- PSI/ASF received 2,000,400 Combination-3 pills (500 used for testing), 250,000 injectables, and 3,000 IUDs from USAID. The inventory reported 313 CycleBeads pieces missing.
- The new design for oral contraceptives packaging was finalized. As for the revision of the CycleBeads packaging, the design was not yet finalized.
- The table below shows the contribution of each of the provinces targeted by the project in achieving distribution objectives, from July to September 2012.

Province	COMBI 3	MICROLUT*	Injectable	IUD	Cycle Beads	Jadelle
Kinshasa	142,005	0	46,102	92	496	195
Katanga	30,306	0	4,622	58	44	50
Bas-Congo	19,400	0	6,130	25	55	69
Sud-Kivu / Nord-Kivu	61,530	0	5,500	54	445	35
Kasaï Occidental	7,000	0	1,520	90	300	135
Kasaï Oriental	23,655	0	6,360	34	230	10
Province Orientale	3,450	0	1,610	27	0	0
Equateur	1,700	0	2,190	21	171	0
TOTAL	289,046	0	74,034	401	1,741	494

* The Ethica agency has not yet succeeded in securing the registration of the product (AMM still awaited).

4. Pharmaceutical wholesalers and partner clinics continued to distribute *Confiance* contraceptives, and an improvement was observed during this quarter compared to the last quarter. It should be noted that Combination-3 under the *Confiance* packaging, as a replacement for the generic version, was well received by most of wholesalers and for those who experienced sales difficulties, PSI/ASF simply changed their stock.
5. This quarter, 44,982 CYPs were generated from *Confiance* products: 289,046 COC, 74,034 3-month injectables, 401 IUDs, 1,741 CycleBeads and 494 *Jadelle*. This distribution represents PSI/ASF's contribution to the prevention of unwanted pregnancies among women of reproductive age, thus improving the overall contraceptive prevalence in DRC.

Maternal & Child Health

CDK

1. During this quarter, 8,541 CDKs were distributed in all of the provinces covered by PSI/ASF, representing a significant improvement over last quarter. This coverage is due to the increased number of community-based educators added in June 2012. The inventory reported 11 CDKs missing.
2. The following table highlights the distribution of *Délivrans*[®] by province during Q4 FY12, and the inventory on hand at the end of September 2012:

DELIVRANS	Distribution	Stock available, end of September 2012
Kinshasa	1,104	0
Katanga	2,313	572
Bas-Congo	186	220
Sud-Kivu / Nord-Kivu	3,292	421
Province Orientale	103	166
Equateur	57	121
Kasaï Occidental	1,380	260
Kasaï Oriental	106	0
TOTAL	8,541	1,760

Water and Sanitation

1. From July to September 2012, a total of 709,833 sachets of PUR and 1,810,360 tablets of Aquatabs were distributed in USAID-targeted provinces and provincial capitals (Kinshasa, Katanga, Sud-Kivu, Nord-Kivu, Bas-Congo, Province Orientale, Equateur, Kasaï Occidental and Kasaï Oriental). Awareness-raising activities with demonstrations in the community accompanied the distribution, and made it easier for wholesalers and sales outlets to sell these products. The inventory reported an overstock of 948 sachets of PUR. It should be noted that 5,550 sachets of PUR and 42,400 tablets of Aquatabs were stolen during a burglary of the PSI/ASF office in Mbandaka. Security measures were identified to minimize such risks in the future, such as adding

another security guard and reinforcing the office fence. In addition, 30,720 tablets of Aquatabs were lost in Kisangani due to a vehicle accident.

It should be noted that the frequency of cholera outbreaks in various provinces is decreasing, which explains the slight decline in sales observed in this quarter in comparison with Q3 FY12.

2. The following tables highlight the distribution of products by province during Q4 FY12, and the inventory on hand at the end of September 2012:

PUR	Distribution	Stock available, end of September 2012
Kinshasa	115,609	2,682,588
Katanga	231,756	257,112
Bas-Congo	14,400	92,640
Sud-Kivu / Nord-Kivu	126,516	206,124
Kasaï Occidental	82,160	40,720
Kasaï Oriental	42,804	2,880
Province Orientale	34,176	200,160
Equateur	62,412	111,558
TOTAL	709,833	3,593,782

AQUATABS	Distribution	Stock available, end of September 2012
Kinshasa	932,200	74,552
Katanga	246,560	3,840
Bas-Congo	43,040	178,400
Sud-Kivu / Nord-Kivu	269,040	72,320
Kasaï Occidental	59,840	44,480
Kasaï Oriental	53,760	0
Province Orientale	48,640	2,136
Equateur	157,280	35,560
TOTAL	1,810,360	411,288

Task 1 Indicators: Situation as of end Q4 FY12

	INDICATORS ¹	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	34,000,000	34,971,641	102.85	Achieved
2	Number of female condoms distributed through the USG funded social marketing programs	1, 322,840	1,819,694	137.55	Achieved
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	60,000,000	214,201,750	357.00	A significant number of POU products were distributed by NGOs during cholera outbreaks (about 60%).
5	Number of clean delivery kits distributed through the USG funded social marketing programs	18,008	16,583	92.08	As this product is being phased out from PSI/ASF's stock, an effort will be made at the beginning of the next fiscal year to make sure the small quantities remaining are totally sold out and its distribution will be discontinued. Throughout the year the promotion and communication around this product has been very limited.
6-1	Number of cycles of oral contraceptives (COMBI 3) distributed through the USG funded social marketing programs	1,530,282	1,149,453	75.11	This product was received late due to registration delays with the DRC government and subsequent blockages due to the election and post election environment. However, PSI/ASF team made an exceptional effort to attain 75% of the target, with the products becoming available for distribution within the framework of informed choice of contraceptives. Towards the end of the fiscal year, community-based distribution was also introduced.
6-2	Number of cycles of oral contraceptives (MICROLUT) distributed through the USG funded social marketing programs	270,000	0	0	Stock not yet received. Bayer is still in the process of having the product registered in DRC. Stock out since FY10.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	217,960	233,606	107.17	Achieved
8	Number of IUDs distributed through the USG funded social marketing programs	2,750	3,038	110.47	Achieved
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,000	13,891	231.51	As the action of community-based educators was stepped up, the demand for CycleBeads increased.
10	Number of implants distributed through the USG funded social marketing programs	2,500	4,026	161.04	This is a new method introduced within the range of contraceptives already distributed. How the population will accept the method was not very certain. Target setting was conservative to understand the response of the clients.
11	CYP	208,659	190,014	91.06	The unavailability of Microlut and the late reception of Combi-3 account for the non achievement of 100% of the CYP target set for this fiscal year.

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

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. PSI/ASF was among the participants in the 2012 International Fair of Kinshasa (FIKIN) held from July 14 to August 19, 2012. This was a highly visible opportunity to exhibit PSI/ASF's products and services, promoted and distributed with USAID funding. PSI/ASF's stand was located just at the entrance of FIKIN, and the following results were achieved:
 - 73,980 *Prudence*[®] male condoms were sold
 - 32,280 people were reached with HIV prevention message through mass communication activities
 - As part of joint activities with ProVIC, these people were referred to ProVIC's stand for voluntary HIV counseling and testing
 - 300 copies of the *100%Jeune* magazine were sold.



At the PSI/ASF's stand, a young girl carefully listens to an explanation on female condom use

2. PSI/ASF sent various communication materials (leaflets, posters, radio/TV spots and magazines) to the following programs of GDRC's Ministry of Health (MoH):
 - Programme National Multisectoriel de Lutte contre le SIDA (PNMLS)
 - Programme National de la Santé de la Reproduction (PNSR)
 - Programme National de Lutte contre les Maladies Diarrhéiques (PNLMD)
 - Programme National de la Santé des Adolescents (PNSA)

HIV/AIDS/STI

1. During this last quarter, PSI/ASF launched the second wave of new communication campaigns related to *Prudence*[®] products. In order to ensure ongoing communication through mass media, radio and TV spots were broadcast and many billboards were produced. These activities were mostly carried out in Kinshasa and Province Orientale.
2. Flipcharts were produced to ease interpersonal communication sessions conducted by peer educators with different target groups (uniformed personnel, commercial sex workers and MSM).

3. Due to budget constraints, the short film to be screened outdoors for truckers was not produced.
4. The film *Amah Dja Foule* targeting commercial sex workers, which was produced in Côte d'Ivoire by PSI and translated in four Congolese languages in the second quarter of this year, was broadcast during this quarter by local and national broadcasting channels.

100%Jeune

1. The fourth issue of the *100%Jeune* magazine was released during this quarter and the fifth issue is underway.
2. The *100%Jeune* TV spot was broadcast on local and national TV channels to inform the public about the existence of the magazine as well as the release of the latest issue. This strategy helps to enhance the profile of this youth-focused magazine.
3. Youth clubs were set up in each province (Kinshasa, Katanga and Sud-Kivu) to ensure that after special events are held, there is ongoing awareness-raising through peer education.
4. After the “Génies en herbe” contest, which was organized last quarter in Sud-Kivu to test students’ general knowledge and the level of their knowledge of HIV and AIDS, two concerts were organized: one in Kinshasa on July 28th, 2012 and another in Lubumbashi on September 2nd, 2012. This was done to educate youth through entertainment during the summer holidays, often an idle period for many of them. The first one was the finals of the “Voice Gospel Show,” a contest that choirs from various municipalities of the capital participated in. The second one was held in Katanga with artist RJ Kanierra, a young rapper who is well-known and liked among young people in Lubumbashi. During these concerts, youth were sensitized through the *100%Jeune* magazine and various talks on the dangers of HIV and AIDS. Furthermore, a big soccer match was organized in Kasumbalesa (Province of Katanga) in which two teams, mainly composed of Kasumbalesa’s pupils, played. Partner NGOs (AJIS, RACIJ), which target youth, were involved in the organization of these events. In addition, the city departments in charge of youth (Division urbaine de la jeunesse) were involved, such as in Bukavu.



Left: youth concert in Lubumbashi, with at least 1,494 youth in attendance; right: two soccer teams that played in the match organized in Kasumbalesa in front of about 1,500 spectators.

IPC

1. Peer educators, who are members of partner NGOs, continued to conduct IPC sessions with project-targeted groups and mobile video sessions with the general population.
2. Peer educators from partner NGOs consistently refer their peers to existing VCT centers in project-targeted provinces. However, there is a significant number of people who are referred during PSI/ASF and ProVIC joint activities, since the presence of ProVIC's mobile VCT unit attracts more candidates to testing.

Family Planning

1. PSI/ASF's provincial offices produced radio programs with different radio stations in their respective provinces in order to facilitate communication (spoken language and interactivity with listeners). The following themes were discussed during these programs: correcting false beliefs and addressing rumors, promoting FP and the *Confiance* range of FP products, involving men in FP, and testimonies from users of contraceptive methods.
2. During this quarter, community-based educators (CBEs) reached 179,351 people through interpersonal communication sessions, including 41, 229 men and 138,122 women.

Number of people reached through FP interpersonal communication, by province
(July-September 2012 – Q4 FY12)

Province	Men	Women	Total
Kinshasa	23,714	60,456	84,170
Katanga	2,926	21,274	24,200
Bas-Congo	2,353	10,576	12,929
Sud-Kivu	2,916	7,532	10,448
Nord-Kivu	1,019	7,419	8,438
Province Orientale	2,325	7,553	9,878
Equateur	525	2,867	3,392
Kasaï Occidental	3,016	9,327	12,343
Kasaï Oriental	2,435	11,118	13,553
Total	41,229	138,122	179,351

3. The hotline, which aims at improving access to information on FP, reported numerous calls from men, namely 2,211 (62.70%) calls out of a total of 3,526 calls recorded during the quarter. 76.29% of recorded questions were about FP information (FP advantages, types of methods, users' profile, etc.), 7.15% of them were concerns about the side effects (rumors, false beliefs), 4.59% of them were about PSI/ASF's products and about 11.97% of them concerned other health areas.

Number of calls received by FP hotline, by province
(July-September 2012 – Q4 FY12)

Province	Calls		Total
	Men	Women	
Kinshasa	645	733	1,378
Katanga	512	122	634
Bas-Congo	103	88	191
Sud-Kivu	75	42	117
Nord-Kivu	34	39	73
Province Orientale	111	46	157
Equateur	107	44	151
Kasaï Occidental	180	56	236
Kasaï Oriental	200	40	240
Maniema	91	24	115
Bandundu	153	81	234
Total	2,211	1,315	3,526

4. 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, 27,513 people benefited from this service thanks to FP providers.

Number of people reached through FP counseling visits, by province
(July-September 2012 – Q4 FY12)

Province	Men	Women	Total
Kinshasa	1,484	9,015	10,499
Katanga	222	2,106	2,328
Bas-Congo	193	637	830
Sud-Kivu	1,955	927	2,882
Nord-Kivu	135	2,022	2,157
Province Orientale	216	1,145	1,361
Equateur	40	129	169
Kasaï Occidental	1,344	2,314	3,658
Kasaï Oriental	966	2,663	3,629
Total	6,555	20,958	27,513

5. A total of 9,483 new clients accepted to use modern contraceptive methods. This increase, in comparison with Q3 (6,080), is due to the integration of FP messages in the IPC package of HIV and WATSAN peer educators.

Number of new clients recruited, by province
(July-September 2012 – Q4 FY12)

Province	New Clients		Total
	Men	Women	
Kinshasa	0	3,730	3,730
Katanga	0	849	849
Bas-Congo	0	594	594
Sud-Kivu	0	651	651
Nord-Kivu	0	493	493
Province Orientale	0	382	382
Equateur	0	484	484
Kasaï-Occidental	0	850	850
Kasaï-Oriental	0	1,450	1,450
Total	0	9,483	9,483

6. Improving the quality of service delivered in partner clinics is a continuous process. Thus, the 9 technical meetings conducted with clinic providers offered opportunities to share best practices and lessons learned. During these meetings, specific themes were discussed, such as infection control during administration of long-acting methods, especially IUD and implants (*Jadelle*).
7. Through the technical meetings with CBEs, there was an upgrading of key messages regarding the full range of *Confiance* FP methods while complying with the standard about free and informed choice. These coaching sessions reflect the concern about high-quality performance expected in IPC activities conducted in grassroots community.
8. In order to implement the contraceptive method based on postpartum IUD (PPIUD) insertions, several steps are required, such as training the trainers and then the providers. To date, the training of a nucleus of 9 trainers is underway thanks to the technical support provided by consultants from PSI/Mali and PSI/Benin, who were identified by PSI/Washington. These consultants work closely with the focal point at the Congolese Gynecology and Obstetrics Society (SCOGO), who was previously identified for that purpose. The next step is to train providers from 5 clinics, which were identified for PPIUD pilot stage. All these activities are undertaken in close collaboration with PNSR.
9. The communication tree to be used by the network service providers and their supervisors in the management of any adverse event that could occur in FP clinics was validated by PNSR and SCOGO. This tree was also tested.
10. FP training sessions that targeted service providers and their supervisors within the framework of the “FP Capacity Building for PMTCT Acceleration Plan” were completed in the five provinces of intervention. A total of 456 participants (366 providers and 90 supervisors) successfully completed the comprehensive modules on FP service delivery. Moreover, the 90

supervisors received additional training on facilitative supervision and training techniques to ensure continued skill-strengthening of their partners who implement FP activities. The table below shows the number of trained participants per province and support partner.

PARTNERS	PROVINCE					Number of people trained	Planned total of people to be trained	% target achieved
	Kinshasa	Katanga	Bas-Congo	Sud-Kivu	Prov.Or			
EGPAF	38	11				49	49	100
PROVIC	27	51	40	17	19	154	159	97
UNC	64				10	74	72	102
ICAP	103	57				160	170	95
SCOGO	4					4		
ASF/PSI			1			1		
UNAC	2					2		
PNSR	10	2				12		
TOT	248	121	41	17	29	456	450	102

Maternal & Child Health

1. Ora-Zinc[®] and diarrhea radio/TV spots have been produced and will be aired next year when the product is launched.
2. Communication materials (posters, leaflets, flipcharts, etc.) for the launch of the Ora-Zinc[®] campaign were finalized during this fiscal year and are currently being produced.

Water and Sanitation

1. The training manual for community-based distribution agents was finalized and approved by the MoH. To finalize this manual, PSI/ASF worked with experts from the National Program for Diarrheal Diseases Control (PNLMD) and those from the MoH's General Secretariat.
2. The selection of trainers of trainers before launching the distribution of Ora-Zinc[®] is contingent on the availability of the product in the country, which is expected in approximately 7 months. The MoH has been involved in this process since the beginning.
3. A total of 194,949 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.

4. Community health workers, community-based educators and the sales force teams conducted awareness-raising sessions, with demonstrations, during ANC, PNC, in public places, churches, and households.

Task 2 Indicators: Situation as of end Q4FY12

	INDICATORS	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	11,252	34,595	307.45	Combined mass communication actions with ProVIC contributed to the increased number of persons visiting VCT sites.
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	23,442	20,450	87.23	Partner NGO training/retraining on use of new communication modules took longer than anticipated to complete. The late start of activities in Kisangani is also another factor to take into account.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	19,666	37,278	189.55	Due to increased interest among the target population, partner NGOs conducted more sensitization sessions than planned.
15	Number of targeted condom service outlets	7,152	7,152	100	Points of sale are cumulative.
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	340,000	378,236	111.24	Achieved
17	Number of media outlets including HIV/AIDS messages in their program	39	42	107	Achieved. Instead of the target of 49, as mentioned in previous reports, a correction was made. In fact, the number should have been 36 + 3 (Kinshasa-Kisangani extension), i.e 39.
18	Number of media broadcasts that promote responsible sexual behavior	12,986	12,753	98.20	Some selected media outlets delayed to provide feedback or sign contracts which were required in order to broadcast in their outlets.
19	Number of peer educators who successfully completed an in-service training program	365	365	100	All PEs have been trained.
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	5	5	100	Achieved
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	45	0	100	Service delivery points were sufficiently supplied
22	Numbers of people reached during outreach activities promoting the use of water purifier products	250,000	571,522	228.60	Due to cholera outbreaks, more outreach activities were conducted.
25	Percentage of delivery points reporting stock-out of water purifier at any time	20%	0	100	No stock out has been reported to the project by PSI/ASF's direct clients (wholesalers)

TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.

Cross-cutting

1. Peer educators with strengthened capacity, resulting from the training they received in Q2 FY12 and the first post-training supervision in Q3 FY12, continued carrying out IPC activities with truckers, CSWs, uniformed personnel, MSM, PLWHAs and youth, and mobile video with the general population.

Task 3 Indicators: Situation as of end Q4 FY12

	INDICATORS	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	10	10	100	Achieved

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. PSI/ASF’s AIDSTAR team met twice with the COTR, on July 9th and August 21st, 2012. During these meetings, progress of activities, commodities status, mid-term evaluation issues, and Year 4 budget considerations were discussed.
2. For the second post-training follow-up of peer educators, PSI/ASF participated in technical meetings held with PNMLS, PNLs, PNSR and coordinations of partner NGOs in Katanga, Sud-Kivu, Kasai Oriental, Province Orientale and Bas-Congo.
3. PSI/ASF’s FP staff attended meetings of the Permanent Multisectoral Technical Committee, which was established for advocating the repositioning of FP in DRC. One of the items discussed during the Committee’s meeting in August 2012 was the joint business trip (PSI/ASF, PNSR and SCOGO) to PSI/Zambia in early August 2012 during which the team learned about their experience with PPIUD as well as factors for success from Zambia. Lastly, PSI/ASF shared with the Committee information on the training of more than 450 FP service providers across the country.
4. On August 31th, 2012, PNMLS, PSI/ASF and other NGOs involved in the fight against HIV/AIDS held a technical meeting to prepare the 2012 World AIDS Day (WAD). Participants had to validate the terms of reference and set up the organizing committee for WAD. The Executive Secretary of PNMLS reminded the audience of the theme for this year (the same as last year’s): “Zero new infections, zero discrimination and zero AIDS-related deaths.”
5. Four coordination meetings were held with the PNMLS, PNLs and other partner NGOs in Lubumbashi, Mbuji-Mayi, Matadi and Bukavu to ensure post-training follow-up of partner

NGOs' peer educators. The aim was to assess the implementation of the recommendations from post-training supervision.

6. Along with the UNFPA, PNMLS, PNLs and PNSR, PSI/ASF attended the 3rd technical committee of the Comprehensive Condom Programming (CCP) assessment and integration of RH and HIV. The purpose was to set up a panel that will recruit the CCP National Senior Consultant to replace the international consultant. It was emphasized that the selection of this candidate must be done in compliance with UNFPA's procedures as the post will be supported by UNFPA.
7. Joint technical meetings were held with ProVIC to develop a program of coordinated activities at the Kinshasa's International Fair, which was organized from July 14 until August 19, 2012. As a result, the two partners had their exhibition stands side by side, thus facilitating the follow-up of people that were sensitized by PSI/ASF and referred to ProVIC's stand for voluntary testing.

Capacity Building & Assessments

1. During this period, Social Impact (SI), subcontractor under this task order, primarily focused its activities on reviewing strategic plans and results frameworks from the nine PSI/ASF partner NGOs that recently participated in the capacity building workshops delivered by SI; preparing the methodology for the provincial coaches' training of trainers (TOT); and planning for the second round of capacity building for the remaining group of 11 NGOs. In this quarter, SI completed the capacity building workshops on Strategic Planning and Results-Based Management (RBM), with its final delivery of two workshops in Matadi for DFF-ECC, a local NGO. In Kananga, Kasai Occidental, two SI consultants (Mr. Roger Katondo and Mr. Jean-Paul Banewa) conducted a mission with the Women's Muakaji NGO to develop with them a new administrative and financial procedural manual, as part of the ongoing capacity building process.

Task 4 Indicator: Situation as of end Q4 FY12

	INDICATOR	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	110	105	95.45	Ongoing

Research, Monitoring and Evaluation

Cross-Cutting

1. After hiring two national consultants to complete the mid-term evaluation team, the team started its field activities on September 11th, 2012, interviewing key people, leading focus

groups with various target groups, and conducting documentary research. The following provinces were visited: Bas-Congo, Katanga, Kasai Oriental and Kinshasa.

2. Three supervision visits were conducted in Bas-Congo and both Kasais to audit the quality of data from partner NGOs and *Confiance* network clinics.
3. During this quarter, post-training supervision visits were jointly conducted by PNMLS, PNLs and PSI/ASF in Sud-Kivu, Katanga, Kasai Oriental and Bas-Congo. These visits helped assess the performance of 203 peer educators as to their knowledge (of HIV and STIs, communication skills, and participatory approach) and practice of IPC (Evaluation of IPC sessions conducted by peer educators). At the end of FY12, it was observed that these field actors have made significant improvements. Through these visits, technical support was also provided to 20 coordinations of partner NGOs.
4. Three supervisions visits were conducted to evaluate the quality of field staff performance and documentation of the data they send to Kinshasa. These visits had three objectives:
 - Integrating messages related to prevention of diarrheal diseases (point-of-use water treatment, good hygiene practices such as washing hands with soap, good management of latrines, etc.) during FP and HIV awareness-raising sessions; thus, taking advantage of all opportunities;
 - Establishing an effective system for the distribution of CDK and stressing the role of water purifier distribution in the fight against cholera in Bas-Congo;
 - Introducing reporting and building the capacity of newly recruited staff in Kisangani regarding water, hygiene and sanitation.
5. The protocol and the recruitment of interviewers (field workers) for the planned Willingness to Pay survey to take place in Kinshasa and Lubumbashi is underway. Data collection and analysis will take place next quarter. This survey will assess the price of *Prudence*[®] male condom.

HIV/AIDS/STI

After collecting data and producing transcripts, the analysis of data regarding the “brand perception for the Prudence[®] male condom among urban population aged 25-45 in DRC” (FoQus on Marketing Planning) was done with the participation of the following departments: Research, Monitoring and Evaluation Marketing, and HIV as well as representatives from the field. As a result, PSI/ASF took into consideration the following recommendations:

- Organize activities promoting the importance of the protection provided by correct condom use;
- Improve Prudence[®] quality by reducing the thickness of the condom and the amount of lubricant it contains;
- Make Prudence[®] available across the country;
- Organize promotional activities to reduce the social stigma associated with condom sales or purchases, and in particular, make people aware of the risks related to sex with casual partners.

Family Planning

1. During this quarter, data from the FP “Exit Interview” survey were entered, processed and analyzed after the database cleaning. It should be noted that a draft report of the survey containing all of results, is available and will be presented to USAID next quarter.

Reporting

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

III. Project Management

1. From July 24 to July 28, 2012, PSI/ASF organized a capacity building workshop in Lubumbashi for the benefit of its administration, finance and audit staff. The focus was on tools for inventory management and finance, ethics-related issues, procedures for managing human resources, issues in connection with audit and/or control of management, leadership, as well as discussions on the strengths, weaknesses, and recommendations from provinces.
2. PSI/WCA Regional Researcher Joseph Inungu was in DRC from August 7 to 12, 2012 to facilitate a workshop on the analysis and interpretation of data from the FoQus on Marketing Planning qualitative survey about “brand perception for the *Prudence*[®] male condom among urban population aged 25-45 in DRC.”
3. A delegation composed of representatives from PSI/ASF, PNSR and SCOGO made an exchange visit to PSI/Zambia in August 2012 to learn about the post partum IUD (PPIUD) insertion approach, so as to adapt it to the DRC context. They visited the Zambian office as well as the clinics where the program operates. They learned that the Zambian Ministry of Health supports the process of providing FP services and that PSI/Zambia provides important material support to PPIUD clinics. All these lessons helped PSI/ASF’s FP team retool its approach of selecting five PPIUD clinics/maternity hospitals (3 from public sector and 2 private clinics from the *Confiance* network) in Kinshasa, determining the profile of trainers to be trained, etc. Lessons learned from this exchange visit were highlighted in a debriefing at the Permanent Multisectoral Technical Committee for FP repositioning meeting in August 2012.
4. On August 28-29, 2012, Dr. Didier Adjoua, COP, attended a 2-day provincial level Global Health Initiative meeting with the MoH in Lubumbashi. In addition to provincial government participation, a delegation from the national level MoH (Secretary General, PNLIS Director, 3rd and 4th Directorates’ representatives and DEP) was also present. This provided an opportunity for the MoH and USG to layout their priorities for health in the coming year. It also allowed the provincial government an opportunity to learn more about the USG health strategy and USG partners’ activities in the province, and allowed provincial and municipal officials an opportunity to provide input into the overall direction of USG’s activities for the next year.
5. From September 10 to 16, 2012, two representatives of Hope Consulting, one of the subcontractors under this task order, visited PSI/ASF to help it strengthen its sales and

distribution activities. They identified three areas of improvement: wholesaler efficiency, management of sales force and management of sales managers.

6. On September 19, 2012, Dr. Didier Adjoua, COP, attended the meeting PEPFAR/DRC organized with its implementing partners in Kisangani. The Provincial Minister of Health, representatives from various government health programs (PNLS, PNMLS, PNSR, PNT, etc.) and CORDAID (Global Fund's sub recipient) were also present. During this meeting, an update on progress in Kisangani, an analysis of existing gaps in HIV services provided versus need, a and a review of PEPFAR's implementing partners' portfolio were presented. The meeting re-affirmed that a coordinated approach between these partners and Global Fund's principal recipients was essential.
7. International consultant Lucy Mize spent four weeks (September 2-27) in DRC for the mid-term evaluation of the AIDSTAR project to assess the status of contractual indicators, and to provide guidance to the project for the remaining year. Her final report is expected next quarter (Q1 FY13).

IV. Problems /Challenges faced during the reporting period

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

1. PSI/ASF could not launch the distribution of Ora-Zinc[®] as scheduled in the work plan because of the delay in obtaining the waiver from USAID (June 2012), which would have allowed PSI/ASF to place its order for the production of Ora-Zinc[®] (SRO and Zinc). From the time of ordering the product to delivery to distribution sites, it takes about 9 months. Therefore, PSI/ASF plans to launch the product no earlier than March 2013. All the preparatory steps have already taken place, namely: designing the package and the leaflet, designing and producing the communication campaign on the prevention and proper management of diarrhea, finalizing the training module for service providers on the prevention and proper management of diarrhea, etc. Due to this delay, changes in contract targets as well as delays in all planned activities (communication, training for community-based distribution agents or CBDAs, etc.) are expected.
2. A stock out of Prudence[®] female condoms has started (at least in some provinces, namely Bas-Congo and both Kasais), and negatively impacts our achievements.
3. There was no registration for POP. Therefore, the POP target in the indicators needs to be reduced.
4. The issue of Aquatabs customs clearance is still pending.
5. There was an increase of vehicle rental costs in order to achieve project's targets because the 3 newly purchased vehicles could not be used due to issues of exoneration and temporary license (IT) plates.

V. Environmental Mitigation (IEE)

1. As part of the management of waste generated by the delivery of FP services and products in partner clinics, waste bins were included in the set of materials distributed in the supported provinces.
2. During on-site visits and regular meetings with clinicians, the provincial FP staff regularly reiterates the national policy on biomedical waste management. PSI/ASF's provincial staff made the handbook entitled "*Data sheet for injections and samplings safety, and biomedical waste management*" available for FP clinics for a continual application of this procedure in dealing with such waste.
3. PSI/ASF's local staff in charge of clinical supervision ensures regular supply of bins to the network clinics for collecting used needles and other waste generated by IUD or implant insertion. This approach offers more security to service providers while working, since it reduces the risk of handling such waste before it reaches the clinic incinerator, and it also contributes to environmental protection.
4. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP method training. Guidelines for assuring IEE requirements are met in *Confiance* clinics and have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.
5. Condoms: Proper disposal of condoms, in a designated garbage can or latrine, is included in all community-based actors' trainings and condom messaging, including IEC and condom packaging.

VI. FP and HIV policy compliance

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

VII. Planned activities versus progress (table)

FY 2012 Workplan for the Advancing Social Marketing for Health in DRC																																						
Activity	People concerned by trips	2011												2012												Comments												
		OCT			NOV			DEC			JAN			FEB			MAR			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	w1	w2	w3	w4	w1	w2	w3	w4	w1	w2	w3	w4	
A Program Administration																																						
A-1 General																																						
A-1-1	Meeting with USAID for work plan presentation					X																														Achieved		
A-1-2	Reception of year 3 obligated amount from USAID					X																														Achieved		
A-1-3	Project's year 3 work plan final version submitted to USAID								X																											Achieved		
A-1-4	Project's year 3 budget final version submitted to USAID									X																										Achieved		
A-2 Trainings and Conferences																																						
A-2-1	International FP Conference / DRC-Dakar / 2 people					X	X																												Achieved			
A-2-2	PSIASF Staff Exchange Visit on Social Franchising / DRC-Mali / 1 person											X																								Achieved		
A-2-3	PSIASF Staff Exchange Visit on PPIUD / DRC-Mali / 3 people																																			Achieved		
A-2-4	PSIASF Staff Exchange Visit on Internal Audit of FP Activities Quality / DRC-Benin / 2 people																																			Achieved		
A-2-5	FP Social Franchising Workshop /DRC-Mombassa/ 1 person					X																														Achieved		
A-2-6	PSIASF Staff MCH Exchange visit / DRC- Cameroon / 1 person																																			Achieved		
A-2-7	ICASA 2011/ DRC-Addis Ababa / 3 people							X																												Achieved		
A-2-8	PSIASF Staff Exchange visits / Cameroon-DRC / 1 person																																			Achieved		
A-2-9	PSIASF Staff Exchange visits / DRC- Vietnam / 1 person																																			Cancelled		
A-2-10	Management and Leadership Training / DRC - Washington, DC / 1 person																																			Achieved		
A-2-11	WCA Regional Financial Training/ DRC-Washington,DC / 1 person																																			Achieved		
A-2-12	DELTA Social Marketing Leaders Training / DRC-TBD / 1 person																																			Postponed in Q1 FY13		
A-2-13	DELTA Social Marketing capacity building / DRC-Benin / 1 person																																			Cancelled		
A-2-14	Capacity building for key personnel / DRC- Washington DC																																			Postponed in Q1 FY13		
A-2-15	BCC capacity building for PSIASF's provincial Communication Managers																																			Achieved		
A-2-16	FP capacity building for PSIASF's provincial Clinics Network Managers																																			Achieved		
A-2-17	Sales capacity building for PSIASF's provincial Sales Managers																																			Achieved		
A-2-18	M&E capacity building for PSIASF's provincial M & E Managers																																			Achieved		
A-2-19	Administration and Finance capacity building for PSIASF's provincial Administration and Finance Coordinators																																			Achieved		
A-3 Procurement/Equipment																																						
A-3-1	Advertise tenders PPIUD training materials (2 PPIUD manikins and 2 PPIUD kits) to implement PPIUD service delivery in five new clinics																																			Achieved		
A-3-2	Analyze and select suppliers, and purchase equipments																																			Achieved		
A-4 Technical Assistance Travel																																						
A-4-1	Program management supervision trip / Washington DC-DRC																																			Achieved		
A-4-2	FP Technical Assistance trip / Washington - DRC / 1 person																																			Achieved		
A-4-3	FP PPIUD Trainer trip / Washington -DRC / 2 people																																			Achieved		
A-4-4	MCH/Watsan Technical Assistance trip / Nairobi -DRC / 1 person																																			Achieved		
A-4-5	HIV Technical Assistance trip / Cameroon - DRC / 1 person																																			Achieved		
A-4-6	OED's project mid-term and M&E system evaluation trip / Washington DC - DRC / 2 people																																			Achieved		

IX. Annexes

IX.1- Project indicators

Annex A: Product Distribution Targets

Annexe A: Product Distribution Targets						
	PRODUCTS	ANNEE				TOTAL
		1	2	3	4	
HIV	Male Condoms	20 000 000	25 000 000	34 000 000	32 000 000	111 000 000
	Female Condoms	500 000	700 000	1 100 000	1 200 000	3 500 000
FP	Oral Contraceptives	700 000	1 000 000	1 200 000	1 500 000	4 400 000
	Depo-Provera (3 -month)	100 000	200 000	200 000	250 000	750 000
	IUD	2 000	2 500	2 750	3 000	10 250
	Cycle Beads	4 000	6 000	6 000	6 200	22 200
	Implants	500	800	2 500	2 500	6 300
MCH/WS	Clean Delivery Kits	20 000	30 000	0	0	50 000
	ORS+Zinc Diarrhea Treatment Kit	0	0	1 000	699 000	700 000
	PUR	1 000 000	2 000 000	2 000 000	2 000 000	7 000 000
	Aquatabs	1 150 000	2 000 000	2 000 000	2 100 000	7 250 000

Annex B: Annual Performance Milestones

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	32 000 000	111 000 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
2	Number of female condoms distributed through the USG funded social marketing programs	500 000	700 000	1 100 000	1 200 000	3 500 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33 000 000	60 000 000	60 000 000	62 000 000	215 000 000	Based on quantities planned. Year 1 target is based on previous project last year achievement. Year 2, 3 and 4 targets have been updated, based on year 1 achievements. Concurrent interventions of other NGOs in same health zones are anticipated to decrease targets in year 3 and 4. Expected results are based on other donors supplying products. year 3 and 4 targets cannot be increased, as cholera outbreaks are not included in the calculation as they cannot be planned.
4	Number of Diarrhea Treatment Kits containing 2 low-osmolarity flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	0	0	1 000	699 000	700 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and similar project achievements in other PSI countries. Numbers have been revised, based on pending waiver approval. The distribution may start in September 2012.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20 000	30 000	0	0	50 000	Based on quantities planned. Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible.
6	Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700 000	1 000 000	1 200 000	1 500 000	4 400 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100 000	200 000	200 000	250 000	750 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.

8	Number of IUDs distributed through the USG funded social marketing programs	2 000	2 500	2 750	3 000	10 250	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
9	Number of cyclebeads distributed through the USG funded social marketing programs	4 000	6 000	6 000	6 200	22 200	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.
10	Number of implants distributed through the USG funded social marketing programs	0	1 300	2 500	2 500	6 300	Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change). Year 2 target has been updated, as there was no distribution in year 2 due to registration issue. Year 3 and 4 targets have been updated, based on year 2 achievement.
11	Couple-years of protection (CYP) in USG-supported programs	103 607	140 217	160 375	195 200	599 399	Based on year 1 and 2 achievements, and expected family planning products availability, year 3 and 4 targets have been increased.
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	11 617	27 233	National reference is 11% for this activity (DHS 2007). Project efforts will increase this target to 30% of people reached during AB and OP promotion.
13	Number of individuals reached with individuals/small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17 717	23 442	21 437	62 596	Year 3 targets are based on previous project achievements, and number of trained field actors to conduct sensitization sessions. Targets are related to available budget.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14 286	19 666	17 286	51 237	Year 3 targets are based on previous project achievements, and numbers of trained field actors to conduct sensitization sessions. Targets are related to available budget.
15	Number of targeted condom service outlets	1 800	6 000	7 152	7 152	7 152	Previous project achievement was 1,500 condom service outlets. Targets are based on the extension planning of condom service outlets network in Health Zones. Years 3 and 4 targets have been updated, based on year 2 achievements. Cumulative indicator.
16	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200 000	340 000	400 000	940 000	Year 3 targets are based on previous project achievements. Yearly progression is anticipated. Targets are related to available budget.

17	Number of media outlets including HIV/AIDS messages in their programs	0	48	36	15	48	Based on budget available. Each TV and radio station used for message airing is considered as one media outlet, and is counted only once. Year 3 indicator has been increased from 20 to 36. Cumulative indicator.
18	Number of media broadcasts that promote responsible sexual behavior	0	20 160	12 980	1 350	34 490	Based on year 3 budget available. Year 3 indicator has been increased from 1,800 to 2,880.
19	Number of peer educators who successfully completed an in-service training program	0	300	365	0	665	Based on budget available.
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	199	5	0	204	5 new clinics will be integrated in <i>Confiance</i> network for PPIUD pilot project in year 3, resulting in an increase of year 3 target from 0 to 5.
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (depo provera)	100	68	45	45	45	Contingent upon consistent product supply from the donor.
22	Number of people reached during outreach activities promoting the use of water purifier products	50 000	300 000	250 000	200 000	800 000	No change of year 3 target.
23	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	500	125 000	125 500	Year 3 target has been significantly decreased from 100,000 to 500 as communication activities are awaiting waiver approval from USAID. The time necessary to purchase and ship ORS to Congo will allow less than one-month for distribution in Yr 3 (September 2012).
24	Number of service delivery points social marketing delivery kits	200	400	0	0	400	No change of year 3 target. Non cumulative indicator.
25	Percentage of service delivery points reporting stock out of water purifier at any time	40%	30%	20%	15%	15%	Based on anticipated project efforts. In year 1, wholesalers were considered as service delivery points. For year 2, 3 and 4, the indicator is corrected: service delivery points are retailers. No change.
26	Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time	-	-	-	60%	60%	As the distribution of the product is expected to start in September 2012, it will not be possible to assess this indicator in year 3.
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 has been zeroed out.
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	10	0	20	Year 3 and 4 targets have been cumulated in year 3.
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 in year 3 target.

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					MCH Products	WatSan Products	
	Prudence Male	Prudence Female	Combi 3	POP	Injectable	IUD	Cycle Beads	DELIVRANS	PUR	AQUATABS
KINSHASA	51 383 905	9 143	1 731 954	0	191 835	2 947	82 262	0	2 682 588	74 552
KATANGA	99 735	40 784	75 156	0	6 310	148	500	572	257 112	3 840
BAS CONGO	442 305	120	292	0	10 800	37	0	220	92 640	178 400
SUD KIVU/NORD KIVU	1 024 551	3 256	41 470	0	5 608	101	155	421	206 124	72 320
PROVINCE ORIENTALE	506 250	6 818	11 640	0	910	20	500	166	200 160	2 136
EQUATEUR	278 370	5 800	43 800	0	7 358	82	480	121	111 558	35 560
KASAI OCCIDENTAL	1 116 504	0	29 300	0	10 480	60	480	260	40 720	44 480
KASAI ORIENTAL	814 230	0	22 645	0	12 942	166	220	0	2 880	0
TOTAL	55 665 850	65 921	1 956 257	0	246 243	3 561	84 597	1 760	3 593 782	411 288

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IX.3- Travel plan for the next quarter

Trip subject	Person	From	To	Anticipated period
Program management supervision trip	PSI/WCA Deputy Regional Director, James Malster	USA	DRC	October 2012
DELTA Social Marketing Leaders training; Foundations of Leadership and PSI induction	BCC Specialist, Aaphy Makuta	DRC	USA	October 2012
Rest and Recuperation	Didier Adjoua, COP	DRC	France	December 2012

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