

## **DRC-IHP Trip Report: Andrea Spakauskas (September 2013)**

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Andrea Spakauskas

November 2013

**Keywords:** Integrated Health Project; maternal, newborn, and child health; water, sanitation, and hygiene; family planning/reproductive health; malaria, tuberculosis, and nutrition

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Integrated Health Project (IHP) in the Democratic Republic of the Congo  
Management Sciences for Health  
200 River's Edge Drive  
Medford, MA 02155  
Telephone: (617) 250-9500  
[www.msh.org](http://www.msh.org)

## Integrated Health Project

in the Democratic Republic of Congo



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### TRIP REPORT ANDREA SPAKAUSKAS

#### 1. Scope of Work:

Destination and Client(s)/ Partner(s)	Democratic Republic of Congo/IHP (Integrated Health Project) Client: MSH, USAID/DRC, MOH/DRC
Traveler(s) Name, Role	Andrea Spakauskas, Program Manager, Overseas Strategic Consulting, Ltd. (OSC)
Date of travel on Trip	September 12 – 27, 2013
Purpose of trip	Provide technical assistance and management support during workplanning for project year four (PY4)
Objectives/Activities/ Deliverables	<p><b>Specific Tasks</b></p> <ul style="list-style-type: none"> <li>• Assist in development of PY4 workplan</li> <li>• Develop workplan narratives, timelines, and associated documents</li> <li>• Participate in meetings with relevant counterparts</li> <li>• Finalize scale-up and assessment plans for the main components of IHP’s BCC strategy</li> </ul> <p><b>Deliverables</b></p> <ul style="list-style-type: none"> <li>• Work plan contribution for IR 3</li> <li>• Detailed description of public outreach activities based on OSC’s component of the work plan</li> <li>• Detailed description of scale-up and assessment plans for the main components of the BCC strategy</li> <li>• Trip report or other report(s) as designated by the sub-agreement</li> </ul>
Background/Context, if appropriate.	The five-year, USAID-funded Integrated Health Project (IHP), awarded on September 30, 2010, supports the National Health Development Program of the Democratic Republic of Congo (DRC). The project has two components: Component 1, “Services”, and Component 2, “Other Health Systems”, designed to create better conditions for, and increase the availability and use of, high-impact health services, products, and practices in four provinces of the DRC with 80 target health zones.

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Component 1 supports health zone strengthening, the first strategic focus of the DRC's national health plan. Component 2 corresponds to the national health plan's second strategic pillar, support for health zone strengthening in six priority areas: human resource development; pharmaceutical management; health finance; construction/rehabilitation of infrastructure; equipment and new technologies; and improved health system management. Activities under Component 1 strengthen health zones' capacity to deliver services by addressing both the supply and demand sides of services. Activities under Component 2 create an enabling environment for strong health zones, with particular emphasis on leadership and governance and the provision of resources tied to performance to eliminate health system bottlenecks stemming from unaligned or absent policies, particularly at the provincial level.

Areas of focus are: family planning; maternal, newborn, and child health; nutrition, malaria, and tuberculosis; neglected tropical diseases; HIV/AIDS; and water, sanitation, and hygiene. The project works with current health service providers, such as international and faith-based organizations, uniting them under a strategy to fully implement the minimum and complementary service packages that are at the core of improved basic health conditions for the Congolese people. MSH implementing partners on the IHP are the International Rescue Committee (IRC) and OSC.

**2. Major Trip Accomplishments:** Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

## **ACCOMPLISHMENTS**

### **Development of PY4 work plan and associated documents**

- Completed participatory pre-workplanning and workplanning workshops from September 18-23, 2013
- Assisted field office teams with development of workplans for project Intermediate Result (IR) 3 (Knowledge, attitudes and practices to support health-seeking behaviors increased in target health zones) and IR 1.2 (Community-based health care services and products in target health zones increased)
- In coordination with Senior BCC Technical Advisor, developed IR 3 and IR 1.2 workplan for Kinshasa-based BCC activities
- Developed PY4 STTA plan for IR 3
- Coordinated harmonization of work plan for IR 3 across field offices, with an emphasis on ensuring that scale-up and assessment plans for IHP's mHealth, Champion Community, and ETL initiatives were aligned across field offices and with Kinshasa

### **Key meetings and discussions**

- Met with Tchimb Tabaro, Deputy Chief of Party (DCOP) and Jean Baptiste Mputu, BCC Senior Technical Advisor (STA), to discuss overall PY4 plans for mHealth. We discussed the plan to centralize the purchase and disbursement of SMS credit at the Kinshasa level and how new CUGs will be established with Champion Communities. A total of 12 new CUGs will be established, and communities will continue to be encouraged to purchase phones with their own funds to add to the CUGs (IHP will provide activated SIM cards). We also discussed the small-scale community hotline pilots to be conducted during the first and second quarters. The potential technological and financial limitations involved with a larger-scale pilot (tentatively scheduled for the third or fourth quarter) were also discussed. As securing free services from mobile operators in the DRC is difficult, IHP would have to purchase all airtime for its hotlines, which could prove to be financially unfeasible. Additionally, not all mobile operators or independent service providers are able or willing to provide the routing technology needed to implement a larger-scale pilot. Tchimb also

provided a general project update and explained the extra focus that will be given to the IHP Kolwezi field office.

- Met with Lionel Andjaki, representative from KSoft Industries, who presented his company’s proposal of services for the management of IHP’s mHealth initiatives. Overall, the firm’s proposal did not ultimately meet IHP’s needs. It would be able to provide certain useful services (such as discounted SMS messages) but would require the purchase of expensive proprietary software bundles and the payment of a non-negligible monthly management fee. However, KSoft Industries could provide a stand-alone package for mobile data collection (via menus) that may be of interest to IHP. The proposal was shared with IHP’s M&E staff for their consideration.
- Discussion with Alidor Kuamba, Monitoring and Evaluation STA, regarding potential study and survey designs that could be used to assess the impact of IHP’s SMS campaigns on community health indicators. As Alidor explained, questions regarding the source of referrals are not part of routine health clinic data collection; therefore, Alidor and Jean Baptiste plan to design a stand-alone, small-scale household survey that will be used to gauge the impact of the SMS campaigns.
- Discussion with Carine Mvemba, Gender/Gender-Based Violence (GBV) STA, regarding the Champion Man (*Homme Champion*) initiative and how it can be rolled out systematically across IHP’s Champion Communities. Carine has been updating and finalizing the modules and materials that will be used to roll out the initiative on a larger scale. She and Jean Baptiste will work together to determine how to integrate this initiative into existing Champion Communities training and activities.
- Met with Jean Baptiste and Serge Mwaka, Senior BCC Specialist in Tshumbe, to discuss OSC IHP staff issues and concerns, particularly as they relate to the implementation of BCC activities and challenges that were encountered during PY3. One theme that emerged was a perceived lack of clarity regarding budgetary allocations for BCC activities at the field office level, which was perceived by BCC staff as impacting their ability to complete their activities in a timely manner. Staff recommendations for how to follow up and manage these issues going forward were also discussed.

**Findings and recommendations**

- The participatory work planning process continues to be very effective and streamlined. Time constraints nonetheless still seemed to be an issue, and perhaps more time could have been dedicated to group work over presentations. Another possible addition to the pre- or post- work planning workshop could be working group sessions by program element or IR, during which technical advisors could have a detailed discussion of specific activities and work plan issues relevant to all field staff at one time.
- The active participation and feedback of the USAID/DRC health team was very informative and constructive in guiding the prioritization of activities for PY4.

**3. Next steps:** Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Finalization of PY4 activities plan, budget, STTA plan, and other required documents for IR 1.2 and IR 3 based on feedback	Andrea Spakauskas and Senior BCC Technical Advisor	As determined by MSH HO
English language translation of PY4 work contributions and other sections of PY4 work plan as needed	OSC HO/Andrea Spakauskas	As determined by MSH HO
Resolve outstanding questions regarding OSC IHP PY4 and total project life budget	MSH HO and OSC HO	ASAP

## DRC-IHP Trip Report/A. Spakauskas/September 2013

**4. Contacts:** List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
Ousmane Faye	Tel: (+243) 99 20 06 180 ofaye@msh.org	Chief of Party, IHP	Discussions regarding PY4 and project life OSC budget
Tchim Tabaro	Tel: (+243) 995200018 Tchim.Tabaro@rescue.org	Deputy Chief of Party, IHP	Meeting to touch base and discuss BCC strategy plans for PY4
Dr. Gilbert Andrianandrasana	Tel: (+243) 992909671 gandrianandrasana@msh.org	Primary Health STA, IHP	Meeting to discuss Senior BCC Technical Advisor's performance
Carine Mvemba	Carine.MvembaKidilu@rescue.org	Gender STA, IHP	Discussion of Champion Man initiative
Alidor Kuamba	akuamba@msh.org	M&E Advisor, IHP	Discussion of study design for impact evaluation of SMS campaigns
Elena Chopyak	Tel : (+1) 617-250-9186 echopyak@msh.org	Project Officer, MSH HO	Collaboration on PY4 activities plan
Aboubakar Mama Sambo	Tel: (+1) 6172509132 amamasambo@msh.org	Deputy Director, Financial Management, MSH HO	Discussions regarding PY4 and project life OSC budget
Gilbert Kinkela	Tel: (+243) 998231388 taxaudit@hotmail.com	CMA	Meeting to discuss OSC local staff administrative issues
Lionel Andjaki	lionelok.and@gmail.com	Representative, KSoft Industries	Meeting to discuss KSoft proposal of services for IHP mHealth initiatives

**5. Description of Relevant Documents/Addendums:** Give the document's file name, a brief description of the relevant document's value to other CLM staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
N/A		