

DRC-IHP Trip Report: Elena Chopyak (September 2013)

Elena Chopyak

November 2013

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

This report was made possible through support provided by the US Agency for International Development, under the terms of cooperative agreement number AID-OAA-A-10-00054. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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

Integrated Health Project

in the Democratic Republic of Congo



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TRIP REPORT

Elena Chopyak

1. Scope of Work:

Destination and Client(s)/ Partner(s)	Democratic Republic of Congo/IHP (Integrated Health Project) Management Sciences for Health (MSH)
Traveler(s) Name, Role	Elena Chopyak, Project Officer
Date of travel on Trip	September 11 – October 11, 2013
Purpose of trip	Provide technical assistance and management support during workplanning for project year four (PY4)
Objectives/Activities/ Deliverables	<p>Specific Tasks</p> <ul style="list-style-type: none"> ▪ Assist in development of PY4 workplan ▪ Attend workplan sessions and presentations ▪ Assist Narcisse Embeke, Senior i-CCM Advisor, with PowerPoint Presentation development for Working Group and home office presentations ▪ Discuss presentation development for the International Family Planning Conference oral presentation <p>Deliverables</p> <ul style="list-style-type: none"> ▪ Consolidated work plan draft ▪ Trip report
Background/Context, if appropriate.	<p>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.</p> <p>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</p>

	<p>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, 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.</p> <p>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 Overseas Strategic Consulting (OSC).</p>
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2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

<p>Workplanning</p> <ul style="list-style-type: none"> • Attended workplan sessions and presentations and Results-Based Financing (RBF) orientation sessions. • Consolidated the initial workplans from each coordination office into a single document. Nearly half of the first draft workplans were not assembled according to the PY3 workplan format. However, once the workplan coaches urged the coordination office representatives to format the next draft of the workplans according to the PY3 format the coordination offices were responsive. The reformatted workplans assisted greatly with consolidation efforts. • Met with the coordination offices' coaches and representatives on multiple occasions to provide feedback on the workplans. • Reviewed and responded to the Chief of Party, Ousmane Faye's, comments with coordination office representatives who were still in Kinshasa during the post-workplanning period. For coordination office representatives who had already left Kinshasa, I liaised via email to obtain responses to Ousmane's questions. Integrated the changes from each coordination office's workplan into the consolidated project-wide workplan, and streamlined the formatting, font, and workplan colors. • Drafted the Short Term Technical Assistance (STTA) plan for PY4 based on activities in the coordination offices' workplans and the Kinshasa technical advisors' workplans. However, given the U.S. government shutdown and the resulting budgetary restrictions, international travel has been temporarily suspended, which will affect the STTA plan, among other activities in the workplan. <p>Other meetings and activities completed</p> <ul style="list-style-type: none"> • I met with Landry-Serges Malaba, Communications Advisor, and Colette Losso, Family Planning Advisor, on September 13 to review and discuss the PowerPoint presentation for the International Family Planning Conference to be held in Ethiopia in November 2013. Working from the accepted
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abstract, Landry drafted a presentation from which to further develop and hone Colette's oral presentation. We then discussed next steps for editing the presentation, including reducing the number of slides, parsing the information on each slide, and providing additional detail not included in the abstract. However, due to project-wide budgetary restrictions, as of now, no one from IHP will be attending the conference.

- I attended the International Business & Technical Consultants, Inc.'s (IBTCI) presentation at the British Embassy, organized by Monitoring and Evaluation Network for the Development Community in DRC on September 19. Annette Bongiovanni, the Principal Investigator for IBTCI, presented, "What does it take to get results? Measuring the impact of a USAID performance-based financing intervention on maternal and child health services in the Democratic Republic of Congo." Representatives from Save the Children, the Department for International Development (DFID), USAID, the Demographic Health Survey (DHS), and Epidemiology PhD candidates from the University of California-Los Angeles attended the presentation. As IBTCI had completed the RBF baseline survey a few days prior to the M&E Network presentation, Ms. Bongiovanni's presentation focused on logistical, security, and other challenges encountered while carrying out the baseline survey. I shared notes on the presentation content with the IHP team.
- On October 7, 2013, met with Senior Technical Advisor Gilbert Andrianandrasana, Senior Monitoring and Evaluation Advisors Alidor Kuamba and Sam Mbuyamba, and Landry to discuss deadlines and data completeness for the upcoming quarterly/annual report. As of October 7, 2013, the M&E staff had received complete data from all coordination offices in July and August – with the exception of two health zones in August. The possibility of having a full report draft to the home office for translation a few days in advance was discussed, but given that there is already limited turn-around time between when the coordination offices receive data and are expected to send narratives to the Kinshasa team, it was decided to maintain the same deadline for the French draft of the report.
- Assisted Narcisse Embeke, Senior i-CCM Advisor, with initial edits, translations, and feedback for his Diarrhea and Pneumonia Working Group PowerPoint presentation and for his PowerPoint presentation at the Cambridge MSH office brownbag session held in October 2013.

Findings and recommendations

- As the template developed during the PY3 workplanning process was used again in PY4, it appears that the workplan consolidation process was significantly less cumbersome and onerous compared to that experienced last year.
- The coordination offices' presentations on each health domain were useful in demonstrating major successes and challenges encountered, as well as the number of activities carried out compared to those planned. However, during the pre-workplanning sessions the length of many of the presentations hampered adherence to the workplanning schedule. Also, as a result, the teams had less time to incorporate comments and suggestions into their final presentations for USAID, and/or to work collaboratively on their workplan drafts. Next year, the coordination offices should be encouraged to limit each presentation to less than 15 minutes.
- Coordination offices supported by workplanning coaches who worked closely and frequently with their teams throughout the entire workplanning process benefited from the feedback and guidance. The higher quality of workplans produced by teams with strong coaches was evident. For PY5, workplanning coaches should be selected carefully and should receive a briefing or training.
- Meeting representatives from the coordination offices in-person was beneficial, and will assist with clarifying questions virtually during the quarterly/annual reporting editing process.

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

Description of task	Responsible staff	Due date
Review, finalization, and translation from French to English of the PY4 Workplan.	Ousmane Faye (COP), Kristin Cooney (Portfolio Director), Aboubakar Mama Sambo (Finance Deputy Director), Joan Marshall Missiye (Senior Project Officer), Elena Chopyak, Kay Ehni (Project Associate)	November 30, 2013
Determine whether the project can present abstract at the International Family Planning Conference via a proxy.	Elena Chopyak,	October 18, 2013
Develop and finalize a PowerPoint presentation for the International Family Planning Conference should the project be able to attend or present virtually.	Ousmane Faye, Gilbert Andrianandrasana, Elizabeth Walsh (Communications Director), Elena Chopyak	November 1, 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
Dr. Ousmane Faye	4, Ave. des Citronniers, Gombe, Kinshasa, DR Congo Email : ofaye@msh.org	USAID/DRC/IHP	IHP Chief of Party
Kristin Cooney	Tel: 1-617-250-9168 Email: kcooney@msh.org	MSH	DRC Country Director
Dr. Gilbert Andrianandrasana	4, Ave. des Citronniers, Gombe, Kinshasa, DR Congo Tel: (+243) 992909671 gandrianandrasana@msh.org	USAID/DRC/IHP	Senior Technical Advisor
Tchim Tabaro	4, Ave. des Citronniers, Gombe, Kinshasa, DR Congo Email : Tchim.tabaro@rescue@org	DRC/IRC	Deputy Chief of Party
Leon Katambayi	4, Ave. des Citronniers, Gombe, Kinshasa, DR Congo Email : lkatambayi@msh.org	USAID/DRC/IHP	Field Office Supervisor

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Britou Ndela	4, Ave. des Citronniers, Gombe, Kinshasa, DR Congo Email : britou.ndela@rescue.org	DRC/IHP	Field Office Supervisor
Dorah Kashosi	4, Ave. des Citronniers, Gombe, Kinshasa, DR Congo Email : dkashosi@msh.org	USAID/DRC/IHP	Field Office Supervisor
Narcisse Embeke	4, Ave. des Citronniers, Gombe, Kinshasa, DR Congo Email: nembeke@msh.org	USAID/DRC/IHP	Child Health Advisor
Sam Mbuyamba	4, Ave. des Citronniers, Gombe, Kinshasa, DR Congo Tel: (+243) 995 905462 Email:smbuyama@msh.org	USAID/DRC/IHP	Senior M&E Advisor
Colette Losso	4, Ave. des Citronniers, Gombe, Kinshasa, DR Congo Tel: (+243) 992909671 Email: closso@msh.org	USAID/DRC/IHP	Family Planning/Reproductive Health Advisor

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		