

## DRC-IHP Project Year 5 (PY5) Workplan

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DRC-IHP Staff

October 14, 2014

Integrated health, workplan, DRC, health systems delivery, health systems strengthening, project workplan

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**Integrated Health Project**  
in the Democratic Republic of Congo



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**DEMOCRATIC REPUBLIC OF CONGO**

**Integrated Health Project  
Cooperative Agreement AID-OAA-A-10-  
00054**

**Year 5 Workplan  
October 1, 2014-September 30, 2015  
Approved by USAID/DRC October 14, 2014**



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## Acronyms<sup>1</sup>

<b>ACT</b>	Artemisinin-based Combination Therapy
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>AMTSL</b>	Active Management of Third Stage Labor
<b>ANC</b>	Antenatal Care
<b>AOP</b>	Annual Operational Plan
<b>APHA</b>	American Public Health Association
<b>APR</b>	A Promise Renewed
<b>ARV</b>	Antiretroviral
<b>BCC</b>	Behavior Change Communication
<b>BCZS</b>	<i>Bureaux Centraux des Zones de Santé</i> (health zone central offices)
<b>BEmONC</b>	Basic Emergency Obstetric and Newborn Care
<b>CAD</b>	<i>Club d'amis Damien</i> (Friends of Damien Club)
<b>CBD</b>	Community-based distributor/distribution
<b>CBO</b>	Community-based organization
<b>CBS</b>	Capacity Building Specialist
<b>CCIA</b>	<i>Comité de Concertation Inter-agence</i> (Inter-Agency Coordination Committee)
<b>CCM</b>	Community Case Management
<b>CCSAS</b>	Clinical Care for Sexual Assault Survivors
<b>CDR</b>	Regional Distribution Center
<b>CEmONC</b>	Comprehensive Emergency Obstetrics and Newborn Care
<b>CHS</b>	Center for Health Services
<b>CHW</b>	Community Health Workers (see <b>RECO</b> )
<b>CLM</b>	Center for Leadership and Management (at MSH)
<b>CLTS</b>	Community-Led Total Sanitation
<b>CNTS</b>	<i>Coordination nationale de transfusion sanguine</i> (Provincial coordination unit for blood transfusion)
<b>CODESA</b>	<i>Comité de Développement Sanitaire</i> (Health Development Committee)
<b>COGE</b>	<i>Comité de Gestion</i> (Community-based management committee)
<b>COMU</b>	Country Operations Management Unit
<b>COP</b>	Chief of Party
<b>CPA</b>	Complementary Package of Activities
<b>CPAEA</b>	<i>Comité Provincial d'Action de l'Eau et de l'Assainissement</i> (Provincial committee on water and sanitation)

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<sup>1</sup> Acronyms found in narrative as well as in workplan template.

<b>CPCC</b>	Champion Community Pilot Committee
<b>CPM</b>	Center for Pharmaceutical Management
<b>CPCC</b>	<i>Comité de pilotage Championne Communautaire</i> (Champion community pilot committee)
<b>CPR</b>	Contraceptive Prevalence Rate
<b>CPP</b>	<i>Comité de pilotage provincial</i> (Provincial steering committee)
<b>CSDT</b>	<i>Centre de santé, de diagnostic, et de traitement de la TB</i> (Center for health, diagnosis, and treatment of TB)
<b>CSR</b>	<i>Centre de santé de référence</i> (referral health center)
<b>CST</b>	<i>Centre de santé et de traitement de la TB</i> (Health center and treatment for TB)
<b>CUG</b>	Closed User Groups
<b>CYP</b>	Couple years of protection
<b>DEP</b>	<i>Directorate d'Etudes et de Planification</i> (Directorate of Studies and Planning)
<b>DfID</b>	Department for International Development (United Kingdom)
<b>DHIS</b>	District Health Information System
<b>DOTS</b>	Directly Observed Treatment Strategy (TB)
<b>DTP</b>	Diphtheria, Tetanus, Pertussis ( <b>DTC</b> in French acronym)
<b>DPS</b>	<i>Division Provinciale de la Santé</i>
<b>DQA</b>	Data Quality Assessment
<b>DQS</b>	Data Quality Self-Assessment
<b>DRC</b>	Democratic Republic of the Congo
<b>DS</b>	<i>District Sanitaire</i>
<b>E2A</b>	Evidence to Action
<b>ECZ</b>	<i>Equipe Cadre de Zone</i> (Health Zone Management Team)
<b>EMMP</b>	Environmental Monitoring and Mitigation Plan
<b>EmONC</b>	Emergency Obstetric and Neonatal Care
<b>ENA</b>	Essential Nutrition Actions
<b>EPI</b>	Expanded Programme on Immunization
<b>ETL</b>	Education Through Listening
<b>FBO</b>	Faith-based Organization
<b>FFSDP</b>	Fully Functional Service Delivery Point (see <b>FOSACOF</b> )
<b>FOS</b>	Field Office Supervisor
<b>FOSACOF</b>	<i>Formation Sanitaire Complètement Fonctionnelle</i> (used more frequently in DRC)
<b>FOSA</b>	<i>Formation Sanitaire</i> (health facility)
<b>GBV</b>	Gender-based Violence
<b>GESIS</b>	Database software for routine health information
<b>GHI</b>	Global Health Initiative
<b>GRH</b>	General Referral Hospital
<b>HBB</b>	Helping Babies Breathe
<b>HIV</b>	Human Immunodeficiency Virus
<b>HZMT</b>	Health Zone Management Team
<b>IBTCI</b>	International Business & Technical Consultants, Inc.
<b>i-CCM</b>	Integrated Community Case Management
<b>IEC</b>	Information, Education and Communication
<b>IGA</b>	Income-Generating Activities
<b>IFHD</b>	Integrated Field Health Director
<b>IHP</b>	Integrated Health Project
<b>IMCI</b>	Integrated Management of Childhood Illness

<b>IMAT</b>	Inventory Management Assessment Tool
<b>IPTp</b>	Intermittent preventive treatment (of malaria) in pregnancy
<b>IRC</b>	International Rescue Committee
<b>IT</b>	Information Technology
<b>IYCF</b>	Infant Young Child Feeding
<b>IUD</b>	Intra-uterine Device
<b>KAPs</b>	Knowledge, Attitudes, and Practices
<b>KMC</b>	Kangaroo Mother Care
<b>LAM</b>	Lactational Amenorrhea Method
<b>LDP</b>	Leadership Development Program
<b>LLIN</b>	Long-lasting Insecticide-treated Net
<b>LMS</b>	Leadership, Management, and Sustainability Program
<b>LQAS</b>	Lot Quality Assurance Sampling
<b>MDR TB</b>	Multi-drug resistant TB
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MEG</b>	<i>Médicament Essentiel Générique</i> (Generic and essential medicine)
<b>MOH</b>	Ministry of Health
<b>MNCH</b>	Maternal, Newborn, and Child Health
<b>MIP</b>	Provincial Medical Inspector
<b>MPA</b>	Minimum Package of Activities
<b>MSP</b>	<i>Ministère de la Santé Publique</i> (MOH)
<b>MSH</b>	Management Sciences for Health
<b>MUAC</b>	Mid-upper Arm Circumference
<b>NGO</b>	Non-Governmental Organization
<b>NTD</b>	Neglected Tropical Diseases
<b>OCC</b>	<i>Office Congolais de Contrôle</i>
<b>OGAC</b>	Office of the U.S. Global AIDS Coordinator
<b>ORS</b>	Oral Rehydration Solution
<b>OSC</b>	Overseas Strategic Consulting, Ltd.
<b>OVC</b>	Orphans and Vulnerable Children
<b>PHC</b>	Primarily Health Care
<b>PBF</b>	Performance-Based Financing
<b>PEP</b>	Post-exposure Prophylaxis (Kit)
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PEV</b>	<i>Programme élargi de vaccination</i> (see <b>EPI</b> )
<b>PIRS</b>	Performance Indicator Reference Sheets
<b>PIRTS</b>	Performance Indicator Reference and Tracking Sheets
<b>PLWHA</b>	People Living With HIV and AIDS
<b>PMI</b>	President's Malaria Initiative
<b>PMP</b>	Performance Monitoring Plan
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PNC</b>	Prenatal Consultation/Care
<b>PNCPS</b>	<i>Programme national de communication pour la promotion de la santé (national communication program for health promotion)</i>
<b>PNDS</b>	<i>Plan National de Développement Sanitaire</i> (national health development plan)
<b>PNIRA</b>	National Respiratory Infections Control Program
<b>PNLP</b>	National Malaria Control Program
<b>PNLS</b>	National AIDS Program

<b>PNLT</b>	National TB Program
<b>PNSR</b>	National Reproductive Health Program
<b>PPDS</b>	Provincial Health Development Plan
<b>PPRD</b>	Performance Planning, Review, and Development
<b>PSC</b>	Pre-school consultation
<b>QI</b>	Quality improvement
<b>RBF</b>	Results-Based Financing
<b>RDT</b>	Rapid diagnostic tests
<b>RDQA</b>	Routine Data Quality Assessment
<b>RECO</b>	<i>Relais Communautaires</i> (community health workers)
<b>RHC</b>	Referral Health Center
<b>SAB</b>	<i>Seringues auto bloquants</i> (auto lock syringes)
<b>SBA</b>	Skilled birth attendant
<b>SCBPS</b>	Senior Capacity Building Program Specialist
<b>SIAPS</b>	Systems for Improved Access to Pharmaceuticals and Services
<b>SMS</b>	Short Message Service
<b>SNIS</b>	<i>Système national d'information sanitaire</i> (national health information system)
<b>SP</b>	Sulfadoxine-Pyrimethamine (malaria treatment)
<b>STA</b>	Senior Technical Advisor
<b>STTA</b>	Short-term technical assistance
<b>TA</b>	Technical Advisor
<b>TB</b>	Tuberculosis
<b>TS</b>	Technical Specialist
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government
<b>UNICEF</b>	United Nations Children's Fund
<b>VIP</b>	Ventilated Improved Pit
<b>WASH</b>	Water/Sanitation/Hygiene
<b>WHO</b>	World Health Organization

# Narrative

The following summary narrative outlines the key programmatic areas for the Year Five Workplan (October 1, 2014-September 29, 2015) of the USAID/Democratic Republic of Congo/Integrated Health Program (USAID/DRC/IHP) Cooperative Agreement No. AID-OAA-A-10-00054. Implemented by Management Sciences for Health, the International Rescue Committee, and Overseas Strategic Consulting, Ltd (hereafter referred to respectively as MSH, IRC, and OSC), the five-year project (October 2010-September 2015) supports the DRC National Health Development Program. IHP has two components--“Services” and “Other Health Systems”-- designed to create better conditions for, and increase the availability and use of, high-impact health services, products, and practices in 78 (formerly 80)<sup>2</sup> target health zones in four DRC provinces: Kasai Occidental, Kasai Oriental, Katanga, and Sud Kivu.

The IHP PY5 workplanning process was based on the lessons learned from the first four years of project implementation. As is the project’s standard practice, the workplan is aligned with the Ministry of Health (MOH) planning framework based on the annual operational plans (AOPs), taking into account the challenge of reconciling the difference between the workplanning cycles of the MOH and USAID that are guided by their respective fiscal years. Following the technical and financial support that IHP provided to all 78 health zones to develop and validate their AOPs for 2014, IHP field offices used the AOPs to review with health zone management teams their priority activities for 2015.

Project Year 4 was notable because of funding constraints for six months: due to a Congressional hold IHP had to cut activities back to a list of strict priorities. Teams had to be creative to implement solutions. IHP worked closely with USAID to identify priorities and chose carefully to continue to achieve the expected results. Once the funding was obligated, IHP had to implement a plan that was developed for a year in six months. ***In this context, at the July 17 launch of the workplanning process, USAID provided additional general guiding principles for final project year workplan development, as follows:***

- Strengthen the activities that the project has developed during the past years (“*consolider les acquis*”)
- Engage in no or only exceptional further extension of existing programs (no or just exceptional new sites or new technical components)
- Improve quality of the existing programs
- Limit trainings to those that are strictly necessary; rather, emphasize supportive supervision
- Prepare the ground for the follow-on project
- Ensure that the key lessons learned through project implementation are shared with the Ministry of Health at national and provincial levels
- Participate in the MOH “*Ateliers de capitalisation*” workshops to make certain that the innovations initiated by the project (e.g., FOSACOF, LDP, Champion Communities, Community-led Total Sanitation (CLTS), mHealth, Results-based Financing (RBF) approach) are accepted and integrated in the list of best practices to be promoted by the MOH

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<sup>2</sup> Of the initial 80 health zones, IHP dropped the Kalehe health zone (Bukavu) due to insecurity; transferred the Bulape and Tshikaji health zones (Kasai Occidental) to IMA World Health to be covered under the DFID-funded *Accès au Soins de Santé Primaires* (ASSP) project, at USAID request; and split the Dikungu-Tshumbe health zone into Dikungu health zone and Tshumbe health zones. This will be reflected in a pending modification with USAID.

- Plan most of activities during the first half of the fiscal year (October 2014-March 2015)
- Start closeout process progressively during the second half of the year (April-September 2015)
- Ensure that a clear exit strategy is implemented (including but not limited to the following domains: management of essential medicines in the contracted warehouses or CDRs, management of health zones lines of credits, inventories of lists of equipment & materials donated to health facilities shared with key stakeholders)
- Key programmatic priorities for funding:
  - Provide and distribute essential medicines
  - Continue grants to health zones
  - Provide technical and financial support for supervision, monitoring meetings at health center level, support to Annual Operations Plan (AOP) process, PBF implementation in the seven intervention health zones, equipping maternities/health centers with planned but not yet provided equipment, and ensuring that the health facilities that were planned for rehabilitation are renovated.

**IHP vision, objectives, and intermediate results:** With the project entering its fifth and final year of implementation, IHP’s *vision* is that people in the 78 project health zones will participate more fully in determining their health outcomes by virtue of greater access to higher-quality comprehensive care; service delivery systems that are accountably and effectively managed in their interests; and family-centered communication about healthy behaviors that people understand and can act on in their daily lives. The overarching *objective* of the project is to improve the enabling environment for, and increase the availability and use of, high-impact services, products, and practices for family planning; maternal, newborn, and child health (MNCH), nutrition, malaria, and tuberculosis (TB); HIV and AIDS; and water/sanitation/ hygiene (WASH) in target health zones<sup>3</sup>. The project reinforces a people- and team-centered approach to strengthening the health system in DRC, with a focus on four Intermediate Results:

- Intermediate Result 1: Access to and availability of MPA/CPA-plus services in target health zones increased (Component 1)
- Intermediate Result 2: Quality of key family health care services (MPA/CPA-plus) in target health zones increased (Component 1)
- Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in target health zones (Component 1)
- Intermediate Result 4: Health sector leadership and governance in target provinces improved (Component 2)
- Ensure the distribution and use of rehabilitation materials for WASH activities in Kamina

**Modification of current agreement:** IHP enters its fifth project year with a modification pending. Under IHP’s IR1 (“Access to and availability of Minimum Package of Activities/ Complementary Package of Activities plus (MPA/CPA-plus) services in targeted health zones Increased”), the expected result is 1,082 assisted health centers providing MPA-plus and 64 assisted general referral hospitals (GRH) providing CPA-plus. These numbers represent 80% of the total HCs and GRHs assisted by IHP. The project currently provides varying levels of support to 1,793 facilities (1,715 health centers and 78 general reference hospitals). Together the zones covered represent approximately 17 percent of the population and 15 percent of total health zones. The composition of the MPA-plus/ CPA-plus is included in the RFA #USAID

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<sup>3</sup> Note that Neglected Tropical Diseases (NTD) has been removed from this list since the project has not, to date, received any funding for this element.

RFA-OAA-10-000006, USAID/ Democratic Republic of Congo, and is referred to on page 28 of the Cooperative Agreement, under Attachment B, Program Description.

In line with the agency's evaluation policy, the mission contracted International Business & Technical Consultants, Inc. (IBTCI) to conduct an external performance evaluation of IHP at the end of the third year of the project. The evaluation found that none of the 96 health centers assessed provided the full MPA-plus. Although IBTCI did not assess the CPA-plus provision, it is likely that similar observations would have been made. IBTCI's conclusion is: *"It is unrealistic to expect 80% of IHP's health facilities to achieve a full range of MPA-plus services by the end of the project. Both the breadth of the target population (~ 1,500 facilities in total) and the depth of the MPA-plus services (some 50 activities) are overly ambitious given the existing status of the health system, logistical constraints, and implementation costs"...* Based on this conclusion, IBTCI recommended USAID to *"convene with IHP and others to revisit project priorities and targets. Both the depth of the MPA-plus package and the number of facilities to be reached should be reconsidered."*

As a result, IHP will be unable to attain the expected targets under IR 1. The project's AOR met several times with IHP to discuss the evaluation findings and the way forward. He also brought the issue to the USAID health team leader and the Agreement Officer's attention. In addition to the reasons included in the evaluation report, the discussions with IHP revealed two other compelling reasons to justify the project's inability to attain the expected targets under IR 1. These additional reasons are two:

**1. Important geographical focus or technical approach shifts occurred during Project Year Three:**

- In the water, sanitation and hygiene (WASH) sector, following a field visit to Mwene Ditu, Kasai Oriental, in July 2012, USAID and IHP decided to shift from a village approach to a zonal coverage approach, to cover at least 80% of the villages in the zone. As a result, starting in Year 3, WASH activities are concentrated in 9 health zones instead of the original 80 assisted health zones. Therefore, the target for the number of health zones implementing the WASH-related activities included in the MPA-plus or CPA-plus must be reduced accordingly.
- In the HIV and AIDS sector, following the PEPFAR decision to withdraw from non-focus provinces (Sud Kivu, Kasai Occidental and Kasai Occidental) in April 2013, all HIV-related activities stopped in these provinces and currently continue only in Katanga. Therefore, the target for the number of health facilities implementing the HIV and AIDS activities included in the MPA-plus or CPA-plus must be reduced accordingly.
- In FY2013, USAID and the MOH directed IHP to prioritize Maternal, Newborn and Child Health (MNCH) activities aimed at accelerating the reduction of maternal, newborn and child mortality in the assisted health zones. To respond to this global and national priority, in Project Year 4, USAID increased IHP's MNCH funding substantially. Due to the fact that some MPA-plus and CPA-plus activities and equipment are not considered substantial contributors to the acceleration plan, they were no longer considered among project priorities and therefore were not budgeted.

**2. It is challenging for IHP to effectively support health services in insecure areas:** The security situation in certain health zones in Sud Kivu (particularly Hauts Plateaux, Ruzizi, Minova, Lulingu, Kalole, Kalehe) and Katanga (particularly Malemba Nkulu, Mulongo, Mukanga, and Lwamba) remains unstable and prevents the project's staff from traveling to those areas to provide supervision and training, or to collect data.

Considering the reasons stated above, it is obvious that IHP will not be able to achieve its target under Intermediate Result 1 (IR 1) as stated in the Cooperative Agreement's Program Description. In addition, at this time we will not be adding additional health zones. To address these issues, we have drafted an amendment of the Program Description, which is pending review with USAID and the Mission's monitoring and evaluation specialist as the determination of targets for CPA+/MPA+ is complex and requires further discussion with USAID and IHP M&E staff prior to inserting the final targets into the modification.

**Project closeout:** DRC-IHP's Project Year 5 will be characterized by the closeout process IHP will undertake to ensure that the project ends well. IHP has designed a closeout plan and budget as the top priority of the PY5 workplan and will ensure that the funding needed to implement the closeout plan is secured prior to addressing other priority activities for PY5. The closeout plan comprises a set of critical activities including, but not limited to, the following:

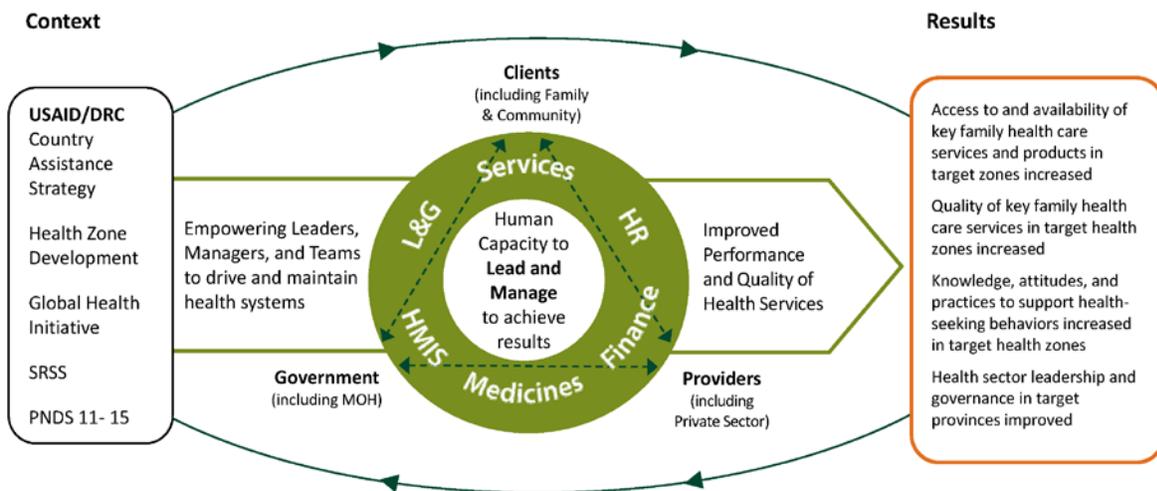
- Manage human resources: Plan well ahead of time to address the end of IHP staff's contracts according to the DRC Labor Law; communicate in a timely and transparent manner to the staff through regular staff meetings, general written notices, individual letters, field visits, and counseling sessions as needed.
- Secure IHP assets: Update the inventory files of each IHP office, including all equipment distributed to the MOH entities; update more frequently the other goods such as supplies that the project stores in warehouses in Kinshasa and in field offices as well as in the CDRs; and develop a rationale disposition plan for USAID approval.
- Manage written commitments: IHP will monitor closely, through a tracking system, all financial, non-financial, and contractual matters.
- Implement a communication plan: Provide the needed information about the IHP closeout process and activities to USAID, the MOH, and other stakeholders as needed, including, but not limited to, the IHP technical and programmatic legacy.

**Sustainability:** The IHP technical and programmatic heritage includes approaches, innovations, interventions, and physical investments that will remain and continue to serve the Congolese population within and beyond the provincial, health district, and health zone levels that IHP continuously supported over the duration of the project. During PY5, IHP will continue to work with the MOH to ensure that the technical approaches and interventions that have critical impact in strengthening the health system will continue to be used. These include, but not limited to, the following:

- Improvement of essential medicines supply chain management through the provincial pharmaceutical committees, in close collaboration with SIAPS and the MOH;
- Quality improvement at the GRH, health centers and i-CCM sites, ensured through: i) the whole-site standards-based quality improvement approach (FOSACOF); ii) the incorporation of leadership, management, and governance; iii) the collaborative improvement approach that promotes cross-fertilization between health centers and i-CCM sites to maximize results; iv) the results-based financing (RBF) approach that greatly contributes to addressing the human resources for health motivation and retention.
- Community ownership and behavior change communication (BCC) through: i) leadership, management, and governance; ii) Education Through Listening (ETL) approach; iii) Champion Community approach; iv) eHealth technology for information dissemination via educational text messages and the closed user group (CUG) mechanism to raise awareness on health topics and motivate actions to positive change for better health.

**Technical strategy:** The overarching IHP technical strategy remains the same and integrates activities across health system sectors, levels, and geography through **people-centered health systems strengthening**, presented in Figure 1. At the heart of the strategy is outreach to providers, health authorities, community organizations, and families with evidence-based techniques they can use to impact the health system in ways they experience as meaningful and sustainable. We will continue to build human capacity to lead and manage for health results, whether in the public, civil society, or private sector. Two of the evidence-based techniques we will continue to scale up in Year 4 are leadership and management training and the FOSACOF service delivery model. IHP will ensure that the leadership plans developed by health zone management teams at the end of the LDP training in which they participated are implemented, monitored, and evaluated, and renewed cyclically with IHP technical support.

**Figure 1. Building People-Centered Leadership and Management Capacity**



As Figure 1 illustrates, interactions between and among health stakeholders—the government, personnel in health sector subsystems, clients, communities—play a critical role in overall system performance and the ultimate health status of citizens. The evidence for the role of leadership and management as both a vehicle and catalyst for improving those interactions is strong; accordingly, leadership and management, as well as governance, increasingly feature systemic approaches to sustain local capacity development and health improvements. IHP’s Leadership Development Program (LDP) was tailored for participants with major roles in health zone strengthening: provincial planning authorities, health zone management teams, facility management teams, community organizations, patient groups, and others. The project is capturing and linking together the growth potential of all those who influence the way that human and material resources combine to improve health outcomes. The LDP transfers skills and knowledge to help health actors face and address challenges; creates an environment that motivates staff; and reinforces teamwork over individual perspectives.

**Health systems analysis:** IHP continued to use a health systems approach that makes use of primary and secondary data to analyze and use maternal, newborn and child health (MNCH) interventions and technical strategies to improve performance, achieve health outcomes, and contribute to long-term health impact. The approach uses the Lives Saved Tool (LiST) and health systems inputs to prioritize

high-impact MNCH interventions and technical strategies that are cost effective and improve effective coverage rates. The analysis includes IHP key performance indicators tracked by the project in its four target provinces—Kasaï Occidental, Kasaï Oriental, Katanga, and Sud Kivu—covering 78 health zones with an estimated total population of 11.8 million people. The analysis also considers population dynamics in the target health zones, incidence rates of major childhood killers for modeling the contribution of the project towards health impact, and provides data-based refinements for further improvements in project implementation to maximize health impact. In addition, the analysis uses IHP programmatic rationale to identify which technical strategies are the most appropriate to deliver high-impact interventions for childhood and maternal diseases. The analysis also makes use of the LiST to model the outcomes and effectiveness of the project interventions and to systematically document the contribution of IHP towards additional number of lives saved.

**Building people-centered facility-based and other service delivery platforms.** Under Component 1, IHP is improving the quality of services and care in project-supported health zones, taking each zone’s particular needs into account. At the facility level, we will continue to intensify FOSACOF as a whole-site tool for service quality improvement and expansion according to norms articulated in the SRSS and PNDS, as well as local conditions and challenges.

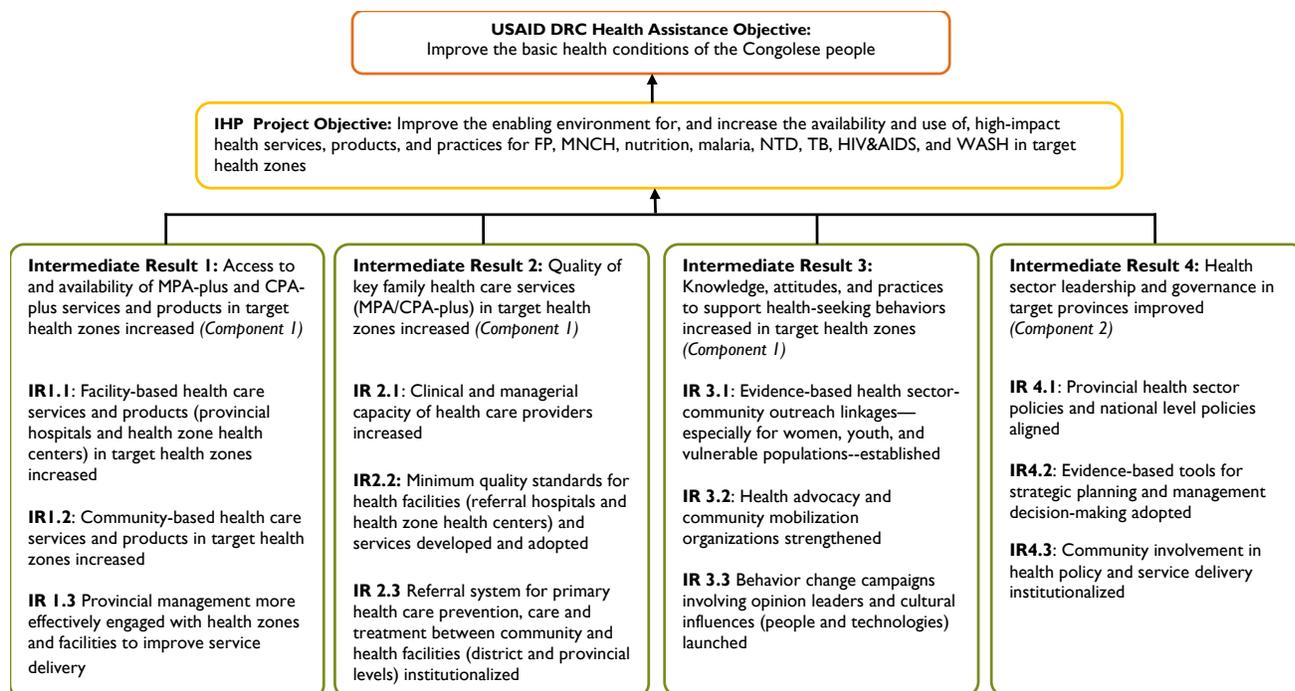
**Innovation to build people-centered health system capacity.** After a long road to approval, as well as further delays due to the need to wait for the IBTCI baseline evaluation, in PY4 the project officially launched the strategy for Results-based Financing (RBF).<sup>4</sup> RBF is being implemented in 7 selected health zones. IHP will continue to strengthen the capacity of its staff in the coordination offices (and their MOH counterparts) to accomplish three main activities: (1) provide technical support for the implementation of the RBF program in all health facilities in their respective health zones; (2) conduct verification activities and validation of RBF data. RBF contracts have been signed between IHP and health zones, hospitals, and health centers. Counter-verification of health facility RBF data will continue to be conducted by local organizations through a granting mechanism at the community level; and (3) strengthen the MOH RBF unit’s capacity to coordinate partners and transparently share RBF information through the technical and managerial support to the DRC RBF Portal that IHP designed for the MOH.

IHP will continue to mobilize communities and train CODESAs on good governance, gender sensitivity, and management and understanding of individuals’ roles and responsibilities as the project moves to completion. In the field of behavior change communication (BCC), IHP continues to push innovations that are people-centered: not “talking at” but discussing with target audiences how to motivate change. IHP continues to implement, in connection with knowledge, attitudes, and practices (KAPs) for health, Education Through Listening (ETL), an addition to standard BCC approaches that engages community health workers and leaders in dialogues with community members to promote internally motivated health behavior change. Under ETL, the paradigm shifts from lecturing to personal and community participation for problem solving.

Our strategy and technical approaches are distilled in the Results Framework presented in Figure 2. The IHP strategic objective is a more detailed articulation of USAID’s stated objective: *To improve the basic health conditions of the Congolese people in selected health zones.*

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<sup>4</sup> USAID and the Ministry of Health/DRC requested use the term Results-based Financing instead of Performance-based Financing.



**PY 5 workplan:** Detailed information on project activities by Intermediate Results can be found in the workplan template provided with this narrative. The workplan template presents planned activities and expected results in the following way:

- A summary tab presenting activities by IR
- Eight separate tabs presenting the plans for each IHP coordination office
- A final tab presenting the Kinshasa-based support for each technical area as well as project management and operations support

This presentation of the workplan effectively emphasizes the activities each IHP coordination office is implementing to support the annual operational plans in their respective health zones. It also serves as an effective management tool.

Some highlights of activities under each area are presented below.

**Intermediate Result 1: Access to and availability of MPA/CPA-plus services in targeted health zones increased**

**The challenge/context:** The health zone—which comprises health areas, a network of health posts and community health workers, a health center, and a general referral hospital—remains the foundation of the DRC’s strategy for decentralized health systems strengthening. This structure has endured, despite decades of conflict in/across DRC that greatly affected the health sector, and it continues to be the focus of GDRC and comprehensive donor support for integrated primary health care (PHC). Each province and cluster of health zones presents unique geographic, linguistic, and cultural challenges in expanding access to and availability of services. These challenges are complicated by deteriorated infrastructure; ongoing conflict in some zones; missing or nonfunctional equipment; stock-outs of essential drugs; service providers who lack the training or motivation to provide quality services; and ineffective

leadership and management of the health system at all levels. These conditions in turn discourage people from seeking health care.

**Our approach:** To achieve the target of 1,082 health centers and 64 general referral hospitals providing MPA-plus and CPA-plus, IHP concentrates IR1 activities on strengthening facility and community platforms for making services available and accessible, as well as improving management capacity in health zones to make those services sustainable. As noted above, IHP is working with USAID to revise certain targets related to IR1, and USAID will eventually modify the project's agreement to reflect agreed-upon changes. This is a process that has been underway for some time and particularly in the context of the follow-up to the recommendations of IBTCI when evaluating the project. IHP focuses more effort in the 24 health zones that are among those the MOH has targeted for development, according to the MOH health zone development standards as defined in the PNDS. In addition, in the context of support to the DRC Ministry of Public Health's official launch of "A Promise Renewed" on May 31, 2013, IHP is focusing on intensifying efforts in community care sites. The project is also prioritizing support to maternity wards. For many activities, IHP will continue to coordinate its work with that of other implementing partners, such as SIAPS (commodities), UNICEF (WASH), Health for Poorest Populations Project), PSI (Aquatabs, Norplant, social marketing), Evidence to Action (E2A) project, and others involved in supporting related activities in the 78 health zones.

The project contributes to all six strategies of DRC's Action Framework:

- Strategy 1: Universal health services coverage targeting vulnerable populations (pregnant women and children under 5 years - family health kits and coupons): IHP implements service sites in the priority health zones and provides appropriate medicines, commodities, and supplies needed for maternal and child health interventions.
- Strategy 2: Support for health services at the peripheral level including reference facilities: IHP provides materials and equipment to health centers to ensure quality care.
- Strategy 3: Improve health zone governance and management: IHP developed a scorecard to track MNCH indicators in IHP supported health zones in order to gauge health system performance, identify bottlenecks and formulate appropriate solutions.
- Strategy 4: Strengthen Human Resources (health facility service providers: staff motivation, quality training): IHP supports efforts of the MOH General Secretary and the MOH Family and Specific Groups Health Directorate on competency-based training.
- Strategy 5: Communication for development: IHP organizes and supports mini-campaigns for awareness-raising about family planning and essential health practices.
- Strategy 6: Community Engagement: IHP implements a zonal approach for WASH technical assistance to produce a greater health impact in those zones where it intervenes.

**Activities:**

**IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased:** IHP will implement numerous activities focusing on increasing facility-based health care services and products in the health zones supported by the project. IHP will: assist the health zone management team's capacity to develop the annual operational action plans (AOPs) for 2015 as well as other plans (health coverage plan, communication plans, training, supervision plans); complete the renovation work on health facilities (health centers, maternity wards, general referral hospitals-GRH) in the health zones supported by the coordination offices; provide basic equipment in health facilities in the health zones supported by the eight coordination offices; provide medical supplies to

maternity wards as well as comprehensive maternal, newborn, and child health (MNCH) kits; provide essential medicines and other specific commodities for family planning, HIV, TB, and malaria and establish an efficient management system of drugs and commodities; reinforce logistics and management of essential medicines and other specific commodities for family planning, HIV, TB, and malaria; and improve the capacity of human resources to deliver MPA/CPA-plus services as well as provide training on the use of health care flow charts (ordinograms).

**IR 1.2 Community-based health care services and products in target health zones increased:** IHP continues to work with various community groups to increase community-based health care services and products in its 78 health zones. The project will continue to guide CODESAs in their involvement to strengthen health zones supported by the project through training of members and the provision of materials and tools, particularly manuals, procedures, and evaluation tools; mobilize and provide supportive supervision to community-based distributors (CBDs) of family planning (FP) commodities in intervention zones; intensify and strengthen activities at community care sites implementing integrated case management of childhood illnesses (i-CCM) through supportive supervision of community health workers (CHWs) and the provision of essential drugs and supplies, and management tools; consolidate the water, sanitation, and hygiene (WASH) zonal approach in order to achieve the expected result: at least 80% of population in the selected health zones have access to improved drinking water and sanitation facilities by the end of the project; strengthen and mobilize Infant and Young Child Feeding (IYCF ) support groups at the community level in supported health zones; provide supportive supervision and mobilize CHWs, traditional healers and religious leaders, and heads of community associations on tuberculosis (TB), including on referrals of suspected TB and multidrug-resistant TB (MDR TB) cases during health area meetings; and provide supportive supervision, equip, and mobilize the CHWs, community organization members, and other community groups on the fight against HIV and AIDS in selected health zones.

**IR 1.3 Provincial management more effectively engaged with health zones and facilities to improve service delivery:** IHP will conduct supportive supervision to management teams that have completed or are completing Leadership and Development Program (LDP) activities at the district and administrative levels; strengthen management systems through supportive supervision in health zones; and assist provincial and district health management teams in order for them to supervise the implementation of FOSACOF activities.

#### **Intermediate Result 2: Quality of MPA/CPA-plus services in target health zones increased**

**The challenge/context:** Improved quality of health care services is the single greatest motivator for households and individuals to increase use of preventive and curative services, leading to improved health outcomes. Although quality norms for most MPA-plus and CPA-plus services now exist, the means to assure that health care providers adhere to them are still not always present at the zonal level. Quality issues may stem from physical infrastructure, lack of clinical skills, and/or lack of supervision and coaching to ensure that protocols are continuously adhered to, even after capacity building.

**Our approach:** For IR 2, we will continue to concentrate activities on those quality improvement (QI) tools that have an evidence basis, particularly for provider competency, performance according to norms/standards, referral systems for the continuum of care, and response to sexual/gender-based violence. In addition, we will focus on scaling up the FOSACOF approach. The project team plans to coordinate and meet regularly with other USAID implementing partners on a number of activities to harmonize approaches in the same settings. As much as possible, formal capacity building will be replaced in this final year by on-the-job capacity building and briefings conducted during regular

supportive supervision visits. The project will submit the request for modification of MPA-plus and CPA-plus targets in the IHP award based on the current reality and IBTCI recommendations.

**Activities:**

**IR 2.1 Clinical and managerial capacity of health care providers increased:** IHP will undertake numerous activities in support of this IR during PY5. The project will strengthen family planning activities through supportive supervision of service providers on clinical family planning methods, integration of community-based distribution (CBD) activities, integration of FP strategies at community care sites, and the distribution of monitoring and management tools and other necessary supplies; strengthen routine immunizations in project-supported health zones by assisting the Expanded Program on Immunization (EPI) with funding for transport for commodities, provision of tools to collect data, fuel, and other supplies for the maintenance of the cold chain, the training and retraining of workers from storage sites on the maintenance of the cold chain, and emphasizing supportive supervision to CHWs; strengthen the technical skills of maternal care service providers to ensure the quality of care for mothers and newborns (MNCH) in project-supported the health zones through a package training covering family planning, Helping Babies Breathe (HBB), Kangaroo Mother Care (KMC), complicated birth management, Active Management of the Third Stage of Labor (AMTSL); distribute sulfadoxine-pyrimethamine (SP) for intermittent preventive treatment of malaria for pregnant women (IPTp) and long-lasting insecticide-treated nets (LLINs) to prevent malaria; support health care providers to correctly manage cases of malaria in the health facilities through supportive supervision and provision of medicines and other commodities--for example, artemisinin-combination therapies (ACT) and rapid diagnostic tests (RDT); strengthen referral systems for victims of sexual violence in communities through supportive supervision of health care providers emphasizing proper protocol for medical support for survivors of sexual violence; reinforce support to health zones for blood transfusion security (refrigeration and storage, donor mobilization, and awareness-raising activities); integrate Option B+ into PMTCT sites in Kolwezi and Kamina; strengthen the fight against TB, TB and HIV co-infection, and MDR-TB through supportive supervision of health providers, provision of reliable transportation of TB samples, and joint follow-up visits to supported health zones; and support the management of epidemics through technical support for epidemiological surveillance meetings and reporting on epidemiological information, the investigation of epidemics, and the development of contingency plans in health zones supported by the project in collaboration with other partners.

**IR 2.2 Minimum quality standards for health facilities (provincial hospitals and zonal health centers) and services adopted:** IHP will intensify the FOSACOF approach in the target health facilities in coordination with the LDP workshops; continue to implement and evaluate the Results-based Financing (RBF) program, focusing on improving the capacity of community-based organizations (CBO) to conduct counter-verification, organizing quarterly reviews of RBF data and health promotion activities, and providing management tools to CBOs to implement the RBF program; and collaborate with the MOH and other partners at the central level to develop a bi-annual review of RBF and supervisory visits for RBF activities.

**IR 2.3 Referral system for primary health care prevention, care and treatment between community structures and health facilities (provincial and zonal levels) institutionalized:** IHP will work with CODESAs to reinforce network of two-way referral between community and health facilities (referral and counter-referral); and reinforce the referral system for community-based distributors of family planning to have clients obtain facility-based family planning methods.

### **Intermediate Result 3: Knowledge, attitudes, and practices (KAP) to support health-seeking behaviors increased in target health zones**

**The challenge/context:** The general context for KAP interventions in the DRC is vast unmet need to educate and raise awareness at household and individual levels on the full range of health-seeking behaviors. Many organizations are at work nationally and locally to improve knowledge, and a central challenge is to ensure that, having raised demand, the supply of health services, supporting medicines, other commodities (e.g., family planning methods, soap, vaccines, antimalarial drugs) and infrastructure for sanitation and clean drinking water are available.

**Our approach:** In PY5, IHP staff will help improve family health in DRC by implementing comprehensive community-driven BCC campaigns and community mobilization activities that increase knowledge, awareness, and demand of health services and products in target health zones.

#### **Activities:**

**IR 3.1 Evidence-based health sector-community outreach linkages—especially for women, youth, and vulnerable populations—established:** IHP will implement and evaluate the Education Through Listening (ETL) approach by training members of the community (including CODESAs), organizing ETL sessions on different themes (FP, CPN, malaria, TB, WASH, GBV, nutrition, HIV, MNCH, EPI, danger signs, key practices, i-CCM), and organizing post-training follow-up visits.

**IR 3.2 Health advocacy and community mobilization organizations strengthened:** IHP will improve the presence and operations of CODESAs through the finalization and implementation of their communication action plans; and supply CODESAs with office supplies and equipment.

**IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched:** IHP will conduct phone-based information campaigns and finance the quarterly dissemination of awareness-raising SMS messages on priority intervention areas in communities within IHP-supported health zones; and select and train Champion Communities and follow up Champion Communities with the provision of technical and financial assistance in developing action plans post training.

### **Intermediate Result 4: Health sector leadership and governance in target provinces improved**

**The challenge/context:** Provincial-level oversight of health services, required under the GDRC decentralization strategy, has yet to be embraced. Provincial health governance—including management, coordination, and communication—must be strengthened, moving upward from decision-makers at the national level as well as downward through coordination and collaboration with local/zonal authorities. IHP will help provincial decision-makers reinforce their role in developing and aligning relevant policies, legislation, and norms to reduce system bottlenecks, improving transparency and accountability, and increasing citizen involvement in health systems strengthening. The project will also help provincial leaders to partner with citizens to define health system priorities and judge the system's efficacy. As noted in the national health systems strengthening strategy, citizens provide an estimated 70% of the funding for the recurrent expenditures of some health zones; a process that involves them in joint consideration of health policies, priorities, and activities is needed.

**Our approach:** Under this IR, IHP focuses on activities that institutionalize community involvement in health policy and service delivery, especially the involvement of women. Women must be fully involved

in the decision making in their communities not only because they are the direct beneficiaries of the project's interventions, are more available, committed, and creative, but also because they are the focal points for organization and development of their own households; to this end, they must occupy positions of responsibility—not just serve as figureheads or in the background.

**Activities:**

**IR 4.1 Provincial health sector policies and national-level policies aligned:** IHP will provide technical and financial support to the various coordination organizations at the provincial level, including advisory boards, task forces, interagency coordination units, and other working groups; strengthen capacity of health zone management teams in the development of annual operational plans (AOP) for 2015 and other plans (coverage plan for health facilities, communication plan, training plan, supervision plan) in supported health zones; provide financial and technical support for monitoring and evaluation systems; and support the National Health Information System (SNIS) by providing information technology packages to districts and health zones.

**IR 4.2 Evidence-based tools for strategic planning and management decision making adopted:** The project will provide health facilities with data, management, and transmission tools for data in the provinces at all levels (provincial health management unit, health district, health zone); provide technical and financial support for provincial, district, and zonal health operations, in conformity with the sub grants provided by the project; conduct monthly supportive supervision visits with a team of multi-skilled staff from the health centers to community health care sites, the CBDs, and the CHWs for the distribution of LLINs; and participate in data audit using the Routine Data Quality Assessment (RDQA) tool.

**IR 4.3 Community involvement in health policy and service delivery institutionalized:** IHP will work with civil society organizations to strengthen their participation, representation, and accountability in provincial policy and planning processes; and work with civil society groups to reinforce their voices, their engagement, and their responsibility in the planning process and provincial politics (e.g., rehabilitate health management committees or COGE, in its French acronym).

## **Performance Monitoring Plan and Evaluation Approach**

Monitoring and evaluation (M&E) for IHP continue to form a critical function for the success of the project in achieving its intended intermediate results and project objective as articulated in the results framework. MSH and its partners will continue to collaborate in monitoring efforts with other stakeholders in DRC, including PEPFAR implementing partners, the GDRC, and other donor/partner programs, to ensure a comprehensive and cost-effective monitoring and evaluation system is in place. As the USG continues in-country implementation of major initiatives in rebuilding basic health services, including BEST, GHI, PMI, and PEPFAR, MSH will continue to work closely with USAID and its USG partners to contribute to the implementation of those initiatives. MSH and its partners will produce USG-required performance reporting, including the USAID/DRC Annual Performance Report, Annual Report for the Malaria Operational Plan, the Annual Report for PEPFAR, and other topic-specific initiatives or special reporting requirements from USG, to maximize harmonization and transparency for effective decision making, accountability, and learning.

The project will rely on a combination of management oversight (including regular field visits by Kinshasa-based IHP staff), media monitoring, and formal evaluations (of pilot activities) to ensure that planned activities are accomplished adequately and as scheduled. All staff working out of the coordination offices and those providing short-term technical assistance (STTA) will be required to meet regular reporting requirements with their counterparts/supervisors based in Kinshasa. The Kinshasa-based staff, who report to the Chief of Party, will review and approve all plans and products developed by IHP Coordination Offices prior to their execution or release.

### **Monitoring Approach**

Data for monitoring the performance of IHP will be collected using both quantitative and qualitative methodologies. Our proposed Performance Monitoring Plan (PMP) was approved by USAID in PY2. The PMP includes performance indicators, their definitions, and means of verification for all intermediate results and project objective. Based on the approved PMP, each IHP field office developed its PMP to include specific targets for each indicator for its coordination area. The Performance Indicators Reference Sheets (PIRS) were also developed in a participatory manner with IHP field staff. We place strong emphasis on the interpretation and analysis of M&E data, especially data trends, to inform action. Since the use of performance-based mechanisms and incentives as motivators and tools to improve efficiency and accountability will begin this year, data quality, routine monitoring, and assessment are critical to the effective targeting of resources and efforts to produce results. Every effort will be made to ensure that all data are derived from the national HMIS, and IHP will provide support to enhance the efficiency of the national system (which includes organizing workshops to standardize the national HMIS reporting and tools, providing information technology kits—computers, printers, and related supplies—to enable more efficient reporting, supporting audits of data quality, supporting meetings to validate data, and building capacity in M&E). Our M&E design recognizes that there are five major users of the data collected and analyzed for this project: USAID, IHP and its management, MOH, the individual recipients of RBF contracts who are providing services to their communities, and the members of the communities themselves. The project will focus on using existing data and reinforcing MOH data collection systems rather than establishing parallel reporting systems for routinely collected data. At this time, IHP is documenting PMP indicators and targets that need to be revised jointly with USAID in PY5.

**Use of data and M&E tools.** Successful results management is contingent upon the establishment of both clear and measurable results, in consultation with implementing staff, and a timely and efficient system to monitor and evaluate progress towards anticipated results. The IHP strategy and the annual workplan establish measurable results through a collaborative effort among project and MOH M&E staff and the partners in charge of the activities. This collaboration will identify the indicators of success and the best means of assessing indicators. IHP will also ensure that data collection tools are available and that the health zones regularly distribute them to health facilities where data is produced. IHP will this year print and distribute the recently-approved MOH HMIS tools for drug management in order to further improve the national supply chain management system at all levels, with a particular emphasis on health zones. M&E is recognized by all IHP staff as an essential function of project implementation and not as a separate activity. Funding recipients must be able to track their own progress regularly, estimate their likely success in earning performance incentives, and make adjustments if they are not on track. M&E plans must be developed as part of the implementation plans for activities with the function and goal of creating a stream of data that will allow managers to judge the effectiveness of their interventions and to make informed management decisions and any necessary changes needed to achieve annual targets and expected results.

Specific objectives include constructive dialogue with facility-based and community-based service providers in order to jointly identify opportunities to be pursued and concrete actions to address identified weaknesses; assessment of the organization and provision of services at both institutional and community levels; assessment of community participation in service organization as well as client satisfaction; assessment of management systems at central and peripheral levels; determination of needs and areas for technical assistance and training in both domains (services and management); identification of strong points and effective strategies so they can be replicated by other partners; cross fertilization through information-sharing; and network strengthening and partnership. To the extent possible, new technology information and communication tools will be leveraged to facilitate the collection, processing, analysis, and dissemination of information.

**Data quality.** MSH recognizes that IHP includes numerous partners and fund recipients who are already collecting data, but may not have had much prior experience with donor funding and/or data collection and analysis. MSH will work collaboratively with data providers and data users to identify and address potential bottlenecks (e.g., need for staff training) and inconsistencies or incompatibilities so program managers and key stakeholders will have reliable data and improve their decision making. Routine validation mechanisms will be established and internal data quality audits will be conducted at strategic points in time to identify and correct deficiencies in the quality of data.

IHP takes seriously the findings and recommendations of the “Data Quality Audit of Primary Health Care Indicators in four Provinces of the Democratic Republic of Congo” that was conducted by MEASURE Evaluation in November 2011 and continues to focus its activities to address the recommendations from that audit, particularly in providing priority data management tools, carrying out supportive supervision and conducting regular data quality audits, and supporting the SNIS. IHP will continue to train MOH counterparts at provincial and health zone levels on data quality assessment approach and tools and to accompany them during their implementation.

**Evaluation Approach.** IHP collaborates with USAID and its selected partner, IBTCI, to assess the achievement of project results. The final evaluation will have a utilization-focused design, not only for program accountability but most importantly for the learning and legacy that IHP will leave to all levels of the health system for future replication and or expansion in other health zones across the DRC and beyond in the region.

IHP intends to conduct operations research studies as appropriate; the delayed pilot study of pre-referral rectal artesunate treatment for severe malaria in children under five in remote communities of the DRC is planned for this year. This study will be conducted with sufficient scientific rigor to merit publication in peer-reviewed journals.

With support from the MSH home office, IHP plans to participate in an evaluation of World Health Organization (WHO) Quality of Care indicators for MNCH and will select 9 health zones where the project will review a subset of indicators from the 19 quality of care indicators. Quality of care is critical for attaining positive health outcomes. This is even more important for maternal and neonatal health in sub-Saharan Africa. In DRC, the situation is exacerbated due to limited resources, low capacity of health staff to follow clinical guidelines/protocols for Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetrics And Newborn Care (CEmONC), dysfunctional health system, a weak information system, and mistrust by pregnant women/mothers and families to use MNH services at health facilities. For those clients (pregnant women) who seek and reach MNH services at facility level, the quality of those MNH services may not meet clinical standards of care. The study will test out a

sub-set of global core indicators for quality of care proposed by WHO and the Partnership for Maternal, Newborn and Child Health in December 2013. The testing of indicators will be done in a select number of health facilities that provide BEmONC and CEmONC, to include the following: the availability of data at the health facility; the quality of data at the health facility; and the status of the SNIS to provide reliable information. We will come up with specific recommendations to strengthen how we measure quality of care for priority MNH interventions delivered at the health facility including the following: equipment; drugs and supplies; capacity of health staff; monitoring systems in place at health facility for the provision of real-time data for managers at health facility and health zone levels to establish an ongoing quality improvement system for MNH interventions; and use of the monitoring system and data produced from it to enhance data-informed decisions (clinical and management ones) to improve quality of care for MNH at the health facility level.

### **Family Planning and HIV Statutory Requirements**

Adherence to the Tiahrt amendment and other standard family planning regulations is a requirement for the project. IHP staff in Kinshasa and in the coordination offices are knowledgeable about all the family planning and HIV-related statutes enacted by the USG for which the project must ensure compliance. Both IHP and USAID/DRC share responsibility for assuring compliance to the Tiahrt Amendment and other USG regulatory statutes. IHP staff are in the field frequently and are in a position to be aware of **any** instances of non-compliance, minor or serious. New staff will continue to be briefed during their orientation sessions to these requirements. IHP staff in the field reinforce the capacity and knowledge of their partners at the province, district, and zone level in the context of compliance with Tiahrt through regular briefings.

Project staff continue to take the USAID online course which may be accessed in French on the Global Health E-Learning Center's website, <http://www.globalhealthlearning.org>. Certificates of completion are kept on file at the IHP office. Staff who become aware of any potential issues or who are concerned that there might be a problem, will document it and bring it to the attention of Kelley Scarmeas, ([kscarmeas@msh.org](mailto:kscarmeas@msh.org)), the MSH Senior Contracts Officer assigned to DRC, with a copy to Kristin Cooney ([kcooney@msh.org](mailto:kcooney@msh.org)) and Ousmane Faye ([ofaye@msh.org](mailto:ofaye@msh.org)). Depending upon the issues raised, we will guide the staff member as to whether or not the COP should immediately bring the matter to the attention of his counterpart at the USAID Mission.

The MSH Senior Contracts Office has prepared a checklist of key questions to review compliance with the family planning/HIV statutes during engagement with the USAID Mission and organizational counterparts as well as in the course of routine program monitoring, which will be shared with USAID/DRC. This checklist will continue be disseminated to appropriate staff.

We will continue to ensure that Tiahrt posters are displayed at service delivery points in the targeted 80 health zones. The coordination offices have been provided with a sufficient supply to ensure placement in the health facilities.

Finally, IHP will continue to include compliance with family planning regulations in monitoring and supervision tools, and report on a regular basis to USAID via regularly required programmatic reports (quarterly, annual).

### **Environmental Monitoring and Mitigation Plan**

In PY1, IHP submitted its Environmental Monitoring and Mitigation Plan (EMMP), which was approved by USAID on July 14, 2011. Activities related to this plan have been incorporated into the project

workplan and commodities have been procured to ensure compliance to the testing requirements. Hospital hygiene and management of biomedical waste remains an important issue in improving the quality of care and overall hospital management. IHP has taken efforts to ensure this improvement by providing consistent briefings to staff on waste regulations and developing the EMMP, including the waste management checklist and the environmental impact evaluation.

During PY4, IHP coordination offices continued to note an overall improvement in health facilities supported by the project. Health facilities have taken great efforts to improve their hygiene conditions, including the availability of incinerators and placenta pits. IHP has assisted the health facilities in executing their respective plans to improve facility hygiene, protection of the environment, and reducing the impact on the environment. These efforts will continue in PY5.

## Management and Staffing Plan

The IHP team includes MSH, IRC, and OSC. There is one unified project team and management structure, with all staff housed in IHP offices, to draw on the partners' complementary experience and resources to support the field team in its multiple locations. The strategic partners contribute resources toward project goals and join in planning and supporting activities. **MSH** implements IHP activities in 44 of the target health zones in Katanga, Kasai Occidental, and Kasai Oriental. In addition, MSH provides expertise based on its extensive experience in integrated PHC programming, MNCH, family planning/reproductive health, leadership and management approaches, and whole-site service delivery improvement (FOSACOF). MSH leads the consortium and provides overall management and support to the team. **IRC** implements IHP activities in 35 of the targeted health zones in Sud Kivu and Katanga. IRC also provides expertise based on its extensive experience in health, WASH, gender, and community-driven reconstruction programming in the DRC and worldwide. **OSC** provides cross-cutting support to IR 3 (KAPs to increase health-seeking behaviors in target health zones). This includes both BCC approaches and interpersonal communication by staff at all levels of the health system, including the community, and use of mass media (radio), adapted to the cultural needs and languages of each region. OSC provides BCC expertise at the central level, in all four provinces, thus addressing the needs of all health zones.

**Collaboration with USAID, DRC, and other partners and stakeholders.** The IHP COP and his staff will continue to meet regularly with the USAID AOR and facilitate USAID input into project management and technical working groups. The complexity of the project's mandate requires close collaboration between USAID and the project and open and frequent communication with USAID staff. IHP appreciates USAID's ongoing facilitation with other implementing partners as well as its interaction with USAID counterparts for each key technical and management component, as well as the participation of USAID staff in Year 5 workplanning. The project looks forward to this same collaborative relationship during PY 5. We will continue to invite the AOR and members of the Strategic Objective Team to participate in all major IHP meetings and to work closely with the AOR in developing plans and coordinating efforts with donors to support local project activities. We will continue to organize monthly and ad hoc management meetings between USAID and relevant project team members.

With the **MOH and other GDRC units**, project staff and their MOH counterparts will continue to develop and execute workplans in close collaboration at all levels. Each province and health zone has a dedicated team of IHP staff who meet regularly with them to review plans, support M&E, and conduct joint supportive supervision visits. Routine exchanges between designated counterparts are the primary

means of coordination between project and MOH technical and management units. When appropriate, the COP and DCOP will conduct strategic communication with the leadership of MOH units. The COP and DCOP will continue to communicate regularly and effectively with the Minister and the Secretary-General, as well as with the leadership of MOH units, and involve USAID staff in those interactions as appropriate. The COP will coordinate with USAID for communication with USAID/Washington and other USG entities, as well as with other GDRC officials and agencies.

IHP will actively involve and have regular meetings with **other donors** who have achieved significant results in areas supported by USAID as well as other funders who are contributing to build the DRC's national health sector, to share experiences, lessons learned, as well as results—where possible—with the aim of complementing each other's interventions. We will continue to take advantage of activities that contribute to IHP objectives through complementary projects funded by non-USG donors (such as DfID, World Bank, UNICEF, Global Fund, and WHO) in the target areas. We will capitalize on the strong relationship between USAID and the MOH and other donors to help the MOH develop more effective donor coordination mechanisms to allocate resources effectively, build synergy in contributions to technical initiatives, and leverage USAID funds through joint planning where there is common interest or need for complementarity. Since multiple donors provide financial support to the health sector in the DRC, we will continue to join or initiate quarterly coordination meetings at the central and provincial levels to maximize use of resources and avoid duplication of effort.

To accelerate the creation and implementation of local strategies, IHP will continue to work with **provincial and health zone leadership** on strategies for services, training programs, and operations. Project staff will hold quarterly meetings at the provincial level to work together to evaluate challenges and results and take joint decisions to address any issues. At the local level, we will consistently reinforce MOH stewardship and communication with health facilities, communities, elected officials, and CHWs. We will use the LDP approach to identify key local stakeholders and develop workplans for joint technical activities. The local partners will be CODESAs, local NGOs, FBOs, and CBOs, other donor-funded programs, the health zone management teams, or provincial management teams.

Most provinces have an active **private sector**. These may be health care providers who run their own clinics or major industries, such as mining operations in Katanga and the Kasais, which provide health services for employees. Multiple faith-based organizations exist in the health zones, many of them providing high-quality services. We will seek opportunities to include private sector providers in training initiatives. In PY4, IHP was in contact with some private sector operations to discuss collaboration and we will continue that process in PY5. These contacts enable the project to avoid duplication and promote complementarities and synergies as well as to share best practices, e.g., in Fungurume, Tenke Fungurume Mining Company conducted a study on malaria care and treatment at the community level and IHP was able to contribute with commodities (ACTs and RDTs). In addition, Tenke Fungurume Mining Company mobilized Boss Mining to work with IHP on jointly providing financial and technical support to the design and implementation of the AOPs.

### **Management approach to achieving project objectives and targets**

This Year 5 workplan is being submitted to USAID for review and approval, as will any subsequent revisions that significantly impact use of funds. In addition, IHP will always strive to improve its system to monitor the interventions included in the workplan. We will continue to submit quarterly and annual performance reports to USAID as required in the award, in a more streamlined format, based on discussions with USAID

in PY4. The technical team will also continue to update internal operations, travel, and technical assistance plans each quarter.

### **Organizational Structure**

The organizational structure of the project is reflected in the organization charts provided below. We will rely heavily on cross-unit planning and collaboration given the integrated nature of the project. It should be noted that the current organizational structure reflects the Kinshasa office as well as coordination offices in eight locations. In discussions with USAID and the MOH, IHP also will continue to ensure appropriate provincial-level representation, taking into account the specific needs of each province. No major changes are anticipated in the structure in PY 5.

### **Home Office Support**

The local team will continue to be supported from the MSH Home Office with the strategic guidance of the MSH Country Lead for DRC (Kristin Cooney, MA) and the full support of MSH's Center for Leadership and Management (CLM) in Cambridge, MA. IHP will continue to benefit from the assistance of all three centers at MSH—CLM plus the Center for Health Services (CHS) and the Center for Pharmaceutical Management (CPM)—united in one technical support team. The Country Lead supervises the COP, Dr. Ousmane Faye, and coordinates technical support from MSH and its partners; manages communications with and between the partners' home offices; provides the COP with information about useful innovations, the broad international environment, and the outcomes of MSH global projects; and backs up monitoring of the status and technical quality of IHP. The Country Lead supervises a team of project support personnel, including a Senior Project Officer, a Project Officer, and a Project Associate for general program support; a Human Resources Partner, who assists in recruiting and hiring international staff as needed; and other support personnel. A designated MSH Contracts Officer, Kelley Scarmeas, is responsible for all contractual issues of the project, official communications with the USAID Office of Acquisition and Assistance, and oversight of local contracting by the project's contract manager.

### **Team building and staff development**

As possible within the budget constraints and closeout year realities, IHP will continue to conduct team building exercises and will take advantage of opportunities when staff are brought together for technical exchange to engage in these practices.



**IHP Project Objective: Improve the enabling environment for, and increase the availability and use of, high-impact health services, products, and practices for FP, MNCH, nutrition, malaria, NTD, TB, HIV&AIDS, and WASH in target health zones**

High-level Indicators (PMP):

FP: Couple years of protection (CYP) in USG-supported programs; couple years of protection (CYP) after exclusion of LAM and self-observation methods (NFP) for FP in USG-supported programs; # of new acceptors for any modern contraceptive method in USG-supported family planning (FP) service delivery points; # of counseling visits for FP/RH as result of USG support; # of USG-supported delivery points providing family planning counseling or services disaggregated by type of service delivery (health facility based, community-level based); # of USG-assisted health facilities experiencing stock-outs of Depo-Provera

MNCH: % of pregnant women attending at least one antenatal care (ANC) visit by skilled providers from USG-supported health facilities; % of pregnant women attending at least four antenatal care (ANC) visits by skilled providers from USG-supported health facilities; % of deliveries with a skilled birth attendant (SBA) in USG-supported facilities; % of women receiving Active Management of the Third Stage of Labor (AMTSL) through USG-supported programs; # of postpartum/newborn visits within 3 days of birth in USG-supported programs; % of newborns receiving essential newborn care through USG-supported programs; # of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs; # of child pneumonia cases treated with antibiotics by trained facility or community health workers in USG-supported programs; # of cases of child diarrhea treated in USG-supported programs; % of children less than 12 months of age who received DPT-HepB-Hib3 from USG-supported programs; drop-out rate in DPT-HepB-Hib3 among children less than 12 months of age; % of children less than 12 months of age who received measles vaccine from USG-supported programs; # of USG-assisted health facilities experiencing stock-outs of ORS-Zinc

NUTRITION: # of children under 5 years of age who received vitamin A; % of pregnant women who received iron-folate to prevent anemia; # of mothers of children 2 years of age or less who have received nutritional counseling for their children; # of breastfeeding mothers receiving vitamin A; # of USG-supported health facilities experiencing stock-outs of iron-folate

TB: Case notification rate in new sputum smear positive pulmonary TB cases per 100,000 population in USG-supported areas; % of all registered TB patients who are tested for HIV through USG-supported programs; case detection rate; # of multi-drug resistant (MDR) TB cases detected; # of USG-assisted service delivery points experiencing stock-outs of RH (rifampicin, isoniazid) combination

HIV/PMCT: # of pregnant women seen for ANC in facilities that offer PMTCT; # of pregnant women receiving HIV counseling; # of pregnant women receiving HIV counseling and testing; # of pregnant women with known HIV status; # of pregnant women who tested positive for HIV; # of health facilities providing ANC services that provide both HIV testing and ART for PMTCT on site; # of HIV-positive pregnant women who received antiretroviral treatment (ART) to reduce risk of mother-to-child transmission; # of HIV-positive pregnant women who received Combination Therapy to reduce risk of mother-to-child transmission; # of newborns who received ARVs to reduce risk of mother-to-child transmission; # of partners/husbands of pregnant women who receive HIV counseling and testing and received their results; # of HIV+ pregnant women receiving cotrimoxazole (CTX) prophylaxis; % of infants born to HIV-positive pregnant women who are started on CTX prophylaxis within two months of birth; % of infants born to HIV-positive women who received an HIV test within 12 months of birth; % of infants born to HIV-positive women who received an HIV test within 12 months of birth; % of infants born to HIV-positive women who received an HIV test within 12 months of birth; # of HIV-positive pregnant women assessed for ART eligibility; # of USG-supported service delivery points experiencing stock-outs of Nevirapine; # of USG-supported service delivery points experiencing stock-outs of AZT; # of individuals who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR); # of males who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR); # of females who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR); # of individuals <15 who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR); # of individuals 15+ who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR); # of HIV (+) individuals who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR); # of HIV (-) individuals who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR); # of couples who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR); # of single individuals who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR)

MALARIA: Percent of pregnant women who received at least two doses of SP for Intermittent Preventive Treatment (IPT) during ANC visits; Number of USG-supported service delivery points experiencing stock-outs of ACT for 1-5 year olds; Number of insecticide treated nets purchased by other partners that were distributed with USG funds; Number of LLINs purchased with USG funds that were distributed; Number of health workers trained in IPTp with USG funds disaggregated by gender (male/female); Number of SP tablets purchased with USG funds; Number of ACT treatments purchased by other partners that were distributed with USG funds; Number of SP tablets purchased with USG funds that were distributed to health facilities; Number of health workers trained in case management with ACTs with USG funds; Number of ACT treatments purchased with USG funds that were distributed, disaggregated in 3 sub-categories; Number of health workers trained in malaria laboratory diagnostics (RDTs or microscopy) with USG funds, disaggregated in 3 sub-categories; Number of RDTs purchased with USG funds that were distributed to health facilities

NTDs: Number of Neglected Tropical Disease (NTD) treatments delivered through USG-funded programs

Activity No.	IR/Sub-IR/Activities	Indicators (PMP)	Responsible Parties
<b>Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)</b>			
<b>IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased</b>		% of general reference hospitals (GRHs) implementing complementary package of activities (CPA); % of GRHs implementing CPA-plus; % of health centers implementing minimum package of activities (MPA); Couple years of protection (CYP) in USG-supported programs; Number of new acceptors for any modern contraceptive method in USG-assisted family planning (FP) service delivery points; Number of USG-assisted health facilities experiencing stock-outs of Depo-Provera; Number of USG-assisted health facilities experiencing stock-outs of iron-folate; Number of USG-assisted health facilities experiencing stock-outs of ORS-Zinc; % of health centers implementing MPA-plus; % of pregnant women who received at least two doses of SP for Intermittent Preventive Treatment (IPT) during ANC visits; # of USG-supported service delivery points experiencing stock-outs of ACT for 1-5 year olds; # of insecticide treated nets (ITNs) purchased by other partners that were distributed with USG funds; # of ITNs purchased with USG funds that were distributed; # of health workers trained in IPTp with USG funds disaggregated by gender (male/female); # of SP tablets purchased with USG funds; # of ACT treatments purchased by other partners that were distributed with USG funds; # of SP tablets purchased with USG funds that were distributed to health facilities; # of health workers trained in case management with ACTs with USG funds; # of ACT treatments purchased with USG funds that were distributed disaggregated in 3 sub-categories (health facilities, community health workers, private/commercial sector); # of health workers trained in malaria laboratory diagnostics (RDTs or microscopy) with USG funds disaggregated in 3 sub-categories (a. # of health facility workers trained (male/female); b. # of community-level workers trained (male/female); c. # of laboratory workers trained (male/female)); # of RDTs purchased with USG funds that were distributed to health facilities; Number of USG-assisted service delivery points experiencing stock-outs of RHEZ (rifampicin, isoniazid, ethambutol) combination; Number of USG-assisted service delivery points experiencing stock-outs of Nevirapine; Number of USG-assisted service delivery points experiencing stock-outs of AZT	

Activity 1	Assist the health zone management team's capacity to develop the annual operational action plans (AOPs) for 2015 as well as other plans (health coverage plan, communication plans, training, supervision plans) in the health zones supported by the coordination offices (Bukavu, Kamina, Kole, Kolwezi, Luiza, Mwene Ditu, Tshumbe, Uvira)		Coordination Office Technical Advisors (TA); Integrated Health Field Director (IHFD); M&E Specialist; health development committees (CODESA in French); zonal, district, and provincial health management teams
Activity 2	Complete the renovation work on health facilities (health centers, maternity wards, general referral hospitals-GRH) in the health zones supported by the coordination offices (Bukavu, Kamina, Kole, Kolwezi, Luiza, Mwene Ditu, Tshumbe, Uvira)		TA; IHFD; zonal, district, and provincial health management teams
Activity 3	Provide basic equipment in health facilities, based on need, in the health zones supported by the eight coordination offices (Bukavu, Kamina, Kole, Kolwezi, Luiza, Mwene Ditu, Tshumbe, Uvira)		TA; IHFD; zonal, district, and provincial health management teams
Activity 4	Provide medical supplies to renovated maternity wards as well as comprehensive maternal, newborn, and child health (MNCH) kits in the health zones supported by the coordination offices (Bukavu, Kamina, Kole, Kolwezi, Luiza, Mwene Ditu, Tshumbe, Uvira)		Provincial Pharmacy Inspector (PIP), District Pharmacy Inspector (PID), Primary Health Senior Technical Advisor (STA), and Systems for Improved Access to Pharmaceuticals and Services
Activity 5	Provide essential medicines and other specific commodities for family planning, HIV, TB, and malaria in health facilities supported by the coordination offices (Bukavu, Kamina, Kole, Kolwezi, Luiza, Mwene Ditu, Tshumbe, Uvira) and establish an efficient management system of drugs and commodities		PIP, PID, SIAPS, Primary Health STA
Activity 6	Reinforce logistics and management of essential medicines and other specific commodities for family planning, HIV, TB, and malaria in the health zones supported by the eight coordination offices (Bukavu, Kamina, Kole, Kolwezi, Luiza, Mwene Ditu, Tshumbe, Uvira)		SIAPS, Primary Health STA, Country Operating Management Unit (COMU)
Activity 7	Improve the capacity of human resources to deliver MPA/CPA-plus services through supportive supervision on the use of health care flow charts (ordinograms) in the intervention zones in the coordination offices (Bukavu, Kamina, Kole, Kolwezi, Luiza, Mwene Ditu, Tshumbe, Uvira)		Capacity Building Manager, health zone management team
	<b>IR 1.2: Community-based health care services and products in target health zones increased</b>	% of communities with CODESAs actively involved in management of priority health services; # of people in target areas with first-time access to improved drinking water supply as a result of USG support; # of people in target areas with first-time access to improved sanitation facilities as a result of USG support; # of newborns receiving essential newborn care through USG-supported programs; # of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs; # of USG-supported delivery points providing family planning (FP) counseling or services; # of cases of child diarrhea treated in USG-supported programs; # of child pneumonia cases treated with antibiotics by trained facility or community health workers in USG-supported programs; % of pregnant women who received iron-folate to prevent anemia; # of children under 5 years of age who received vitamin A; # of mothers of children 2 years of age or less who have received nutritional counseling for their children; # of pregnant women with known HIV status; # of pregnant women who tested positive for HIV; # of pregnant women with known HIV status	
Activity 1	Continue to guide CODESAs in their involvement to strengthen health zones supported by the project through training of members and the provision of materials and tools, particularly manuals, procedures, and evaluation tools		IHFD, CODESAs, health zone management teams, local authorities
Activity 2	Mobilize and provide supportive supervision to community-based distributors (CBDs) of family planning (FP) commodities in intervention zones		IHFD, Capacity Building Manager, health zone management team
Activity 3	Strengthen activities at community care sites implementing integrated case management of childhood illnesses (i-CCM) through supportive supervision of community health workers (CHWs) and the provision of essential drugs and supplies, and management tools; including dissemination of communication materials on integration of ORS-Zinc		Child Health STA, health zone management team, provincial and district management teams
Activity 4	Consolidate the water, sanitation, and hygiene (WASH) zonal approach in order to achieve the expected result: at least 80% of population in the selected health zones have access to improved drinking water and sanitation facilities by the end of the project		WASH STA, health zone management team, provincial and district management teams
Activity 5	Strengthen and mobilize Infant and Young Child Feeding (IYCF) support groups at the community level in supported health zones		Nutrition STA, health zone management team, provincial and district management teams
Activity 6	Provide supportive supervision and mobilize CHWs, traditional healers and religious leaders, and heads of community associations on tuberculosis (TB), including on referrals of suspected TB and multidrug-resistant TB (MDR TB) cases during health area meetings		TB STA, health zone management team, provincial and district management teams
Activity 7	Provide supportive supervision, equip, and mobilize the CHWs, community organization members, and other community groups on the fight against HIV and AIDS in selected health zones		HIV STA, health zone management team, provincial and district management teams
	<b>IR 1.3 Provincial management more effectively engaged with health zones and facilities to improve service delivery</b>	% of senior LDP teams that have achieved their desired performance according to indicators in their action plans within six months of completing the LDP	
Activity 1	Carry out supportive supervision to management teams that have completed or are completing Leadership and Development Program (LDP) activities at the district and administrative levels supported by the 8 coordination offices (Bukavu, Kamina, Kole, Kolwezi, Luiza, Mwene Ditu, Tshumbe, Uvira)		Capacity Building Manager, health zone management team, provincial and district management teams
Activity 2	Strengthen management systems in health zones through supportive supervision		Capacity Building Manager, health zone management team, provincial and district management teams

Activity 3	Assist provincial and district health management teams in order for them to supervise the implementation of FOSACOF activities		Capacity Building Manager, health zone management team, provincial and district management teams
<b>Intermediate Result 2: Quality of key family health care services (MPA/CPA-plus) in target health zones increased (Component 1)</b>			
	<b>IR 2.1: Clinical and managerial capacity of health care providers increased</b>	# of USG-assisted delivery points providing family planning (FP) counseling or services; # of antenatal care (ANC4) visits by skilled providers from USG-assisted facilities; % of pregnant women who received at least two doses of SP for Intermittent Preventive Treatment (IPT) during ANC visits; # of deliveries with a skilled birth attendant (SBA) in USG-assisted facilities; # of women receiving Active Management of the Third Stage of Labor (AMTSL) through USG-assisted programs; # of postpartum newborn visits within 3 days of birth in USG-assisted programs; # of children less than 12 months of age who received DPT-HepB-Hib 1-3 from USG-supported programs; drop-out rate in DPT-HepB-Hib1-3 among children less than 12 months of age; Number of children less than 12 months of age who received measles vaccine from USG-supported programs; # of mothers of children 2 years of age or less who have received nutritional counseling for their children; % of pregnant women who received iron-folate to prevent anemia; # of breastfeeding mothers receiving vitamin A; % of all registered TB patients who are tested for HIV through USG-supported programs; # of multi-drug resistant (MDR) TB cases detected; # of pregnant women receiving HIV counseling and testing; # of HIV-positive pregnant women who received antiretroviral treatment (ART) to reduce risk of mother-to-child transmission; # of newborns who received ARVs to reduce risk of mother-to-child transmission; # of HIV+ pregnant women receiving Cotrimoxazole (CTX) prophylaxis; % of infants born to HIV-positive pregnant women who are started on CTX prophylaxis within two months of birth; % of infants born to HIV-positive women who received an HIV test within 12 months of birth; # of HIV-positive pregnant women assessed for ART eligibility; % of pregnant women who received at least two doses of SP for Intermittent Preventive Treatment (IPT) during ANC visits; % of health care providers at GRHs and HCs following IMCI protocols for childhood illness; # of facilities with accurate and up-to-date inventory records, disaggregated by type of facility; # of health workers clinically trained in case management of sexual violence; % of health centers with accurate and up-to-date inventory records; % of hospitals with accurate and up-to-date inventory records; # of health workers clinically trained in case management of sexual violence; # of people reached by a USG-supported intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other); # of BCC campaigns launched delivering key health messages targeting women and girls as primary audience	
Activity 1	Strengthen family planning (FP) activities through supportive supervision of service providers on clinical family planning methods, integration of community-based distribution (CBD) activities, integration of FP strategies at community care sites, and the distribution of monitoring and management tools and other necessary supplies, and ensure close collaborate and coordination with E2A project		FP/Reproductive Health (RH) STA, health zone management team, provincial and district management teams
Activity 2	Strengthen routine immunizations in project-supported health zones by assisting the Expanded Program on Immunization (EPI) with funding for transport for commodities, provision of tools to collect data, fuel, and other supplies for the maintenance of the cold chain, the supervision of workers from storage sites on the maintenance of the cold chain, and emphasizing supportive supervision to CHWs		EPI STA, health zone management team, provincial and district management teams
Activity 3	Strengthen the technical skills of maternal care service providers to ensure the quality of care for mothers and newborns (MNCH) in project-supported the health zones through supportive supervision of a package covering family planning, Helping Babies Breathe (HBB), Kangaroo Mother Care (KMC), complicated birth management, Active Management of the Third Stage of Labor (AMTSL)		MNCH STA, health zone management team, provincial and district management teams
Activity 5	Distribute sulfadoxine-pyrimethamine (SP) for intermittent preventive treatment of malaria for pregnant women (IPTp) and long-lasting insecticide-treated nets (LLINs) to prevent malaria		Malaria STA, health zone management team, provincial and district management teams
Activity 6	Support health care providers to correctly manage cases of malaria in the health facilities through supportive supervision and provision of medicines and other commodities--for example, artemisinin-based combination therapy (ACT) and rapid diagnostic test (RDT)		Malaria STA, health zone management team, provincial and district management teams
Activity 7	Strengthen referral systems for victims of sexual violence in communities through supportive supervision of health care providers emphasizing proper protocol for medical support for survivors of sexual violence		Gender/GBV STA, health zone management team, provincial and district management teams
Activity 8	Reinforce support to health zones for blood transfusion security (refrigeration and storage, donor mobilization, and awareness-raising activities)		HIV STA, health zone management team, provincial and district management teams
Activity 9	Strengthen the fight against TB, TB and HIV co-infection, and MDR-TB through supportive supervision of health providers, provision of reliable transportation of TB samples, and joint follow-up visits to supported health zones		TB STA, health zone management team, provincial and district management teams

Activity 10	Support the management of epidemics through technical support for epidemiological surveillance meetings and reporting on epidemiological information, the investigation of epidemics, and the development of contingency plans in health zones supported by the project in collaboration with other partners		Primary Health STA, EPI STA, health zone management team, provincial and district management teams
	<b>IR2.2: Minimum quality standards for health facilities (referral hospitals and health zone health centers) and services developed and adopted</b>	% of health centers meeting all nine FOSACOF minimum standards, disaggregated by type of health facility; #/% of RBF contracts signed and executed; % of health centers and general referral hospitals achieving at least 80% of their RBF negotiated targets; % of health centers and general referral hospitals with a business plan implemented, monitored and evaluated on a quarterly basis	
Activity 1	Scale up the FOSACOF approach in the target health facilities in coordination with the LDP workshops		Capacity Building Manager, community or local authorities
Activity 2	Implement and evaluate the Results-based Financing (RBF) program, improving the capacity of community-based organizations (CBO) to conduct counter-verification, organizing quarterly reviews of RBF data and health promotion activities, and providing management tools to CBOs to implement the RBF program		RBF STA, CBOs, health zone management teams, health centers
Activity 3	Monitor, observe, and evaluate the RBF program through monthly updates of the database, organization of joint visits for follow-up and supervision with the health district teams and the health zone management teams, and the presentation of certificates for the health facilities that demonstrate the best performance		RBF STA, CBOs, health zone management teams, health centers
Activity 4	Collaborate with the MOH and other partners at the central level to develop a bi-annual review of RBF and supervisory visits for RBF activities		RBF STA, MOH RBF unit
	<b>IR 2.3 Referral system for primary health care prevention, care and treatment between community and health facilities (district and provincial levels) institutionalized</b>	% of patients referred to HCs, disaggregated by gender, and age groups (< 5 years; 5-14 years; >15 years); % of patients referred to GRHs, disaggregated by gender, and age groups (< 5 years; 5-14 years; >15 years)	
Activity 1	Work with CODESAs to reinforce network of two-way referral between community and health facilities (referral and counter-referral)		IHFD, community authorities, health facilities health providers
Activity 4	Reinforce the referral system for community-based distributors of family planning to have clients obtain facility-based family planning methods		FP STA, health zone management teams
<b>Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in target health zones (Component 1)</b>			
	<b>IR 3.1: Evidence-based health sector-community outreach linkages—especially for women, youth, and vulnerable populations—established</b>	% of NGOs representing women, youth and vulnerable groups participating in coordination meetings; # community champions selected and trained; # community health action plans created; # youth organizations participating in youth education outreach strategy; #/% champion communities, CODESAs and NGOs selected and trained implementing the Education Through Listening (ETL) approach	
Activity 1	Implement and evaluate the Education Through Listening (ETL) approach by training members of the community (including CODESAs), organizing ETL sessions on different themes (FP, CPN, malaria, TB, WASH, GBV, nutrition, HIV, MNCH, EPI, danger signs, key practices, i-CCM), and organizing post-training follow-up visits		BCC STA, provincial and zonal authorities, CODESA, local NGOs
	<b>IR 3.2: Health advocacy and community mobilization organizations strengthened</b>	# of CODESAs supported by IHP and which have a communications action plan developed	
Activity 1	Improve the presence and operations of CODESAs through the finalization and implementation of their communication action plans (Refer to IR 1.2, Activity 1)		BCC STA, provincial and zonal health authorities, CODESA, local NGOs
Activity 2	Supply CODESAs with office supplies and equipment (Refer to IR 1.2, Activity 1)		BCC STA, provincial and zonal health authorities, CODESA, local NGOs
	<b>IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched</b>	# of CODESAs supported by IHP and which have a "Communications action plan;" # of educational SMS messages during BCC campaigns or mini campaigns on malaria, nutrition and/or family planning	
Activity 1	Conduct phone-based information campaigns and finance the quarterly dissemination of awareness-raising SMS messages on priority intervention areas in communities within IHP-supported health zones		BCC STA, provincial and zonal authorities, CODESA, NGOs
Activity 2	Select and train Champion Communities and follow up Champion Communities with the provision of technical and financial assistance in developing action plans post training		BCC STA, health zone management team, provincial and district management teams
<b>Intermediate Result 4: Health sector leadership and governance in target provinces improved (Component 2)</b>			
	<b>IR 4.1: Provincial health sector policies and national level policies aligned</b>	% of health zones with an annual operational plan based on National Development Plan ("PNDS"); % of health zone management teams with a performance management system that includes essential components	
Activity 1	Provide technical and financial support to the various coordination organizations at the provincial level, including advisory boards, task forces, interagency coordination units, and other working groups		IHFD, provincial and zonal health authorities

Activity 2	Strengthen capacity of health zone management teams in the development of annual operational plans (AOP) for 2015 and other plans (coverage plan for health facilities, communication plan, training plan, supervision plan) in supported health zones (Same as IR1.1, Activity 1)		IHFD, provincial and zonal health authorities
Activity 3	Provide financial and technical support for monitoring and evaluation systems		IHFD, provincial and zonal health authorities
Activity 4	Support the National Health Information System (SNIS) by providing information technology packages to districts and health zones		IHFD, provincial and zonal health authorities
	<b>IR 4.2: Evidence-based tools for strategic planning and management decision-making adopted</b>		
Activity 1	Provide health facilities with data, management, and transmission tools for data in the provinces at all levels (provincial health management unit, health district, health zone)		IHFD, provincial and zonal health authorities
Activity 2	Provide technical and financial support for provincial, district, and zonal health operations, in conformity with the sub grants provided by the project		IHFD, provincial and zonal health authorities
Activity 3	Conduct monthly supportive supervision visits with a team of multi-skilled staff from the health centers to community health care sites, the CBDs, and the CHWs for the distribution of LLINs		IHFD, provincial and zonal health authorities
Activity 4	Participate in data audit using the Routine Data Quality Assessment (RDQA) tool		IHFD, provincial and zonal health authorities
	<b>IR 4.3: Community involvement in health policy and service delivery institutionalized</b>		
Activity 1	Work with civil society organizations to strengthen their participation, representation, and accountability in provincial policy and planning processes		IHFD, provincial and zonal health authorities
Activity 2	Work with civil society groups to reinforce their voices, their engagement, and their responsibility in the planning process and provincial politics (e.g., rehabilitate health management committees or COGE, in its French acronym)		IHFD, provincial and zonal health authorities



IR 1	IR 1.2		Activity 2.1	Organize quarterly supervisions (three days each) with groups of care providers at the central office or in health centers to share experiences (Kayamba, Kabongo, and Kinkondja health zones)	IHP, health district, and health zone			X		X									
IR 1	IR 1.2		Activity 2.2	Conduct a 10-day (five days/health zone) post-training evaluation of clinical integrated management of childhood illness (IMCI) in Kinkondja and Kayamba	IHP, health district, and health zone					X									
IR 1	IR 1.2		Activity 2.3	Provide technical support for 32 monthly visits by head nurses in community care sites (11 head nurses in Kayamba, 7 in Kabongo, 7 in Songa, and 7 in Kitenge )	IHP, health district, and health zone	X	X	X	X	X	X	X							
IR 1	IR 1.2		Activity 2.4	Supply 32 community health sites with essential medicines, FP commodities, and management tools, materials, and equipment	MOH, CDR, SIAPS	X	X	X	X	X	X	X	X	X	X	X	X	X	X
IR 1			Activity 2.5	Provide 11 community care sites with cabinets to store essential medicines, contraceptive products, management tools, and small materials (such as timers) and other equipment	IHP	X													
IR 1	IR 1.2		<b>Activity 3</b>	<b>Scale up of WASH activities</b>															
IR 1	IR 1.2		Activity 3.1	Promote the construction of household latrines in Songa health zone using the Community-Led Total Sanitation (CLTS) approach	IHP, health district, health zone, and community	X	X	X	X	X	X								
IR 1	IR 1.2		Activity 3.2	Provide material and financial support to refurbish 20 water sources in the Songa health zone	IHP, health district, health zone, and community	X	X	X	X	X									
IR 1	IR 1.2		Activity 3.3	Provide quarterly reporting and data collection tools for the knowledge, attitudes and practices (KAP) survey and data collection tools for water quality	IHP	X	X	X	X	X									
IR 1	IR 1.2		<b>Activity 4</b>	<b>Implement nutrition activities at the community level</b>															
IR 1			Activity 4.1	Equip health care facilities and community care sites with tools to collect data (IYCF data collection templates and IYCF registry notebooks) and provide communication support (nutrition booklets and counseling card)	IHP and HZMT	X		X											
IR 1	IR 1.2		<b>Activity 5</b>	<b>Reinforce communication on the prevention of HIV and AIDS in the community (young girls and boys, couples, fishermen, people living with HIV (PLHIVs), and community leaders)</b>															
IR 1	IR 1.2		Activity 5.1	Organize an evaluation mission of key populations and post-training follow up for CHWs who were trained	IHP and HZMT					X									
IR 1	IR 1.2		Activity 5.2	Organize six group support sessions for PLHIV in the Malemba, Kinkondja, and Mulongo health zones (two meetings /health zone)	IHP and HZMT			X	X	X	X								
IR 1	IR 1.2		<b>Activity 6</b>	<b>Provide health facilities with tests, medications, and other HIV commodities</b>															
IR 1	IR 1.2		Activity 6.1	Provide a regular supply of PMTCT commodities to health facilities (tests and treatment)	IHP COMU, MOH, CDR, SCMS	X	X	X	X	X	X	X	X	X	X	X	X	X	X
IR 1	IR 1.2		<b>Activity 7</b>	<b>Reinforce support to health zones for transfusion security (refrigeration, input location)</b>															
			Activity 7.1	Conduct a 7-day post-training monitoring of health facilities in five health zones (Kinkondja, Malemba, Lwamba, Mukanga, and Mulongo)	IHP, MOH		X												
IR 1	IR 1.2		<b>Activity 8</b>	<b>Reinforce the monitoring of activities and coaching in health zones receiving support for PMTCT</b>															
IR 1	IR 1.2		Activity 8.1	Provide sites regularly with PMTCT management tools (registers, cards, reference papers, etc.)	IHP COMU			X			X								
IR 1	IR 1.2		Activity 8.2	Conduct a 14-day post-training monitoring of health care service providers in nine PMTCT sites in three health zones (Kinkondja, Malemba, and Mulongo)	IHP, MOH		X					X							
IR 1	<b>IR 1.3 Provincial management more effectively engaged with health zones and facilities to improve service delivery</b>	<b>% of senior LDP teams that have achieved their desired performance according to indicators in their action plans within six months of completing the LDP</b>																	
IR 1	IR 1.3		<b>Activity 1</b>	<b>Conduct adapted Leadership and Development Program (LDP) trainings for management teams at the district, zonal, and administrative levels</b>															
IR 1	IR 1.3		Activity 1.1	Organize a joint monitoring mission (two days/health zone)	IHP, health district, provincial health division				X	X									
IR 1	IR 1.3		<b>Activity 2</b>	<b>Reinforce the health zones management system through supportive supervision</b>					X			X							



			Activity 6.4.1	Strengthen the "Positive Prevention of PLHIV" package (risk assessment, condom use, awareness raising, use of FP methods) within existing support groups in targeted health zones, to reinforce their capacity to provide counseling and support in all components of the package, in collaboration with the health zone management team and other partners	HIV STA, Technical Specialist, HZMT	X	X	X	X	X	X	X	X	X				
	IR 2.1		<b>Activity 6.5</b>	<b>Intensify TB-HIV co-infection activities</b>														
			Activity 6.5.1	Promote screening for all suspected TB cases, through the use of a standard questionnaire in all sites, as well as testing as indicated as a result of screening	HIV STA, Technical Specialist, HZMT	X	X	X	X	X	X	X	X	X				
	IR 2.1		<b>Activity 6.6</b>	<b>Increase retention and adherence of PLHIV on ART</b>														
			Activity 6.6.1	Encourage each PLHIV to have a partner to remind the patient about appointments and medication to improve compliance with the recommended protocol	HIV STA, Technical Specialist, HZMT	X	X	X	X	X	X	X	X	X				
			Activity 6.6.2	Support home visits required by community health workers and health providers	HIV STA, Technical Specialist, HZMT	X	X	X	X	X	X	X	X	X				
	IR 2.1		<b>Activity 6.7</b>	<b>Reinforce HIV lab quality control</b>														
			Activity 6.7.1	Support HIV testing by improving the availability and quality of testing	HIV STA, Technical Specialist, HZMT	X	X	X	X	X	X	X	X	X				
			Activity 6.7.2	Support biological monitoring of PLHIV, i.e., immunology test (CD4), viral load, by improving the availability of reagents, quality of the testing, and recording and monitoring of patient results	HIV STA, Technical Specialist, HZMT	X	X	X	X	X	X	X	X	X				
	IR 2.1		<b>Activity 6.8</b>	<b>Support local coordination of HIV activities and promote complementarity with Global Fund</b>														
			Activity 6.8.1	Support three PMTCT task force meetings led by local National AIDS Program (NAP, or PNLS in its French acronym) and health district	HIV STA, Technical Specialist, HZMT		X			X				X				
			Activity 6.8.2	Provide technical support to the quarterly coordination meeting led by health districts to improve complementarity with Global Fund activities (e.g., avoid overlap in intervention areas of partners, ensure complementarity of supplies provided, etc.), to include attendance at the meetings and provision of technical input	HIV STA, Technical Specialist, HZMT			X			X				X			
IR 2	IR 2.1		<b>Activity 7</b>	<b>Strengthen the fight against TB, HIV/TB co-infection, and MDR-TB (note: community activities are addressed in IR3.1, 3.2, and 3.3, see descriptions of CODESA, champion communities, coordination mechanisms for local NGOs, mobilization of CHWs, etc.)</b>									X					
IR 2	IR 2.1		Activity 7.1	Organize one 7-day post-training evaluation mission of health care service providers in Multi-resistant Drug TB (MDR-TB) from 38 centers for health, diagnosis, and treatment of TB by the provincial coordination unit against TB and the health district in the nine health zones	TB STA, Technical Specialist, Capacity Building Specialist, HZMT				X	X	X							
IR 2	IR 2.1		Activity 7.2	Finance the quarterly transportation of samples from health center for TB treatment (CST) to TB health center for diagnosis and treatment (CSDT) and of samples from provincial coordination unit for leprosy and TB to national reference laboratories in coordination with the World Health Organization	TB STA, Technical Specialist, Capacity Building Specialist, HZMT				X	X	X	X						
IR 2	IR 2.1		Activity 7.3	Finance two 5-day quarterly audit missions of the tuberculosis data in three health zones (Malemba, Lwamba, Kinkondja)	TB STA, Technical Specialist, Capacity Building Specialist, HZMT			X										
IR 2	<b>IR 2.2 Minimum quality standard health district for health facilities (provincial hospitals and zonal health centers) and services adopted</b>	% of health centers meeting all nine Formation Sanitaire Complètement Fonctionnelle (FOSACOF) minimum standards district, disaggregated by type of health facility; #/% of RBF contracts signed and executed; % of health centers and general referral hospitals achieving at least 80% of their RBF negotiated targets; % of health centers and general referral hospitals with a business plan implemented, monitored and evaluated on a quarterly basis																
IR 2			<b>Activity 1</b>	<b>Integrate FOSACOF approach into supported health zones</b>														
IR 2	IR 2.2		Activity 1.2	Organize three 15-day FOSACOF evaluations in the two health zones that have integrated the approach (Kabongo and Songa)	IHP, health district, HZMT	X			X				X					
IR 2	IR 2.2		<b>Activity 2</b>	<b>Provide the health facilities with medical supplies for patient treatment (see IR 1.1)</b>														
IR 2	IR 2.2		<b>Activity 3</b>	<b>Implement the Results Based Finance (RBF) program</b>														
IR 2	IR 2.2		Activity 3.1	Provide management tools for the implementation of the RBF program to 13 health centers, GHR, and a health zone central office	IHP, health district, provincial health division, and PBF team	X	X	X										
IR 2	IR 2.2		Activity 3.2	Provide management tools for the implementation of the RBF program to CBOs	IHP, health district, provincial health division, and PBF team	X	X	X										
IR 2	IR 2.2		Activity 3.3	Support a joint verification by the health zone central offices and IHP coordination office on a quarterly basis	IHP, health district, provincial health division, and PBF team				X				X			X		X
IR 2	IR 2.2		Activity 3.4	Provide technical and financial support to the quarterly counter-verification of RBF data and the health promotion activities for two community organizations for four quarters	IHP, health district, provincial health division, and PBF team				X		X	X	X	X	X	X	X	X
IR 2	IR 2.2		<b>Activity 4</b>	<b>Conduct internal monitoring and evaluation as well as supervision of RBF</b>	IHP, health district, provincial health division, and PBF team				X	X	X	X	X	X	X	X	X	X
IR 2	IR 2.2		Activity 4.1	Conduct quarterly joint missions to monitor structures	IHP, health district, provincial health division, and PBF team		X	X	X									
IR 2	IR 2.2		Activity 4.2	Pay performance bonuses on a quarterly basis for 13 health centers, an HGR, and one health zone management team for four quarters	IHP, health district, provincial health division, and PBF team						X				X			X
IR 2	IR 2.2		<b>Activity 5</b>	<b>Collaborate with the Ministry of Health (MOH) and other partners at the central government level</b>	IHP, health district, provincial health division, and PBF team				X			X	X			X		
IR 2	IR 2.2		Activity 5.1	Provide the award of excellence for the highest performing health facilities (health centers and GRHs, as assessed by the FOSACOF and community satisfaction surveys), as well as the health zone teams that have performed well (\$5000/health zone management team and GRH and \$3000/health facility) in August 2015	IHP, health district, provincial health division, and PBF team				X			X				X		



IR 3	IR 3.3		Activity 2.2	Organize the celebration of Champion Community certifications (\$1,000/celebration)	BCC Specialist and Champion Community members				X	X	X	X						
IR 3	IR 3.3		<b>Activity 3</b>	<b>Create and implement health communications campaigns</b>														
IR 3	IR 3.3		Activity 3.1	Celebrate International Malaria Day in the Kitenge health zone	BCC Specialist, CODESA, health district, and health zones						X							
IR 3	IR 3.3		Activity 3.2	Provide the 21 community health care sites with 42 SIM cards for CUG phones for communication and the exchange of experiences between CHWs	BCC Specialist, CODESA, health district, and health zones				X	X	X	X						
IR 3	IR 3.3		<b>Activity 4</b>	<b>Establish and strengthen Champion Communities</b>														
IR 3	IR 3.3		Activity 4.1	Provide awareness-raising materials for education sessions to three Champion Communities (1,500 malaria information cards, 3000 MNCH information cards, 1,500 TB information cards, and 3,500 GBV information cards)	BCC Specialist and Champion Community leaders				X									
IR 3	IR 3.3		<b>Activity 5</b>	<b>Implement mobile phone-based information campaigns</b>														
IR 3	IR 3.3		Activity 5.1	Finance telephone credit to send 5,000 SMS messages each month (regarding WASH, MNCH, EPI, and FP) to five Champion Communities	BCC staff				X									
IR 3	IR 3.3		Activity 5.2	Organize eight quarterly ETL meetings with groups of women and youth	BCC staff	X	X	X	X	X	X	X						
<b>Intermediate Result 4: Health sector leadership and governance in target provinces improved (Component 2)</b>	<b>IR 4.1 Provincial health sector policies and national-level policies aligned</b>	% of health zones with an annual operational plan based on National Development Plan ("PNDS district"); % of health zone management teams with a performance management system that includes essential components																
IR 4			<b>Activity 1</b>	<b>Support the implementation of health policies at the district and provincial levels</b>														
IR 4	RI 4.1		Activity 1.2	Provide technical and financial support to the process of setting up the new DPS of Haut Lomami	IHP, health district, and provincial health division	X	X	X	X	X	X	X						
IR 4	RI 4.1		<b>Activity 2</b>	<b>Provide technical and financial support to multiple pilot programs, such as those promoted by National Steering Committee, the Provincial Committee Director, the Inter-Agency Coordination Committee, the Administrative Council, and working groups</b>														
IR 4	RI 4.1		Activity 2.1	Provide technical and financial support for four meetings of the Inter-Agency Coordination Committee at the health district level	IHP and health district			X			X			X				
IR 4	<b>IR 4.2 Evidence-based tools for strategic planning and management decision making adopted</b>	Evidence-based tools for strategic planning and management decision-making adopted																
IR 4	RI 4.2		<b>Activity 1</b>	<b>Provide technical and financial support for the national health information system ( SNIS in the French acronym)</b>														
IR 4	RI 4.2		Activity 1.1	Provide financial and technical support for monthly monitoring report of the nine health zones	M&E Specialist, M&E Officer, health zones, and health district	X	X	X	X	X	X	X	X	X	X	X	X	X
IR 4	RI 4.2		Activity 1.2	Provide technical and financial support to 205 CODESAs for monthly meetings	M&E Specialist, M&E Officer, health zones, and health district	X	X	X	X	X	X	X	X	X	X	X	X	X
IR 4	RI 4.2		<b>Activity 2</b>	<b>Provide financial support to improve the functionality of the MOH at the provincial, district, and health zone levels</b>	M&E Specialist, M&E Officer, health zones, and health district				X	X	X	X	X	X	X	X	X	X
IR 4	RI 4.2		<b>Activity 3</b>	<b>Provide technical and financial support for SNIS</b>	M&E STA, SNIS unit													
IR 4	RI 4.2		Activity 3.1	Provide health care sites and centers with printed management tools (consultation cards, monthly report examples on PNL, FP, SNIS, PMTCT, referral cards/counter referral sheets, surveillance sheets and central health zone office surveillance sheets)	M&E Specialist, M&E Officer, and health district	X					X							
IR 4	RI 4.2		<b>Activity 5</b>	<b>Provide fuel and kerosene in the health district, two EPI centers, and nine health zones conforming to the terms of the grants</b>														
IR 4			Activity 5.1	Provide oil and cold chain consumables quarterly to the nine health zones to ensure the functionality of the vaccine cold chain	IHP	X			X			X						
IR 4			Activity 5.2	Provide gasoline quarterly to the nine health zones to ensure the functionality of the vaccine cold chain	IHP													
IR 4			Activity 5.3	Provide oil and gas quarterly to EPI health zone delivery teams to ensure the functionality of the cold chain and deployment of vaccines	IHP	X			X			X						
IR 4			Activity 5.4	Provide oil and gas quarterly to provincial health division to support supervision	IHP	X			X			X						
<b>M&amp;E</b>	<b>M&amp;E</b>																	
M&E	M&E		Activity 1	Organize two-day training sessions for 24 people in routine data quality assessment (RDQA) tool (four IHP staff, 18 members of the health zone team, and two health district staff)	M&E Specialist, M&E Officer, and health district	X												
M&E	M&E		Activity 2	Conduct a data quality audit in five health zones (Kinkondja, Malemba, Lwamba, Kitenge, and Mulongo) with technical support from the health district for 12 days	M&E Specialist, M&E Officer, and health district		X	X	X	X	X							





USAID/DRC/Integrated Health Project/KOLE Project Year 5 Workplan October 2014 - September 2015 APPROVED by USAID/DRC October 14, 2014																		
IR	Sub-IR	Indicators (PMP)	Activity No.	Activity	Responsible Parties	Timeline												
						2014			2015									
						Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	
<b>Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)</b>	<b>IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased</b>	% of general reference hospitals (GRHs) implementing complementary package of activities (CPA); % of GRHs implementing CPA-plus; % of health centers implementing minimum package of activities (MPA); Couple years of protection (CYP) in USG-supported programs; Number of new acceptors for any modern contraceptive method in USG-assisted family planning (FP) service delivery points; Number of USG-assisted health facilities experiencing stock-outs of Depo-Provera; Number of USG-assisted health facilities experiencing stock-outs of iron-folate; Number of USG-assisted health facilities experiencing stock-outs of ORS-Zinc; % of health centers implementing MPA-plus; % of pregnant women who received at least two doses of SP for Intermittent Preventive Treatment (IPT) during ANC visits; # of USG-supported service delivery points experiencing stock-outs of ACT for 1-5 year olds; # of insecticide treated nets (ITNs) purchased by other partners that were distributed with USG funds; # of ITNs purchased with USG funds that were distributed; # of health workers trained in IPT with USG funds disaggregated by gender (male/female); # of SP tablets purchased with USG funds; # of ACT treatments purchased by other partners that were distributed with USG funds; # of SP tablets purchased with USG funds that were distributed to health facilities; # of health workers trained in case management with ACTs with USG funds; # of ACT treatments purchased with USG funds that were distributed disaggregated in 3 sub-categories (health facilities, community health workers, private/commercial sector); # of health workers trained in malaria laboratory diagnostics (RDTs or microscopy) with USG funds disaggregated in 3 sub-categories (a. # of health facility workers trained (male/female); b. # of community-level workers trained (male/female); c. # of laboratory workers trained (male/female)); # of RDTs purchased with USG funds that were distributed to health facilities; Number of USG-assisted service delivery points experiencing stock-outs of RHEZ (rifampicin, isoniazid, ethambutol) combination; Number of USG-assisted service delivery points experiencing stock-outs of Nevirapine; Number of USG-assisted service delivery points experiencing stock-outs of AZT																
IR 1	IR 1.1		<b>Activity 1</b>	<b>Provide technical and financial support in 16 health zones in the organization of a workshop to develop the 2015 operational action plans (AOP)</b>														
IR 1	IR 1.1		Activity 1.2	Organize a five-day framing, defense, and consolidation meeting on the 2015 AOP (Annual Operation Plan) for Chief District Doctors (MCDS in the French acronym) and health zone trainers for 40 people (two per health zone, four from IHP, one provincial health team staff member, and two from the health district)	IHP: Coordination Office Technical Advisors (TA); Integrated Health Field Director (IHFD); M&E Specialist; health development committees (CODESA in French); zonal, district, and provincial health management teams and other partners					X								
IR 1	IR 1.1		<b>Activity 2</b>	<b>Prioritize and perform infrastructure improvements in health facilities of targeted health zones (Kole and Dibebe)</b>														
IR 1	IR 1.1		Activity 2.1	Complete the renovation of health facilities planned in project year (PY) 4 in Kole	Renovator, district health management team (DS) and Health Zone Management Team (HZMT)					X								
IR 1	IR 1.1		Activity 2.2	Support the construction of four incinerators for four health centers in the Ototo, Ishenga, Asami and Banda health areas	Renovator, DS and health zone management team (HZMT)				X	X	X	X						
IR 1	IR 1.1		Activity 2.3	Support the construction of five placenta pits for one Kole GRH and four renovated health facilities (two in Kole and two in Dibebe)	Renovator, DS and HZMT							X						
IR 1	IR 1.1		Activity 2.4	Support the construction of four wash basins in the renovated health facilities in the Ototo, Banda, Asami and Ishenga health areas	Renovator, DS and HZMT							X						
IR 1	IR 1.1		<b>Activity 3</b>	<b>Supply the four rehabilitated health structures with necessary materials for infant and maternal health (birthing table, birthing kit, and other essential equipment); install and illuminate the four health facilities with solar power kits</b>	Renovator, DS and HZMT					X	X							
IR 1	IR 1.1		<b>Activity 4</b>	Support the quarterly delivery of eight health zones with essential medicine, with transport from the FODESA regional distribution center (CDR) to the health zones	IHFD, FODESA, health zone management teams, SIAPS, CDR, MOH			X			X			X				X





IR 2	IR 2.1		Activity 5.1	Ensure the quarterly transportation of samples suspected as being MDR-TB positive from 16 health zones to the provincial coordination unit for leprosy and TB (CPLT is the French acronym) (2-day motorcycle rental, gas and lubricant)	STC, COMU	X			X				X					
IR 2	IR 2.1		Activity 5.2	Organize joint one-day IHP and health district supervision missions (CPLT) in the 49 regional distribution centers (CDR) and 16 health zone central offices	STC, DS	X			X			X						
IR 2	IR 2.1		<b>Activity 6</b>	<b>Effectively manage malaria cases in health structure through training, monitoring, and distribution of pharmaceutical and other products (artemisinin-based combination therapy (ACT), rapid diagnostic tests (RDT))</b>														
IR 2	IR 2.1		Activity 6.1	Reproduce 100 copies of malaria guidelines in four health zones (25 per zone)	SCBPS, MOH				X	X	X							
IR 2	IR 2.1		Activity 6.2	Reproduce 137 copies of malaria guidelines in 64 health centers, three GRH, one HS and three health zone central offices	Capacity Building Manager, M&E Specialist, and Operations Coordinator					X		X	X					
IR 2	IR 2.1		Activity 6.3	Organize three-day supportive supervisions to the health zones of Tshudi, Lomela, Ototo, and Vangakete to support 48 health providers zonal and district management teams	TA, SBCPS, BCC Specialist, STC	X			X			X						
IR 2	IR 2.1		Activity 6.4	Supply and distribute malaria supplies (long-lasting insecticide treated net (LLIN), ACT, 80 boxes of 500 sulfadoxine-pyrimethamine (SP) tablets, and rapid diagnostic tests (RDT) for the treatment and prevention of malaria	IHP, SIAPS and DS				X				X				X	
			<b>Activity 7</b>	<b>Strengthen clinical care management of sexual violence survivors</b>														
IR 2	IR 2.1		Activity 7.1	Reproduce GBV management tools (see M&E) for four referral health centers and 2 GRH	TA, CBS, health zone management team, and M&E Specialist							X						
IR 2	IR 2.1		Activity 7.2	Provide technical and financial support to the local non-governmental organization (NGO) Synergie in order to combat sexual violence in Kole and Lodja and improve referral and care	M&E Specialist, Operations Coordinator				X	X	X	X						
IR 2	IR 2.1		Activity 7.3	Organize follow-up missions for Synergie's activities in Kole and Lodja with the health district (Reproductive Health Coordination) during three days in each health zone	M&E Specialist, Operations Coordinator	X			X				X					
RI 2	<b>IR 2.2: Minimum quality standards for health facilities (referral hospitals and health zone health centers) and services developed and adopted</b>	% of health centers meeting all nine FOSACOF minimum standards, disaggregated by type of health facility; #/% of RBF contracts signed and executed; % of health centers and general referral hospitals achieving at least 80% of their RBF negotiated targets; % of health centers and general referral hospitals with a business plan implemented, monitored and evaluated on a quarterly basis																
IR 2	IR 2.2		<b>Activity 1</b>	<b>Implement Results-Based Financing (RBF) activities</b>														
IR 2	IR 2.2		Activity 1.2	Organize a two-day supportive supervision mission for the local NGOs, UDILO and AFEDES	IHFD, CBPS, and M&E specialist			X										
IR 2	IR 2.2		<b>Activity 2</b>	<b>Implement the full cycle of RBF service delivery, verification, counter-verification, and payment</b>	IHFD, CBPS, and M&E specialist													
IR 2	IR 2.2		Activity 2.1	Support the health district management team, health zone management teams, and coordination office to conduct quarterly verification	IHFD, CBPS, and M&E specialist		X											
IR 2	IR 2.2		Activity 2.2	Provide technical and financial support for the initiation of the quarterly counter-verification of PBF data and health promotion activities by the two CBOs, to take place over three months	IHFD, CBPS, and M&E specialist				X			X			X		X	
IR 2	IR 2.2		Activity 2.3	Pay performance bonuses during each of three quarters in 19 health centers, 1 GRH, and 1 HZMT	IHFD, CBPS, and M&E specialist				X			X			X		X	
IR 2	IR 2.2		<b>Activity 3</b>	<b>Strengthen regulation of the central and provincial levels</b>	IHFD, CBPS, and M&E specialist													
IR 2	IR 2.2		Activity 3.1	Organize a two-day post-training follow up for the RBF database (RBF portal) in the health zone of Lomela	IHFD, CBPS, and M&E specialist	X												
IR 2	IR 2.2		Activity 3.2	Organize coaching missions in 20 health structures (two days per structure) and 1 health zone central office to support health care providers	IHFD, CBPS, and M&E specialist			X						X				

IR 2	<b>IR 2.3 Referral system for primary health care prevention, care and treatment between community and health facilities (district and provincial levels) institutionalized</b>	% of patients referred to HCs, disaggregated by gender, and age groups (< 5 years; 5-14 years; >15 years); % of patients referred to GRHs, disaggregated by gender, and age groups (< 5 years; 5-14 years; >15 years)																	
IR 2	IR 2.3		Activity 1	Supply community care sites with data management tools and reporting templates	Child Health STA	X	X	X	X	X	X	X							
IR 2	IR 2.3		Activity 2	Support the four health zone management teams in accompanying the head nurses as they supervise 60 community care sites (for the health structures that have community care sites)	Child Health STA	X	X	X	X	X	X	X							
IR 2	IR 2.3		Activity 3	Organize three-day joint supervisory visits regarding the correct usage of health care flow charts in five health zones (Lodja, Kole, Vangakete, Dibebe, and Omendjadi)	IHP and DS					X	X								
<b>Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in targeted health zones (Component 1)</b>	<b>IR 3.1: Evidence-based health sector-community outreach linkages—especially for women, youth, and vulnerable populations—established</b>	% of NGOs representing women, youth and vulnerable groups participating in coordination meetings; # community champions selected and trained; # community health action plans created; # youth organizations participating in youth education outreach strategy; #/% champion communities, CODESAS and NGOs selected and trained implementing the Education Through Listening (ETL) approach																	
IR 3	IR 3.1		<b>Activity 1</b>	<b>Implement the Education Through Listening (ETL) approach</b>															
IR 3	IR 3.1		Activity 1.1	Organize a three day post-training follow up mission for ETL in the Kole and Lodja health zones by one IHP staff and one health zone team (Lodja and Kole)	IHFD, BCC Specialist, health zone management team				X	X	X	X							
IR 3	IR 3.1		<b>Activity 2</b>	<b>Establish and strengthen Champion Communities</b>	IHFD, BCC Specialist, local NGOs, health zone management team				X										
IR 3	IR 3.1		Activity 2.1	Certify the two Community Champion Pilot Committees (CCPC) in the Kole coordination	IHFD, BCC Specialist, local NGOs, health zone management team														
IR 3	IR 3.1		Activity 2.2	Provide grants to two communities	IHFD, BCC Specialist, local NGOs, health zone management team					X	X	X							
IR 3	IR 3.1		<b>Activity 3</b>	<b>Provide technical and financial support to the action plans of the three coordinations (child and female advocacy NGOs) involved in outreach in Lodja</b>	IHFD, BCC Specialist, local NGOs, health zone management team						X								
IR 4	IR 3.2		<b>Activity 4</b>	<b>Organize 4 joint follow-up missions with the MOH to evaluate the functionality of the health development committees (CODESA in the French acronym) in the eight health zones</b>	IHFD, BCC Specialist, local NGOs, M&E specialist	X			X										
IR 2	IR 3.3		<b>Activity 5</b>	<b>Send 15,000 SMS in support of the BCC campaigns in the eight health zones</b>	IHFD, BCC Specialist, local NGOs, health zone management team	X	X	X	X	X	X	X							
IR 3	<b>IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched</b>	# of CODESAs supported by IHP and which have a “Communications action plan;” # of educational SMS messages during BCC campaigns or mini campaigns on malaria, nutrition and/or family planning																	
IR 3	IR 3.3		<b>Activity 1</b>	Organize 2 mini-campaigns on maternal, newborn, and child health (MNCH) and TBC in the health zones of Lomela and Vangakete	IHPFD, BCC Expert, SCS, health zone management team		X						X						
IR 3	IR 3.3		<b>Activity 2</b>	Provide the two <i>Comités de Pilotage Communauté Championne</i> each month with supplies (cash registers, pens, cases, drills, staplers, etc.)	IHPFD, BCC Expert, HZMT		X				X								X

<b>Intermediate Result 4: Health sector leadership and governance in target provinces improved (Component 2)</b>	<b>IR 4.1: Provincial health sector policies and national level policies aligned</b>	% of health zones with an annual operational plan based on National Development Plan ("PND5"); % of health zone management teams with a performance management system that includes essential components																
IR 4	IR 4.1		<b>Activity 1</b>	<b>Support the implementation of health policies at the district and provincial levels</b>														
			<b>Activity 2</b>	<b>Provide technical and financial support to multiple pilot programs, such as those promoted by National Steering Committee, the Provincial Committee Director, the Inter-Agency Coordination Committee, the Administrative Council, and working groups</b>														
			Activity 2.1	Make payments to sub-grantees in the district of Sankuru (eight health zones, 129 health areas, 129 CODESAs)	IHFD, health zone and district management teams	X	X	X	X	X	X	X	X	X	X	X	X	X
IR 4	IR 4.1		Activity 2.2	Conduct joint supervision with the district health team and eight health zone management teams	IHFD, health zone and district management teams			X		X			X					X
IR 4	<b>IR 4.2: Evidence-based tools for strategic planning and management decision-making adopted</b>																	
IR 4	IR 4.2		<b>Activity 1</b>	<b>Support the monitoring and evaluation system</b>														
IR 4	IR 4.2		Activity 1.1	Provide technical support to <i>Comit� de Coordination Inter Agence (CCIA)</i> and <i>Bureau Technique de District (BTD)</i> meetings in Lodja for IHP and eight health zone management teams to analyze progress on indicators with 32 participants (three health providers per health zone, two per district health team, and six IHP staff)	M&E STA, M&E Specialist, health zone and district management teams	X				X				X				
IR 4	IR 4.2		<b>Activity 2</b>	<b>Strengthen functioning of the MOH's public institutions</b>														
IR 4	IR 4.2		Activity 2.1	Provide financial and technical support through IHP-provided subgrants for biannual three-day reviews in the Lodja health district for 20 people including 14 health zone management team members, four health district management team members, and two IHP staff	M&E STA, M&E Specialist, health zone and district management teams					X								
<b>Monitoring and Evaluation</b>	<b>M&amp;E</b>																	
M&E	M&E		Activity 1	Organize audit and harmonization missions in the eight health zones (three zones per mission) of two people (one from the health district and one IHP staff member) over five days in Lodja, Kole, and Lomela	M&E specialist and IFHD	X				X								
M&E	M&E		Activity 2	Brief 10 participants (four IHP, four from the health district, two from the health zones) on routine data evaluation by using the routine data quality assessments (RDQA) tool during a two-day workshop	M&E specialist and IFHD	X												
M&E	M&E		Activity 3	Organize two joint data audit missions using the RDQA tool in 20 health facilities and four health zones (Dibele, Ototo, Vangakete, Lodja) and support the data archiving in the health zone central office over five days by 15 people, including five from the health district, five from the health zone management team, and five IHP staff	M&E specialist and IFHD					X								
M&E	M&E		Activity 4	Provide technical and financial support to the district health team through IHP-provided subgrants in organizing two biannual, two-day data validation meetings for 32 people (28 health zone management team members, two health district teams, and two IHP staff)	M&E specialist and IFHD					X								
M&E	M&E		Activity 6	Provide the eight health zones with management tools each quarter: 2,192 record books; 4,032 health center templates for the national health information system (SNIS); 960 SNIS GRH templates; 288 SNIS BCZS templates; 3,288 MEG management templates, and others (partogram, forms for i-CCM, community care sites, ANC, PNC, and FP)	M&E specialist and IFHD					X				X				
<b>Health System Strengthening</b>	<b>HSS</b>																	
HSS	HSS		Activity 1	Provide technical and financial support to the health zones for the mid-term evaluations of the 2014 health zone, provincial health district, and health district AOPs, in collaboration with the provincial health team and the MOH unit of research and planning (Direction d'Etudes et de Planification, or DEP), in preparation for the development of the 2015 AOPs aligned with the National Health Development Plan and taking into account the specifics of each health zone	RSS advisor, IFHD			X										
HSS	HSS		Activity 2	Provide technical and financial support to the consolidation/finalization and validation of health zone, health district, and provincial health district 2015 AOPs with the support and participation of the DEP	RSS advisor, IFHD					X								
<b>Project Management</b>	<b>PM</b>	# of success stories developed																



PM	PM		Activity 9.1	<b>Facilities and office services</b>														
PM	PM		Activity 9.1.1	Conduct physical inventory review of all inventories of expendable supplies and non-expendable equipment	Operations Manager			X										
PM	PM		Activity 9.1.2	Create disposition plan of large equipment for submission to Kinshasa office	Operations Manager			X										
PM	PM		Activity 9.2	<b>Manage HR</b>														
PM	PM		Activity 9.2.1	Prepare phase-out schedule	HR Manager, IHFD	X												
PM	PM		Activity 9.2.2	Confirm termination letter notifications or employment agreement amendments to all staff	HR Manager, IHFD										X			
PM	PM		Activity 9.3	<b>Manage program contracts</b>														
PM	PM		Activity 9.3.1	Draft client close-out plan and approval request	Contracts Manager	X												
PM	PM		Activity 9.3.2	Notify stakeholders, implementing and government partners of close-out and discuss transition plans	Contracts Manager			X										
PM	PM		Activity 9.3.3	Develop close-out approach and provide guidelines as required to subcontractors and sub recipients	Operations Manger, Contracts Manager			X										
PM	PM		Activity 9.3.3	Submit property disposition plan to Kinshasa office for compilation and recommendation to USAID	Contracts Manager						X							
PM	PM		Activity 9.3.4	Finalize outstanding modifications with subcontractors and sub recipients	Contracts Manager										X			
PM	PM		Activity 9.4	<b>Monitor general operations management</b>	Operations Manager	X	X	X	X	X	X	X						
PM	PM		Activity 9.4.1	Meet quarterly to review and discuss key benchmarks	Operations Manager, IHFD		X			X			X				X	











IR 4	IR 4.2		Activity 3.3	Provide technical and financial assistance to district technical bureau (BTD in its French acronym) meetings for three health districts (Luiza, Kasai, and Lulua), three meetings per quarter per health district is nine meetings	M&E specialist, Finance, Coaches, HZMT and MOH				X			X				X			
IR 4	IR 4.2		Activity 3.4	Provide technical and financial support each semester for provincial review meetings, midterm and annual reviews, at the provincial health district level for two provinces	M&E specialist, Finance, Coaches, HZMT and MOH					X									
IR 4	<b>IR 4.3: Community involvement in institutional health policies and health services</b>																		
IR 4	IR 4.3		Activity 1	<b>Work with civil society organizations to strengthen their participation, representation, and accountability in provincial policy and planning processes</b>	Field supervisor, NGOs and MOH				X		X		X						
M&E	M&E																		
M&E	M&E		Activity 1	<b>Provide financial and technical support to monthly, joint missions with the MOH for M&amp;E to improve the quality of data through regular audits</b>															
M&E	M&E		Activity 1.1	Organize nine, six-day data quality audit missions for nine health zones (through subgrant to MOH) based on the Tanahashi model to evaluate bottlenecks and to develop strategies	IHP M&E STA and MOH	X		X				X							
M&E	M&E		Activity 1.2	Ensure that close-out activities adhere to end-of-project guidelines	IHP M&E STA and MOH														
M&E	M&E		Activity 2	<b>Use a data management software for IHP data management</b>	IHP M&E STA and MOH					X	X	X	X						
M&E	M&E		Activity 3	<b>Supply the health facilities with data collection tools (data collection and surveillance)</b>	IHP M&E STA and MOH														
M&E	M&E		Activity 3.1	Reproduce and supply health facilities with data collection and transmission tools	M&E and Luiza Country Operating Management Unit (COMU)				X				X						
M&E	M&E		Activity 4	<b>Ensure that reporting adheres to the established calendar (data collection, updated data, CCEA reports, MEG and commodity reports, all developed and sent to Kinshasa)</b>															
M&E	M&E		Activity 4.1	Ensure reporting on activities based on protocols and standards (weekly, monthly, quarterly, and annual reports, and success stories)	M&E Specialist and IHFD	X	X	X	X	X	X	X	X						
M&E	M&E		Activity 4.2	Develop the end of project report for IHP and a presentation to showcase the final results of the project with the provincial health district and other organizations and partners	M&E Specialist and IHFD														
<b>Project Management</b>	<b>PM</b>	<b># of success stories developed</b>																	
PM	PM		Activity 1	<b>PM 1 Ensure that the program, financial, and administrative standards, norms, and procedures are followed</b>	Country Operating Management Unit (COMU) Director and Operations Manager	X	X	X	X	X	X	X	X						
PM	PM		Activity 1.1	Conduct quarterly staff meetings to ensure understanding of MSH administrative and financial procedures	AD FIN	X				X									
PM	PM		Activity 1.2	Develop and transmit monthly operating budget and activity planning	Accounting, Finances, and IHFD	X	X	X	X	X	X								
PM	PM		Activity 1.3	Develop monthly financial report and transmit supporting documents to Kinshasa	Accounting, Finances, and IHFD	X	X	X	X	X	X								
PM	PM		Activity 1.4	Represent the project in at least 70% of meetings with health and political authorities as well as in partners' meetings	IHFD and HR	X	X	X	X	X	X								
PM	PM		Activity 2	<b>PM 2 Manage human resources</b>	Human Resources Manager	X	X	X	X	X	X	X	X	X	X				
PM	PM		Activity 2.1	Manage the closeout activities related to project human resources	COMU and IHFD	X	X	X	X	X	X	X							
PM	PM		Activity 3	<b>PM 3 Develop and implement staff development activities to increase the quality of project deliverables</b>	Human Resources Manager				X	X	X	X							
PM	PM		Activity 3.1	Produce a staff development plan, according to procedures and guidelines (PPRD)	Human Resources Manager							X							
PM	PM		Activity 3.2	Provide technical and financial support each month for the development of the quarterly/monthly report in Kananga or in Luiza	Finance and IHFD	X	X	X	X	X	X								
PM	PM		Activity 4	<b>PM 4 Ensure that Luiza coordination office and IHP satellite in Kananga are operational</b>	Operations Manager	X	X	X	X	X	X	X	X	X	X				
PM	PM		Activity 4.1	Ensure daily management and supervision of the coordination offices (Luiza and Kananga)	IHFD and HR	X	X	X	X	X	X	X							
PM	PM		Activity 4.2	Provide monthly support to the activity monitoring visits of the staff in the 11 health zones	IHFD and HR	X	X	X	X	X	X	X							
PM	PM		Activity 4.3	Develop a report for the end of IHP	IHFD et Staffs														
PM	PM		Activity 5	<b>PM 5 Manage and ensure staff and office security in all locations</b>	Operations Manager	X	X	X	X	X	X	X	X	X	X				
PM	PM		Activity 5.1	Strengthen security infrastructure and equipment to adhere to the organization's standards and regulations	COMU Director	X	X	X	X	X	X	X	X	X	X				
PM	PM		Activity 5.2	Update an inventory of all IHP goods and equipment in the coordination office and in the health zones	Finance staff (Kinshasa)	X	X	X	X	X	X	X	X	X	X				
PM	PM		Activity 6	<b>PM 6 Ensure that the office is equipped with communication and information technology (IT) support, tools, and equipment as needed</b>		X	X	X	X	X	X	X	X	X	X				
PM	PM		Activity 6.1	Develop, implement and ensure proper maintenance of communication system through digital network adapted to office needs	IT Manager	X	X	X	X	X	X	X	X	X	X				
PM	PM		Activity 7	<b>PM 7 Monitor all contracts and grants as needed</b>	Contracts Manager														
PM	PM		Activity 7.1	Conduct regular visits to verify the implementation of agreements and contracts	Contracts Manager		X		X		X					X		X	

PM	PM		Activity 7.2	Conduct regular monitoring visits to verify compliance with contractual requirements for drug management in the CDR	Contracts Manager		X		X		X			X		X	
PM	PM		Activity 7.3	Provide orientation to the health zone management teams and CBOs that will participate in RBF activities	Contracts Manager		X										
PM	PM		Activity 7.4	Conduct follow-up visits to monitor the implementation of RBF contracts	Contracts Manager								X				X
PM	PM		<b>Activity 8</b>	<b>PM 8 Ensure appropriate branding, marking, and communication</b>				X									
PM	PM		Activity 8.1	Develop success stories on the different project interventions each quarter	Communications Advisor				X			X					
PM	PM		Activity 8.2	Organize conferences with partners to present the project's results	Communications Advisor							X					
PM	PM		<b>Activity 9</b>	<b>PM 9 Manage project closeout</b>													
PM	PM		Activity 9.1	<b>Facilities and office services</b>													
PM	PM		Activity 9.1.1	Create disposition plan of large equipment for submission to Kinshasa office	Operations Manager			X									
PM	PM		Activity 9.1.2	Update the inventory list each month, including equipment and other IHP materials in the coordination office and health zones	Logistics team	X	X	X	X	X	X	X	X	X	X		
PM	PM		Activity 9.1.3	Ensure monthly maintenance of materials and equipment	Logistics team	X	X	X	X	X	X	X	X	X			
PM	PM		Activity 9.1.4	Ensure the backup of data	IHP staff and IT												
PM	PM		Activity 9.1.5	Pack important documents to be sent to Kinshasa	Operations												
PM	PM		Activity 9.1.6	Follow established protocols to destroy selected documents on site	Staff							X	X	X			
PM	PM		Activity 9.2	<b>Manage HR</b>													
PM	PM		Activity 9.2.1	Identify the minimum number of staff needed to ensure that the end-of-project activities can be executed	IHFD, HR			X	X								
PM	PM		Activity 9.2.2	Provide regular updates to the staff regarding different steps and activities for close out	COP	X	X	X	X	X	X	X	X	X			
PM	PM		Activity 9.2.3	Prepare the administrative records for staffs' end contract process (letter of the end of contract, timeline, notification by letter)	HR and Finances	X	X	X	X	X	X	X	X	X			
PM	PM		Activity 9.2.4	Organize the end of contract details for staff who were not recruited in Kananga or Luiza	Finance, HR, and Operations	X	X	X	X	X	X	X	X	X			
PM	PM		Activity 9.2.5	Provide written instructions to stakeholders on the inventory and distribution process	Contract Manager										X		
PM	PM		Activity 9.2.6	Lead an evaluation of the status of the office	Logistics team										X		
PM	PM		Activity 9.2.7	Carry out minor maintenance work before the office closes (in accordance with the lease)	Logistics team										X		
PM	PM		Activity 9.2.8	Confirm termination letter notifications or employment agreement amendments to all staff	HR Manager, IHFD										X		
PM	PM		Activity 9.3	<b>Manage program contracts</b>													
PM	PM		Activity 9.3.1	Organize a session with provincial health authorities to present the project's end results	Communications Advisor										X		
PM	PM		Activity 9.3.2	Provide written notification to partners six months before the end of the project	COP						X						
PM	PM		Activity 9.3.3	Develop amendments to agreements with partners for PYS	Contract Manager and COP	X											
PM	PM		Activity 9.3.4	Ensure smooth close out of grants to Tshikaji and Bulape after their transfer	Contract Manager and IHFD	X											
PM	PM		Activity 9.3.5	Conduct monthly follow up of grants and commodities	IHFD et Staffs	X	X	X	X	X	X	X	X	X			
PM	PM		Activity 9.3.6	Provide technical and financial support to the RBF process in the Luiza health zone	FBR Focal Point and M&E	X	X	X	X	X	X	X	X	X			
PM	PM		Activity 9.4	<b>Monitor general operations management</b>	Operations Manager	X	X	X	X	X	X						
PM	PM		Activity 9.4.1	Meet quarterly to review and discuss key benchmarks	Operations Manager, IHFD		X			X				X			X







	<b>IR 3.2: Health advocacy and community mobilization organizations strengthened</b>	# of CODESAs supported by IHP and which have a communications action plan developed																		
<b>IR 3</b>	<b>IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched</b>	# of CODESAs supported by IHP and which have a "Communications action plan;" # of educational SMS messages during BCC campaigns or mini campaigns on malaria, nutrition and/or family planning																		
	IR 3.3		<b>Activity 1</b>	<b>Evaluate and improve community health development committee (CODESA in the French acronym) operations</b>																
	IR 3.3		Activity 1.1	Organize three joint follow-up missions through the IHP subgrants with two people from the provincial health district, health district or health zone, for two days per health zone, to assist the CODESA in developing its work plan	IHP and MOH	X			X											
<b>IR 3</b>	IR 3.3		<b>Activity 2</b>	<b>Implement Behavior Change Communication Campaigns (BCC)</b>																
<b>IR 3</b>	IR 3.3		Activity 2.1	Organize four days of four mini-campaigns in four health zones on BCC activities, including breastfeeding, family planning, WASH, and malaria	IHP and MOH	X	X	X	X	X	X									
<b>IR 3</b>	IR 3.3		Activity 2.2	Carry out a follow-up mission for focus groups in the health zones on communication approaches (ETL, Champion Communities, SMS, Closed User Groups, Community-led total sanitation, Champion Man)	IHP and MOH	X														
<b>IR 3</b>	IR 3.3		Activity 2.3	Celebrate global days: hand washing, African children, and a week of vaccination awareness	IHP and MOH	X						X								
<b>IR 3</b>	IR 3.3		<b>Activity 3</b>	<b>Conduct pilot telephone-based information campaigns</b>																
<b>IR 3</b>	IR 3.3		Activity 3.1	Send 15,000 Short Message Services (SMS) to support BCC mini-campaigns in nine health zones	IHP and BCC	X	X	X	X	X	X									
	IR 3.3		Activity 3.2	Accompany health zones in sending SMS via the Closed User Group (CUG)	IHP and BCC		X													
<b>IR 3</b>	IR 3.3		<b>Activity 4</b>	<b>Select and train Champion Communities</b>																
<b>IR 3</b>	IR 3.3		Activity 4.1	Organize a joint mission for one IHP staff and one health district team for a post-training follow up for two new Champion Communities, over three days, in the health zones of Kalenda and Kanda Kanda	IHP		X													
<b>IR 3</b>	IR 3.3		Activity 4.2	Evaluate the two Champion Communities with the health district in the two health zones of Kalenda and Kanda Kanda	IHP			X												
<b>IR 3</b>	IR 3.3		Activity 4.3	Financially support the implementation of work plans for two new Champion Communities in Kalenda and Kanda Kanda	IHP				X											
<b>IR 3</b>	IR 3.3		Activity 4.4	Celebrate the certification of four Champion Communities	IHP					X										
<b>IR 3</b>	IR 3.3		Activity 4.5	Carry out a follow-up mission for four Champion Communities for the sustainability and organization of income-generating activities	IHP					X										
<b>IR 3</b>	IR 3.3		Activity 4.6	Organize a two-day Champion Community experience sharing meeting with 40 people from HZMTs, the provincial health district, and the health district	IHP			X												
<b>Intermediate Result 4: Health sector leadership and governance in target provinces improved (Component 2)</b>	<b>IR 4.1: Provincial health sector policies and national level policies aligned</b>	% of health zones with an annual operational plan based on National Development Plan ("PNDS"); % of health zone management teams with a performance management system that includes essential components																		
<b>IR 4</b>	IR 4.1		<b>Activity 1</b>	<b>Support the implementation of health policies at the district and provincial level</b>																
<b>IR 4</b>	IR 4.1		Activity 1.1	Organize joint supervision visits with the MOH and the project to the health facilities	IHP and MOH	X	X	X	X	X	X									
<b>IR 4</b>	IR 4.1		<b>Activity 2</b>	<b>Support the health zones in finalizing health development plans (strategic plans) in the elaboration of annual operational plans for 2014 which are aligned with MOH policies</b>																
<b>IR 4</b>	IR 4.1		Activity 2.1	Provide financial and technical support for AOP 2015 consolidation for the provincial health district in Kasai Oriental and Lomami	IHP and MOH			X												
<b>IR 4</b>	IR 4.1		Activity 2.2	Provide technical and financial support for several pilot programs, such as the National Steering Committee (CPP), Provincial Steering Committee, Inter-Agency Coordination Committee (CCIA), the Board of Directors and working groups	IHP and MOH	X			X											
<b>IR 4</b>	IR 4.1		<b>Activity 3</b>	<b>Support the national health information system (SNIS)</b>																
<b>IR 4</b>	IR 4.1		Activity 3.1	Provide financial support for monthly data reviews in nine health zones to analyze transmitted data, and in 168 health areas, including the analysis of medicine management	IHP and MOH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>IR 4</b>	IR 4.1		<b>Activity 4</b>	<b>Organize monitoring and evaluation meetings in the health zones</b>																
<b>IR 4</b>	IR 4.1		Activity 4.1	Support two quarterly reviews for two health districts in Mwene Ditu and Mbuji-Mayi	IHP and MOH			X				X								
<b>IR 4</b>	IR 4.1		Activity 4.2	Provide technical and financial support for the provincial health district, health district, and health zones, according to the sub-grants provided by IHP	IHP and MOH			X			X			X						X
<b>IR 4</b>	IR 4.1		Activity 4.3	Provide technical and financial support for supervision visits for the provincial health district, health district, and health zones, all in accordance with the sub-grants provided by the project	IHP and MOH			X			X			X						X



PM	PM		Activity 6.2	Organize the maintenance and repair of IT and other equipment (plan for vehicle repair)	COMU and community	X	X	X	X	X	X	X	X	X					
PM	PM		<b>Activity 7</b>	<b>PM 7 Monitor all contracts and grants as needed</b>	Contracts Manager														
PM	PM		Activity 7.1	Conduct regular visits to verify the implementation of agreements and contracts	Contracts Manager		X		X		X				X			X	
PM	PM		Activity 7.2	Conduct regular monitoring visits to verify compliance with contractual requirements for drug management in the CDR	Contracts Manager		X		X		X				X			X	
PM	PM		Activity 7.3	Provide orientation to the health zone management teams and CBOs that will participate in RBF activities	Contracts Manager		X												
PM	PM		Activity 7.4	Conduct follow-up visits to monitor the implementation of RBF contracts	Contracts Manager										X				X
PM	PM		<b>Activity 8</b>	<b>PM 8 Ensure appropriate branding, marking, and communication</b>				X											
PM	PM		Activity 8.1	Install IHP signs in the 8 GRHs, 8 health zone central offices, and health district of Sankuru to raise visibility	IHFD	X													
PM	PM		Activity 8.2	Produce success stories on the different project interventions each quarter	IHP Communications Advisor				X			X					X		
PM	PM		<b>Activity 9</b>	<b>PM 9 Manage project closeout</b>															
PM	PM		Activity 9.1	<b>Facilities and office services</b>															
PM	PM		Activity 9.1.1	Conduct physical inventory review of all inventories of expendable supplies and non-expendable equipment	Operations Manager			X											
PM	PM		Activity 9.1.2	Create disposition plan of large equipment for submission to Kinshasa office	Operations Manager			X											
PM	PM		Activity 9.2	<b>Manage HR</b>															
PM	PM		Activity 9.2.1	Prepare phase-out schedule	HR Manager, IHFD	X													
PM	PM		Activity 9.2.2	Confirm termination letter notifications or employment agreement amendments to all staff	HR Manager, IHFD										X				
PM	PM		Activity 9.3	<b>Manage program contracts</b>															
PM	PM		Activity 9.3.1	Draft client close-out plan and approval request	Contracts Manager	X													
PM	PM		Activity 9.3.2	Notify stakeholders, implementing and government partners of close-out and discuss transition plans	Contracts Manager			X											
PM	PM		Activity 9.3.3	Develop close-out approach and provide guidelines as required to subcontractors and sub recipients	Operations Manager, Contracts Manager			X											
PM	PM		Activity 9.3.3	Submit property disposition plan to Kinshasa office for compilation and recommendation to USAID	Contracts Manager						X								
PM	PM		Activity 9.3.4	Finalize outstanding modifications with subcontractors and sub recipients	Contracts Manager										X				
PM	PM		Activity 9.4	<b>Monitor general operations management</b>	Operations Manager	X	X	X	X	X	X	X							
PM	PM		Activity 9.4.1	Meet quarterly to review and discuss key benchmarks	Operations Manager, IHFD		X			X				X					X







IR 3	IR 3.3		Activity 5.2	Carry out two supportive supervision missions to monitor the progress of the CPCC in the implementation of their action plans; validate and certify Champion Communities together with MOH partners during a community-wide event	Senior BCC Expert, CBO, MOH zonal and district health teams			X		X	X									
IR 3	IR 3.3		Activity 6	Promote care-seeking behavior for caregivers of children under five																
IR 3	IR 3.3		Activity 6.1	Organize a five-day joint supervision mission and awareness-raising event with the district health team (through subgrant to MOH) on the implication of 60 religious and community leaders on essential family health practices in the health zones with community care sites (Tshumbe, Djalo, and Minga) for 26 health areas	Senior BCC Expert, CBO, MOH zonal and district health teams		X	X												
<b>Intermediate Result 4: Health sector leadership and governance in target provinces improved (Component 2)</b>		<b>IR 4.1: Provincial health sector policies and national level policies aligned</b>	% of health zones with an annual operational plan based on National Development Plan ("PNDS"); % of health zone management teams with a performance management system that includes essential components																	
IR 4	IR 4.1		Activity 2	Strengthen the capacity of health zone management teams in the development of their Annual Operational Plans (AOPs) and other action plans (e.g., coverage plans for health facilities, communication plans, training plans, and supervision plans) across the eight health zones managed by the Tshumbe coordination office																
IR 4	IR 4.1		Activity 2.1	Ensure sub grant payment to the health district team of Sankuru and to the health zones (eight advisory board meetings to adopt annual reports for 2014 and 2015)	Contracts Manager			X	X											
IR 4	<b>IR 4.2: Evidence-based tools for strategic planning and management decision-making adopted</b>																			
IR 4	IR 4.2		Activity 1	Provide technical, financial and logistical support to the national health information system (SNIS)																
IR 4	IR 4.2		Activity 2	Provide technical and financial support for monitoring and evaluation (M&E) systems	M&E team															
IR 4	IR 4.2		Activity 2.1	Provide technical and financial support to the monthly review of M&E systems across the eight supported health zones	M&E team	X	X	X	X	X	X									
IR 4	IR 4.2		Activity 2.2	Provide technical and financial support for monthly monitoring meetings (2,028 meetings in 118 health areas)	M&E team and MOH partners	X	X	X	X	X	X									
IR 4	IR 4.2		Activity 2.3	Provide financial and technical support to monthly meetings of CBOs (2,028 meetings in 118 health areas)	IHFD and MOH partners	X	X	X	X	X	X									
<b>Monitoring and Evaluation (M&amp;E)</b>		<b>M&amp;E</b>																		
M&E	M&E		Activity 1	Improve data collection and transmission																
M&E	M&E		Activity 1.1	Provide technical support to briefing 10 participants (four IHP staff, three DS staff, and three health zone staff), assess data collected using the Routine Data Quality Analysis (RDQA) tool	FOS, M&E staff					X										
M&E	M&E		Activity 1.2	Carry out a joint mission to audit data using the RDQA tool in the health zones of Minga, Lusambo, and Panya Mutombo for 15 health facilities	STC, MOH partners, M&E staff					X										
M&E	M&E		Activity 1.3	Provide the eight health zones (128 health facilities) with data management, collection, and transmission tools (130 ANC record books, 130 PNC record books, 130 PSC record books, 130 record books for essential medicine utilization or RUMER, 130 FP record books, 130 curative health record books, 2,640 MEG management template, 2,124 SNIS templates for health centers, 3,261 IMCI and i-CCM sheets, 1,703 partogram templates, 288 SNIS templates for GRHs, and 144 SNIS templates for the central health zone offices)	STC, MOH partners, M&E staff	X	X													
M&E	M&E		Activity 1.4	Provide technical support during a five-day post-training follow-up on new SNIS regulatory framework in three health zones (Wembonyama, Lusambo, and Panya Mutombo) with two DS staff and three IHP staff							X									
<b>Health Systems Strengthening</b>		<b>HSS</b>																		
HSS	HSS		Activity 1	In collaboration with the DEP, provide financial and technical support to the consolidation and validation of AOPs in the zonal, district, and provincial levels	HSS Advisor, IFHD					X										
<b>Project Management</b>		<b>PM</b>	# of success stories developed																	
PM	PM		Activity 1	PM 1 Ensure that the program, financial, and administrative standards, norms, and procedures are followed	Country Operating Management Unit (COMU) Director and Operations Manager	X	X	X	X	X	X	X								
PM	PM		Activity 1.1	Organize quarterly meetings with IHP staff to make certain that staff have a thorough understanding of MSH administrative and financial procedures	STA and COMU	X				X										
PM	PM		Activity 1.2	Organize conference calls with the Kinshasa office to regularly discuss status of finance, contracts, logistics, and technical progress	COP, FOS, STA and COMU	X	X	X	X	X	X									
PM	PM		Activity 1.3	On a monthly basis, develop and submit estimated budget for office operations and implementation of activities	STA and COMU	X	X	X	X	X	X									
PM	PM		Activity 1.4	On a monthly basis, submit a financial report including all pertinent back-up documents to Kinshasa	COMU	X	X	X	X	X	X									
PM	PM		Activity 1.5	Represent the project in at least 80% of meetings with political and health authorities and partners	STA, TA	X	X	X	X	X	X									
PM	PM		Activity 2	PM 2 Manage human resources	Human Resources Manager	X	X	X	X	X	X	X	X	X						
PM	PM		Activity 2.1	Manage the closeout activities related to project human resources	COMU and IHFD	X	X	X	X	X	X	X								
PM	PM		Activity 2.2	Organize conference calls with the Kinshasa office to discuss and monitor human resources (HR) management	COP, FOS, STA and COMU	X	X	X	X	X	X									
PM	PM		Activity 3	PM 3 Develop and implement staff development activities to increase the quality of project deliverables	Human Resources Manager			X	X	X	X	X								



PM	PM		Activity 9.3.2	Provide written notification to partners six months before the end of the project	COP						X						
PM	PM		Activity 9.3.3	Develop amendments to agreements with partners for PY5	Contract Manager and COP	X											
PM	PM		Activity 9.3.4	Ensure smooth close out of grants to Tshikaji and Bulape after their transfer	Contract Manager and IHFD	X											
PM	PM		Activity 9.3.5	Conduct monthly follow up of grants and commodities	IHFD et Staffs	X	X	X	X	X	X	X	X	X			
PM	PM		Activity 9.3.6	Provide technical and financial support to the RBF process in the Luiza health zone	FBR Focal Point and M&E	X	X	X	X	X	X	X	X	X			
PM	PM		Activity 9.4	<b>Monitor general operations management</b>	Operations Manager	X	X	X	X	X	X						
PM	PM		Activity 9.4.1	Meet quarterly to review and discuss key benchmarks	Operations Manager, IHFD		X			X			X				X

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IR	Sub-IR	Indicators (PMP)	# Activities	Activities	Responsible Parties	Timeline													
						2014			2015										
						Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept		
<b>Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)</b>	<b>IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased</b>	% of general reference hospitals (GRHs) implementing complementary package of activities (CPA); % of GRHs implementing CPA-plus; % of health centers implementing minimum package of activities (MPA); Couple years of protection (CYP) in USG-supported programs; Number of new acceptors for any modern contraceptive method in USG-assisted family planning (FP) service delivery points; Number of USG-assisted health facilities experiencing stock-outs of Depo-Provera; Number of USG-assisted health facilities experiencing stock-outs of iron-folate; Number of USG-assisted health facilities experiencing stock-outs of ORS-Zinc; % of health centers implementing MPA-plus; % of pregnant women who received at least two doses of SP for Intermittent Preventive Treatment (IPT) during ANC visits; # of USG-supported service delivery points experiencing stock-outs of ACT for 1-5 year olds; # of insecticide treated nets (ITNs) purchased by other partners that were distributed with USG funds; # of ITNs purchased with USG funds that were distributed; # of health workers trained in IPT with USG funds disaggregated by gender (male/female); # of SP tablets purchased with USG funds; # of ACT treatments purchased by other partners that were distributed with USG funds; # of SP tablets purchased with USG funds that were distributed to health facilities; # of health workers trained in case management with ACTs with USG funds; # of ACT treatments purchased with USG funds that were distributed disaggregated in 3 sub-categories (health facilities, community health workers, private/commercial sector); # of health workers trained in malaria laboratory diagnostics (RDTs or microscopy) with USG funds disaggregated in 3 sub-categories (a. # of health facility workers trained (male/female); b. # of community-level workers trained (male/female); c. # of laboratory workers trained (male/female)); # of RDTs purchased with USG funds that were distributed to health facilities; Number of USG-assisted service delivery points experiencing stock-outs of RHEZ (rifampicin, isoniazid, ethambutol) combination; Number of USG-assisted service delivery points experiencing stock-outs of Nevirapine; Number of USG-assisted service delivery points experiencing stock-outs of AZT																	
IR 1	IR 1.1		Activity 1	In collaboration with the provincial health division and the health district, support a three-day workshop to evaluate 2014 Annual Operation Plans (AOP) in the health zones, appropriating and capitalizing on the project innovations and the IHP presentation of the Bukavu PYS action plan			X												
IR 1	IR 1.1		Activity 2	Reinforce the implementation of improved health center infrastructures in the targeted health zones, with the prioritization of health centers in renovated health zones selected by the Ministry of Health (MOH) to be enhanced in 2014-2015 based on the development standards in the National Health Development Plan (PNDS)	IHP, health zone management teams (HZMT), local authorities, and communities														
IR 1	IR 1.1		Activity 2.1	Complete the rehabilitation work on five health infrastructures in the four health zones: Mubumbano (one intensive care unit), Minova (one health center), Bulenga, Kamituga (two health centers in Kimbangu and Ngambwa)		X	X	X											
			Activity 2.2	Renovate three health infrastructures in the two targeted health zones: Katana (two maternities, general referral hospital (GRH) blocks B and C), Miti Murhesa (one health center laboratory in Kavumu)		X	X	X	X	X	X	X							
IR 1	IR 1.1		Activity 3	Support the management of lines of credit and the availability of pharmaceutical products, basic products, and basic equipment as well as maternity equipment including maternal, neonatal, and child health (MNCH) kits	MOH, Provincial Pharmaceutical Inspector (PIP), District Pharmaceutical Inspector (PID), IHP, and SIAPS														
			Activity 3.1	Ensure the monitoring of medical management audits from PY4 in the health zones and support for implementation evaluations of medical management procedures (CFR supervision)	MOH, PIP, PID, IHP, and SIAPS	X	X	X	X	X	X								
			Activity 3.2	Reinforce the technical support for monitoring of the pharmaceutical management system in the 438 health facilities serving beneficiary communities (CDR supervision)	MOH, PIP, PID, IHP, and SIAPS	X	X	X	X	X	X	X	X	X					
IR 1	IR 1.1		Activity 3.3	Quantify and order essential medicines by ensuring timely delivery of priority medication	MOH, PIP, PID, IHP, and SIAPS														
IR 1	IR 1.1		Activity 3.4	Provide a monthly supply of essential generic medication (MEG) for the 23 health zones	IHP and SIAPS	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			Activity 3.5	Provide 5 GRHs with an IT kit with a database adapted to management structures to ensure good governance	IHP and SIAPS		X												
IR 1	IR 1.1		Activity 3.6	Reinforce the technical assistance for quarterly monitoring, the inventory, and the maintenance of equipment provided by IHP (CFR supervision)	MOH, Provincial Pharmaceutical Inspector (PIP), District Pharmaceutical Inspector (PID), IHP, SIAPS, and CDR	X		X		X		X							
	IR 1.1		Activity 4	Improve the capacity of the GRHs to deliver the minimum package of activities (MPA) and complementary package of activities (CPA)															
	IR 1.1		Activity 4.1	Provide financial support to the joint supportive supervision of the eight health zones in using flowcharts in Katana, Bagira, Ibanda, Walungu, Kadutu, Kaziba, Mubumbano, and Mwana		X	X	X	X	X									
	IR 1.1		Activity 4.2	Provide financial and technical support for eight post-training follow-up visits with health care providers in the use of treatment flow charts in eight health zones (Miti-Murhesa, Mwenga, Bunyakiri, Minova, Idjwi, Kamituga, Nyangezi, and Kaniola)		X	X	X	X	X	X	X							





IR 2	IR 2.1		Activity 3.4	Organize and finance 12 post-HBB training joint monitoring visits for 60 midwives in 12 health zones, one visit per health zone (Kalonge, Bunyakiri, Shabunda, Kalole, Lulingu, Mulungu, Mubumbano, Kaniola, Mwenga, Kitutu, Nyangezi and Mwana)	MNCH STA, Technical Specialist, HZMT, PNSR	X	X	X	X	X	X	X							
IR 2	IR 2.1		Activity 3.5	Provide technical and financial support for the establishment of hospital hygiene committees in nine health zones (Kalonge, Bunyakiri, Ibanda, Kamituga, Kitutu, Mulungu, Shabunda, Lulingu and Kalole)	MNCH STA, Technical Specialist, HZMT, PNSR	X	X	X	X	X	X	X							
IR 2	IR 2.1		Activity 3.6	Build eight incinerators in eight health zones (Katana, Walungu, Mubumbano, Miti-Murhesa, Kaziba, Mwana, Bunyakiri, and Kamituga)	WASH Specialist, WASH Technical Consultant, HZMT, community leaders	X	X	X	X	X	X								
IR 2	IR 2.1		Activity 3.7	Build eight placenta pits in eight health zones (Katana, Walungu, Mubumbano, Miti-Murhesa, Kaziba, Mwana, Bunyakiri, and Kamituga)	WASH Specialist, WASH Technical Consultant, HZMT, community leaders	X	X	X	X	X	X								
IR 2	IR 2.1		Activity 3.8	Build eight VIP latrines in eight health zones (Katana, Walungu, Mubumbano, Miti-Murhesa, Kaziba, Mwana, Bunyakiri, and Kamituga)	WASH Specialist, WASH Technical Consultant, HZMT, community leaders	X	X	X	X	X	X								
IR 2	IR 2.1		<b>Activity 4</b>	<b>Support malaria treatment in the health facilities in the supported health zones; training, distribution of medicine and artemisinin-based combination therapy (ACT), rapid diagnostic tests (RDT), and supervision</b>	Malaria Technical Consultant, STC, HZMT														
IR 2	IR 2.1		Activity 4.1	Distribute long-lasting insecticide-treated net (LLIN) during prenatal consultations and pre-school consultations (PSC) in the health zones, taking into account the needs on the ground s	Malaria Technical Consultant, STC, HZMT		X	X	X	X	X	X							
IR 2	IR 2.1		Activity 4.2	Distribute sulfadoxine-pyrimethamine (SP) in 22 health zones on a quarterly basis, taking into account the needs on the ground	Malaria Technical Consultant, STC, HZMT, SIAPS	X	X	X	X	X	X	X							
IR 2	IR 2.1		Activity 4.3	Financially support the transportation of anti-malarial commodities to 22 health zones	Malaria Technical Consultant, IHP Coordinator, HZMT, SIAPS	X	X	X	X	X	X	X							
IR 2	IR 2.1		Activity 4.4	Financially support the post-training monitoring of malaria treatment and use of rapid diagnostic tests in nine health zones (Nyangezi, Kaziba, Walungu, Kamituga, Kitutu, Mwenga, Shabunda, Kalole, and Lulingu)	Malaria Technical Consultant, STC, HZMT, SIAPS	X	X	X	X	X	X								
IR 2	IR 2.1		Activity 4.5	Financially support post-training monitoring of 320 health service providers in health facilities in eight health zones (40 providers per health zone) on the treatment of acute malaria (Ibanda, Kadutu, Mwana, Miti-Murhesa, Katana, Walungu, Kaniola and Mubumbano)	Malaria Technical Consultant, STC, HZMT, SIAPS	X	X	X	X	X	X	X							
IR 2	IR 2.1		Activity 4.6	Distribute antimalarials on a quarterly basis in the 22 health zones	Malaria Technical Consultant, STC, HZMT, SIAPS	X			X			X							
IR 2	IR 2.1		Activity 4.7	Provide financial support to the celebration of World Malaria Day	Malaria Technical Consultant, National Malaria Control Program (PNLP) and MOH B3								X						
IR 2	IR 2.1		<b>Activity 5</b>	<b>Strengthen activities on gender and gender-based violence (GBV)</b>	GBV Officer, HZMT														
IR 2	IR 2.1		Activity 5.1	Strengthen and finance 10 supportive supervision visits to 10 health zones to improve the care of survivors of sexual violence (Ibanda, Bagira, Kadutu, Miti-Murhesa, Mubumbano, Kaziba, Kitutu, Mwenga, Bunyakiri and Kalonge)	GBV Officer, HZMT				X				X						
			Activity 5.2	Financially support the joint monitoring of eight health zones (Mwana, Nyangezi, Walungu, Minova, Katana, Idjwi, Kaniola and Kamituga)	GBV Officer, HZMT														
IR 2			Activity 5.3	Provide technical and financial support the development of a network of young mothers who participate in the "Vas-y filles" activity performed in the Medical Technical Institutes in four health zones (Walungu, Katana, Nyangezi, and Minova)	GBV Officer, HZMT				X	X	X	X							
			Activity 5.4	Provide technical and financial support family planning activities in existing locations for young people in the health zones of Walungu, Minova, Katana, and Nyangezi	GBV Officer, HZMT		X	X	X	X	X	X							
	IR 2.1		Activity 5.5	Provide the health zones with 480 educational illustrations on sexual and gender-based violence (SGBV) and brochures for the fight against SGBV	GBV Officer, BCC Specialists, HZMT		X	X	X	X	X	X							
IR 2	IR 2.1		Activity 5.6	Organize and finance five conferences/debates on reproductive health, sexual health, sexually transmitted diseases HIV/AIDS and sexual and gender based violence in five health zones under the "Vas-y filles" program (Kaziba, Mwana, Kaniola, Miti-Murhesa, and Idjwi)	GBV Officer, HZMT, PNSR				X	X	X	X							
IR 2	IR 2.1		Activity 5.7	Organize and finance two mini-campaigns and awareness-raising efforts on gender-based violence in two health zones (TBD)	GBV Officer, HZMT, PNSR, BCC Specialist							X							
IR 2	IR 2.1		Activity 5.8	Distribute 1,000 post-exposure prophylaxis (PEP) kits in 22 health zones (as needed)	GBV Officer, HZMT, PNSR					X									
			Activity 5.9	Provide technical and financial support to International Women's Day (March 8, 2015) as part of promotion of women and women's empowerment	GBV Officer, HZMT, PNSR, BCC Specialist							X							





Health Systems Strengthening	Health System Strengthening																			
HSS	HSS		Activity 1	Provide technical and financial support for a mid-term review of the AOP 2014 in the health zones and health district in collaboration with the MOH unit of research and planning and the provincial management team to develop a framework for the AOP 2015 aligned with the National Health Development Plan (PNDS in French)	HSS Advisor, IFHD		X													
HSS	HSS		Activity 2	Provide technical and financial support to the consolidation/mediation and validation of the AOP in the health zones with the participation of the MOH unit of research and planning	HSS Advisor, IFHD				X											
<b>Project Management</b>	<b>PM</b>	<b># of success stories developed</b>																		
PM	PM		<b>Activity 1</b>	<b>PM 1 Ensure that the program, financial, and administrative standards, norms, and procedures are followed</b>	Country Operating Management Unit (COMU) Director and Operations Manager	X	X	X	X	X	X	X								
PM	PM		Activity 1.1	Organize working groups for the coordination office to ensure conformity of program, administrative and financial procedures and services	COMU Director	X	X	X	X	X	X	X								
PM	PM		Activity 1.2	Produce four quarterly plans for the coordination office	COMU Director, FOS, IHFD	X			X			X								
PM	PM		<b>Activity 2</b>	<b>PM 2 Manage human resources</b>	Human Resources Manager	X	X	X	X	X	X	X	X	X						
			<b>Activity 2.1</b>	Manage the closeout activities related to project human resources	Human Resources Manager	X	X	X	X	X	X	X	X	X						
PM	PM		<b>Activity 3</b>	<b>PM 3 Develop and implement staff development activities to increase the quality of project deliverables</b>	Human Resources Manager			X	X	X	X	X								
PM	PM		<b>Activity 4</b>	<b>PM 4 Ensure that that the coordination office of Bukavu is fully functional</b>	Operations Manager	X	X	X	X	X	X	X	X	X						
PM	PM		Activity 4.1	Manage the daily operations of the Bukavu office	Operations Manager	X	X	X	X	X	X	X	X	X						
PM	PM		<b>Activity 5</b>	<b>PM 5 Manage and ensure staff and office security in all locations</b>	Operations Manager	X	X	X	X	X	X	X	X	X						
PM	PM		Activity 5.1	Enhance communications between project personnel and other partners	Operations Manager															
PM	PM		<b>Activity 6</b>	<b>PM 6 Ensure that the office is equipped with communication and information technology (IT) support, tools, and equipment as needed</b>		X	X	X	X	X	X	X	X	X						
PM	PM		Activity 6.1	Reinforce the internal and external communications of the coordination office	Information Technology (IT) manager, Operations manager		X	X	X	X	X	X	X	X						
PM	PM		<b>Activity 8</b>	<b>PM 8 Ensure appropriate branding, marking, and communication</b>				X												
PM	PM		Activity 8.1	Obtain materials and equipment for project visibility and communications	Communications specialist and operations manager				X				X							
PM	PM		Activity 8.2	Produce success stories for the different technical areas of the project each quarter	Communications specialist															
PM	PM		<b>Activity 9</b>	<b>PM 9 Manage project closeout</b>																
PM	PM		Activity 9.1	<b>Facilities and office services</b>																
PM	PM		Activity 9.1.1	Conduct physical inventory review of all inventories of expendable supplies and non-expendable equipment	Operations Manager			X												
PM	PM		Activity 9.1.2	Create disposition plan of large equipment for submission to Kinshasa office	Operations Manager			X												
PM	PM		Activity 9.2	<b>Manage HR</b>																
PM	PM		Activity 9.2.1	Prepare phase-out schedule	HR Manager, IHFD	X														
PM	PM		Activity 9.2.2	Confirm termination letter notifications or employment agreement amendments to all staff	HR Manager, IHFD								X							
PM	PM		Activity 9.3	<b>Manage program</b>																
PM	PM		Activity 9.3.1	Draft close-out plan and approval request for submission to Kinshasa office	Contracts Manager	X														
PM	PM		Activity 9.3.2	Notify stakeholders, implementing and government partners of close-out and discuss transition plans	Contracts Manager			X												
PM	PM		Activity 9.3.3	Develop close-out approach and provide guidelines as required	Operations Manger, Contracts Manager			X												
PM	PM		Activity 9.3.3	Submit property disposition plan to Kinshasa office for recommendation to USAID	Contracts Manager							X								
PM	PM		Activity 9.4	<b>Monitor general operations management</b>	Operations Manager	X	X	X	X	X	X	X	X							
PM	PM		Activity 9.4.1	Meet quarterly to review and discuss key benchmarks	Operations Manager, IHFD		X			X				X					X	

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IR	Sub-IR	Indicators (PMP)	Activity No.	Activity	Responsible Parties	Timeline												
						2014			2015									
						Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	
RI																		
<b>Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in targeted health zones increased (Component 1)</b>	<b>IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in targeted health zones increased</b>	% of general reference hospitals (GRHs) implementing complementary package of activities (CPA); % of GRHs implementing CPA-plus; % of health centers implementing minimum package of activities (MPA); Couple years of protection (CYP) in USG-supported programs; Number of new acceptors for any modern contraceptive method in USG-assisted family planning (FP) service delivery points; Number of USG-assisted health facilities experiencing stock-outs of Depo-Provera; Number of USG-assisted health facilities experiencing stock-outs of iron-folate; Number of USG-assisted health facilities experiencing stock-outs of ORS-Zinc; % of health centers implementing MPA-plus; % of pregnant women who received at least two doses of SP for Intermittent Preventive Treatment (IPT) during ANC visits; # of USG-supported service delivery points experiencing stock-outs of ACT for 1-5 year olds; # of insecticide treated nets (ITNs) purchased by other partners that were distributed with USG funds; # of ITNs purchased with USG funds that were distributed; # of health workers trained in IPTp with USG funds disaggregated by gender (male/female); # of SP tablets purchased with USG funds; # of ACT treatments purchased by other partners that were distributed with USG funds; # of SP tablets purchased with USG funds that were distributed to health facilities; # of health workers trained in case management with ACTs with USG funds; # of ACT treatments purchased with USG funds that were distributed disaggregated in 3 sub-categories (health facilities, community health workers, private/commercial sector); # of health workers trained in malaria laboratory diagnostics (RDTs or microscopy) with USG funds disaggregated in 3 sub-categories (a. # of health facility workers trained (male/female); b. # of community-level workers trained (male/female); c. # of laboratory workers trained (male/female)); # of RDTs purchased with USG funds that were distributed to health facilities; Number of USG-assisted service delivery points experiencing stock-outs of RHEZ (rifampicin, isoniziad, ethambutol) combination; Number of USG-assisted service delivery points experiencing stock-outs of Nevirapine; Number of USG-assisted service delivery points experiencing stock-outs of AZT																
IR 1	IR 1.1		Activity 1	In collaboration with the health district, organize a five-day evaluation workshop for the 2015 Annual Operational Plans (AOP) in the health zones, as well as an annual indicator review	Coordination Office Technical Advisors (TA); Integrated Health Field Director (IHFD); zonal, district, and provincial health management teams				X									
IR 1	IR 1.1		Activity 2	Prioritize and carry out infrastructure improvements in health facilities in the target health zones														
IR 1	IR 1.1		Activity 2.1	Construct five placenta pits in the target health structures (Lualaba, Mutshatsha, Bunkeya, Fungurume and Lubudi)	Construction Manager, Operations Manager, Wash Specialist and Field Coordinator	X	X	X	X	X	X							
IR 1	IR 1.1		Activity 2.2	Construct ten blocks of latrines in the health facilities of the following health zones: Kanzenze (three), Mutshatsha (two), Lualaba (two), Bunkeya (two), Fungurume (one)	Construction Manager, Operations Manager, Wash Specialist and Field Coordinator	X	X	X	X	X	X							
IR 1	IR 1.1		Activity 2.3	Construct 15 furnaces in 15 health facilities at the health zone level in Kanzenze (three), Mutshatsha (two), Lualaba (two), Bunkeya (two), Fungurume (two), Manika (two) et Dilala (two)	Construction Manager, Operations Manager, Wash Specialist and Field Coordinator	X	X	X	X	X	X							
IR 1	IR 1.1		Activity 3	Ensure the provision of medicines, medical supplies, and basic equipment to the health facilities through the regional distribution center (CDR) <i>Central de Distribution des Médicaments Essentiels de Kolwezi</i> (CDMEK)														
IR 1	IR 1.1		Activity 3.1	Provision health facilities with medication and supplies for specific programs	Provincial Pharmacy Inspector (PIP), District Pharmacy Inspector (PID), IHFD, TA, and Systems for Improved Access to Pharmaceuticals and Services (SIAPS)	X	X	X	X	X	X							
IR 1	IR 1.1		Activity 3.2	Provision health facilities with medication management tools (A4 management tools)	PIP, PID, IHFD, TA and SIAPS	X			X									
IR 1	IR 1.1		Activity 3.3	Monitor the usage of credit lines and the stock level of essential generic medicines at the health zone central office (BCZS is the French acronym), general referral hospital (GRH), health center (HC), and community care site levels during supervisory visits	PIP, PID, IHFD, TA and SIAPS	X	X	X	X	X	X			X		X		
IR 1	IR 1.1		Activity 3.4	Provision health facilities with medical equipment	SIAPS, Grants Manager, PID, CDMEK		X	X										
IR 1	IR 1.1		Activity 3.5	Collect and analyze monthly reports on medication management in the eight health zones	HZMT, TS, Capacity Building Specialist (CBS), SIAPS, PID	X	X	X	X	X	X							
IR 1	IR 1.1		Activity 3.6	Ensure quarterly supervision at the CDMEK level and in the health zones with the support of the <i>Systems for Improved Access to Pharmaceuticals and Services</i> (SIAPS) project	PID, SIAPS, IHP	X			X				X			X		
IR 1	IR 1.1		Activity 3.7	Participate in monthly inventory-taking at the CDMEK level	SIAPS, Grants Manager, PID and CDMEK	X	X	X	X	X	X							
IR 1	IR 1.1		Activity 4	Strengthen logistics and management of medicines, family planning products, insecticide-treated nets (ITN)/long-lasting insecticide-treated nets (LLIN), and other medical commodities														
IR 1	IR 1.1		Activity 4.1	Monitor MSH support to the warehouse/CDMEK for the transport of medicines and other commodities to the health zones	HZMT, SIAPS, Technical Specialist, Grants Manager	X			X									
IR 1	IR 1.1		Activity 4.2	Organize medicine task force meetings once a quarter in order to better monitor the management of medicines in the health zones	Ph SIAPS, PID, Field Coordinator, Grants Manager		X			X								
IR 1	IR 1.1		Activity 4.3	Organize eight joint supervision visits for medicine management in eight health zones with the support of SIAPS and the health district	Technical Specialist, HZMT, SIAPS, PID	X			X									
IR 1	IR 1.1		Activity 4.4	Ensure transport of selected commodities and medicines during monitoring and supervision visits	COMU	X	X	X	X	X	X							











PM	PM		<b>Activity 1</b>	<b>PM 1 Ensure that the program, financial, and administrative standards, norms, and procedures are followed</b>	Country Operating Management Unit (COMU) Director and Operations Manager	X	X	X	X	X	X	X							
PM	PM		Activity 1.1	Organize working groups for the coordination office to ensure conformity of program, administrative and financial procedures and services	COMU Director	X	X	X	X	X	X	X							
PM	PM		Activity 1.2	Produce four quarterly plans for the coordination office	COMU Director, FOS, IHFD	X			X			X							
PM	PM		<b>Activity 2</b>	<b>PM 2 Manage human resources</b>	Human Resources Manager	X	X	X	X	X	X	X	X	X					
PM	PM		Activity 2.1	Manage the closeout activities related to project human resources	IHFD and Human Resources Manager	X	X	X	X	X	X	X							
PM	PM		<b>Activity 3</b>	<b>PM 3 Develop and implement staff development activities to increase the quality of project deliverables</b>	Human Resources Manager				X	X	X	X							
PM	PM		Activity 3.1	Determine IHP staff development needs and draft a training plan based on the results of performance evaluations	IHFD	X	X	X	X	X	X	X							
PM	PM		Activity 3.2	Conduct quarterly meetings with staff to ensure common understanding of IHP administrative and financial procedures	IHFD	X			X			X							
PM	PM		Activity 3.3	Participate in a weekly coordinated experience exchange meeting	IHFD and M&E Specialist						X								
PM	PM		<b>Activity 4</b>	<b>PM 4 Ensure that that the Kolwezi coordination office is fully functional</b>	Operations Manager	X	X	X	X	X	X	X	X	X					
PM	PM		Activity 4.1	Participate in organized meetings at the district and provincial health level	IHFD, Technical Advisor, STC, and SCBPS	X	X	X	X	X	X	X	X	X					
PM	PM		Activity 4.2	Support the development and monitoring of the implementation of the workplan on a quarterly/monthly basis for work coordination	IHP M&E Specialist and IHFD	X			X			X							
PM	PM		Activity 4.3	Ensure reporting of activities in conformity with regulations (monthly reports, quarterly reports, and success stories)	IHP M&E Specialist and IHFD	X	X	X	X	X	X	X	X	X					
PM	PM		Activity 4.4	Manage the daily operations of the Kolwezi office	Operations Manager	X	X	X	X	X	X	X	X	X					
PM	PM		Activity 3.4	Provide monthly support for technical support missions for personnel in supported zones	COMU and community mobilizers	X	X	X	X	X	X	X	X	X					
PM	PM		<b>Activity 5</b>	<b>PM 5 Manage and ensure staff and office security in all locations</b>	Operations Manager	X	X	X	X	X	X	X	X	X					
PM	PM		Activity 5.1	Reinforce communication between personnel and other partners	IHFD	X			X			X							
PM	PM		Activity 5.2	Ensure that infrastructure and equipment conform to MSH norms and security regulations	IHFD	X	X	X	X	X	X	X	X	X					
PM	PM		Activity 5.3	Inventory all project assets and equipment in the office and health zones	IHFD	X	X	X	X	X	X	X	X	X					
PM	PM		<b>Activity 6</b>	<b>PM 6 Ensure that the office is equipped with communication and information technology (IT) support, tools, and equipment as needed</b>		X	X	X	X	X	X	X	X	X					
PM	PM		Activity 6.1	Reinforce the internal and external communications of the coordination office	Information Technology (IT) manager, Operations manager		X	X	X	X	X	X	X	X					
PM	PM		Activity 6.2	Organize the maintenance and repair of IT and other equipment (plan for vehicle repair)	COMU and community mobilizers	X	X	X	X	X	X	X	X	X					
PM	PM		<b>Activity 8</b>	<b>PM 8 Ensure appropriate branding, marking, and communication</b>				X											
PM	PM		Activity 8.1	Obtain materials and equipment for project visibility and communications	IHFD	X													
PM	PM		Activity 8.2	Produce success stories on the different project interventions each quarter	IHP Communications Advisor				X			X					X		
PM	PM		<b>Activity 9</b>	<b>PM 9 Manage project closeout</b>															
PM	PM		<b>Activity 9.1</b>	<b>Facilities and office services</b>															
PM	PM		Activity 9.1.1	Conduct physical inventory review of all inventories of expendable supplies and non-expendable equipment	Operations Manager				X										
PM	PM		Activity 9.1.2	Create disposition plan of large equipment for submission to Kinshasa office	Operations Manager				X										
PM	PM		<b>Activity 9.2</b>	<b>Manage HR</b>															
PM	PM		Activity 9.2.1	Prepare phase-out schedule	HR Manager, IHFD	X													
PM	PM		Activity 9.2.2	Confirm termination letter notifications or employment agreement amendments to all staff	HR Manager, IHFD												X		
PM	PM		<b>Activity 9.3</b>	<b>Manage program</b>															
PM	PM		Activity 9.3.1	Draft close-out plan and approval request	IHFD	X													
PM	PM		Activity 9.3.2	Notify stakeholders, implementing and government partners of close-out and discuss transition plans	IHFD				X										
PM	PM		Activity 9.3.3	Submit property disposition plan to Kinshasa office for compilation and recommendation to USAID	IHFD, Operations Manager							X							
PM	PM		<b>Activity 9.4</b>	<b>Monitor general operations management</b>	Operations Manager	X	X	X	X	X	X	X							
PM	PM		Activity 9.4.1	Meet quarterly to review and discuss key benchmarks	Operations Manager, IHFD		X			X				X					X







IR 3	IR 3.1		Activity 2.1	On a quarterly basis, guide seven Champion Community Pilot Committees (CPCC in French) in the development and implementation of their workplans in order to achieve objectives, as well as the development of organizational policies and each CPCC obtaining legal status	BCC Specialist, BCC STA, zonal and district health management teams, community partners	X			X											
IR 3	IR 3.1		Activity 2.2	Provide technical and financial assistance to two joint missions with the MOH to follow up on CPCC activities	BCC Specialist, BCC STA, zonal and district health management teams, community partners		X			X										
IR 3	IR 3.1		Activity 2.3	Certify Champion Communities who have met their objectives during a community-wide celebration where members of CPCCs will share their experiences with the communities	BCC Specialist, BCC STA, zonal and district health management teams, community partners					X										
IR 3	<b>IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched</b>	# of CODESAs supported by IHP and which have a "Communications action plan;" # of educational SMS messages during BCC campaigns or mini campaigns on malaria, nutrition and/or family planning																		
IR 3	IR 3.3		<b>Activity 1</b>	<b>Support activities planned for the international days celebrating health domains that the project covers</b>																
IR 3	IR 3.3		Activity 1.1	Provide technical and financial assistance to celebrate World AIDS Day in the health zones of Uvira and Lamera	BCC Specialist, BCC STA, zonal and district health management teams, community partners			X												
IR 3	IR 3.3		Activity 1.2	Provide technical and financial assistance to celebrate and raise TB awareness on World TB Day in the health zones of Nundu and Ruzizi	BCC Specialist, BCC STA, zonal and district health management teams, community partners						X	X								
IR 3	IR 3.3		<b>Activity 2</b>	<b>Revitalize the CODESAs by assisting them to develop, implement, and monitor their communication action plans</b>																
IR 3	IR 3.3		Activity 2.1	Provide technical and financial assistance to 53 CODESAs in the elaboration, implementation, monitoring, and evaluation of their quarterly communication action plans	BCC Specialist, BCC STA, zonal and district health management teams, community partners				X	X	X	X								
IR 3	IR 3.3		<b>Activity 3</b>	<b>Develop and carry out awareness-raising campaigns on health</b>																
IR 3	IR 3.3		Activity 3.1	Provide technical et financial two behavior change communications mini campaigns covering health topics that need the most urgent attention in the health zones of Lamera(FP and ANC 4), Ruzizi (WASH and FP), Nundu (ANC 4 and assisted delivery), and Uvira (ANC 4, diarrhea and pneumonia case management)	BCC Specialist, BCC STA, zonal and district health management teams, community partners		X			X										
IR 3	IR 3.3		Activity 3.2	Develop a contract with two community radio stations in the health zone of Uvira to broadcast educational sessions on health issues for communities	BCC Specialist, BCC STA, zonal and district health management teams, community partners		X													
IR 3	IR 3.3		<b>Activity 4</b>	<b>Implement telephone-based health information campaigns</b>																
IR 3	IR 3.3		Activity 4.1	Carry out a monthly monitoring of Short Message Service (SMS) text messages on health issues, (especially those related to project indicators with low coverage rates) through FrontlineSMS installed in Uvira	BCC Specialist, BCC STA, zonal and district health management teams, community partners		X	X	X	X	X									
IR 3	IR 3.3		Activity 4.2	Financially support the installation FrontlineSMS, a free open source software used to distribute and collect information via text messages, in health zones of Ruzizi and Lamera in order to continue SMS communication activities	BCC Specialist, BCC STA, zonal and district health management teams, community partners		X													
<b>Intermediate Result 4: Health sector leadership and governance in target provinces improved (Component 2)</b>	<b>IR 4.1: Provincial health sector policies and national level policies aligned</b>	% of health zones with an annual operational plan based on National Development Plan ("PNDS"); % of health zone management teams with a performance management system that includes essential components																		
IR 4	IR 4.1		<b>Activity 1</b>	<b>Provide technical and financial assistance to health zone management teams in the development and distribution of their AOPs for 2015 and other plans (health coverage, communication, training, and supervision)</b>																
IR 4	IR 4.1		Activity 1.1	Provide technical assistance to the process of developing AOPs in the five supported health zones	IHP and MOH				X											
IR 4	IR 4.1		Activity 1.2	Financially support the biannual meetings of advisory boards to review and adopt AOPs	IHP and MOH					X										
IR 4	IR 4.1		<b>Activity 2</b>	<b>Provide technical and financial assistance to ensure coordination meetings are carried out at the provincial, district and zonal levels (e.g., interagency coordination, health clusters, and collaborating groups)</b>	IHP and MOH															
IR 4	IR 4.1		Activity 2.1	Provide financial assistance to ensure that the EPI interagency committee meet quarterly at the EPI satellite offices	IHP and MOH			X			X					X				







M&E	<b>Activity 10</b>	Provide technical assistance to health zones with RBF with operations research (there is a need to provide guidance to M&E officers on the use of SPSS to analyze results of study)	IHP and MOH	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Communication</b>																
Communication	<b>Activity 1</b>	Update the Communication Plan and expand media plans	IHP Communication Manager	X												
Communication	<b>Activity 2</b>	Work with the home office and communications consultant to develop a series of mini-documentaries on different elements of the project, including developing the script, identifying sites, lists of people to interview, collecting and taking footage	IHP Communication Manager	X	X	X										
Communication	<b>Activity 3</b>	Ensure project visibility in PY5 by producing 2015 calendars, 2015 agendas, posters, and pens	IHP Communication Manager	X	X	X										
Communication	<b>Activity 4</b>	Report on activities based on standards and protocols (annual report, success story compendium, final, four-pager technical briefs, complete success stories each quarter)	IHP Communication Manager	X	X	X	X	X	X	X	X	X	X	X	X	X
Communication	<b>Activity 5</b>	Work with the home office and communications consultant to document effective practices and innovations of the project	IHP Communication Manager		X	X		X	X			X	X			
Communication	<b>Activity 6</b>	Produce and regularly update IHP Fact Sheet and other handouts	IHP Communication Manager				X									
Communication	<b>Activity 7</b>	Produce written, audiovisual, and audio media coverage highlighting project achievements	IHP Communication Manager and home office	X	X	X	X	X	X	X	X	X	X	X	X	X
Communication	<b>Activity 8</b>	Conduct two press trips with journalists and MOH (national and provincial) staff	IHP Communication Manager						X			X				
Communication	<b>Activity 9</b>	Organize a competition on HIV knowledge among schools in Kolwezi and Kamina, with the final competition round in Lubumbashi	IHP Communications Manager, HIV advisor, BCC and Capacity Building Advisor	X	X	X										
Communication	<b>Activity 10</b>	Organize thematic conferences with posters on lives saved at universities (Unilu, Unikam, Unikolwezi, Unimbu, Uka, Bukavu University) and local universities (Lubumbashi, Kolwezi, Kamina, Mbuji Mayi, Kananga and Bukavu)	Communications Manager, MNCH STA, provincial representative, COMU				X	X	X							
Communication	<b>Activity 11</b>	Organize thematic conferences with posters on lives saved at Kinshasa University, University Simon Kimbangu, and the Congo Protestant University	IHP Communication Manager, COMU									X	X			
Communication	<b>Activity 12</b>	Organize IHP open house days in Kinshasa and the field offices for the MOH	IHP Communication Manager											X		
Communication	<b>Activity 13</b>	Hold a dinner and press conference with the MOH and USAID (at the provincial and national level)	IHP Communication Manager and technical advisors						X			X				X
Communication	<b>Activity 14</b>	Produce documents that showcase achievements for "A Promise renewed" (APR)	IHP Communication Manager, Home Office	X	X	X	X	X	X							
PM	<b>Activity 15</b>	Provide the MOH with the IHP annual report	Project Director, Communications Manager, Home Office	X					X							
FBR	<b>Activity 16</b>	Document successes in RBF in the seven RBF health zones	IHP Communication Manager	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Behavior Change Communication (BCC)</b>																
BCC	<b>Activity 1</b>	<b>Conduct internal BCC evaluation by coordination offices (three groups of evaluations)</b>	BCC STA and Field Supervisor		X		X		X							
BCC	<b>Activity 2</b>	<b>Print and disseminate awareness-raising materials</b>		X	X	X										
BCC	Activity 2.1	Print 1,000 TB informational picture booklets (on A5 paper, with facilitation guide)	BCC STA				X	X	X							
BCC	Activity 2.2	Produce, print, and distribute documents on IHP's BCC approaches for the MOH, NGOS, and the general public	BCC/OSC home office staff													
BCC	<b>Activity 3</b>	<b>Disseminate the results of the gender analysis to communities within the targeted health zones</b>			X											
BCC	Activity 3.1	Assist the coordination offices in integrating the Champion Man Initiative into the Champion Community approach (Kamina, Kolwezi, Mwene Ditu)	BCC STA and Gender/GBV STA		X						X	X				
BCC	<b>Activity 4</b>	<b>Support Education through Listening (ETL)</b>		X	X											
BCC	Activity 4.1	Integrate recommendations from the ETL evaluation	BCC STA				X	X	X							
BCC	Activity 4.2	Distribute communication support tools	BCC STA	X	X	X										
BCC	<b>Activity 5</b>	<b>Develop and carry out health communications campaigns</b>					X									
BCC	Activity 5.1	Print the CODESA manual	BCC STA	X	X	X										
BCC	Activity 5.2	Print the Tuendeni-Kumpala communication strategy document, updated to include the Champion Man initiative, and approved by the <i>Programme National de Communication pour la Promotion de la Santé</i> (PNCPS) (150 copies)	BCC STA				X	X								







MNCH	Activity 2	Carry out supervision to improve monitoring for action in the selected "red" priority health zones	STA MNCH and MOH partners				X													
MNCH	Activity 3	Reproduce MNCH norms and directives for the health zones (about 1,200 copies)	STA MNCH and MOH partners					X												
MNCH	Activity 4	Provide technical and financial support for a workshop on MNCH competency-based evaluation of providers	STA MNCH and MOH partners	X																
MNCH	Activity 5	Carry out supportive supervision mission to the coordination offices of Kamina, Kolwezi, and Luiza	STA MNCH and MOH partners		X		X		X											
MNCH	Activity 6	Provide neonatal doll simulators for the coordination offices	STA MNCH and MOH partners	X																
<b>MNCH</b>	<b>Activity 7</b>	<b>Evaluate World Health Organization (WHO) Quality of Care indicators for MNCH in 9 health zones (Lodja, Vangakete, Bibanga, Kayamba, Kabongo, Fungurume, Dibaya, Ndekesha and Lubondaie)</b>	STA MN&CH and MOH partners with support from Results Management, Impact and Learning unit at MSH/HO		X	X	X	X	X	X	X	X								
<b>Integrated Community Case Management of Childhood Diseases (i-CCM)</b>																				
i-CCM	Activity 1	Provide technical assistance during MNCH post-training supervisions and guide the coordination offices of Kole and Tshumbe to survey utilization of health flow charts and data analysis by using scorecards	Child Health Senior Technical Advisor (STA) and MOH representative			X														
i-CCM	Activity 2	Organize joint supportive supervision missions in health centers and community care sites for the management of pneumonia and diarrhea	Child Health Senior Technical Advisor (STA) and MOH representative				X													
i-CCM	Activity 3	Provide financial and technical assistance for a five-day workshop at the national level with 25 participants to elaborate and revise the implementation guide of community-level MNCH strategies	Child Health STA						X											
i-CCM	Activity 4	Provide financial assistance to three national coordination meetings for i-CCM and the UN Commission on Life-Saving Commodities (UNCoLSC)	Child Health and MNCH STAs			X				X										
i-CCM	Activity 5	Engage a local consultant for a potential 20-day level of effort to evaluate the quality of care in the community care sites (consultant must be proficient in data entry and in using statistical software SPSS)	Technical Advisor PCIME and local consultant						X											
i-CCM	Activity 6	Develop and present a poster on the Collaborative Approach at the American Public Health Association annual conference in New Orleans	STA i-CCM and MOH Program Director of the national chronic respiratory infections control program (PNIRA)		X															
<b>Tuberculosis (TB)</b>																				
TB	Activity 1	Carry out a technical assistance mission each quarter to monitor post-workshop activities across the coordination offices and health zones	TB STA	X	X	X	X	X												
TB	Activity 2	Conduct a supportive supervision mission to guide data quality control activities in seven coordination offices on TB and leprosy in coordination with the national TB control program (PNLT)	TB STA and PNLT representative	X	X	X	X	X	X											
TB	Activity 3	Technically assist the PNLT in the development of various protocols and strategies	TB STA	X	X	X	X	X	X											
TB	Activity 4	Provide technical assistance in the production of awareness-raising tools and social communication with PNLT	TB STA		X															
TB	Activity 5	Provide technical and financial assistance to biannual joint supportive supervision missions with the PNLT at the national level across the four provinces	TB STA, PNLT	X	X			X	X											
TB	Activity 6	Provide supplies and reactive agents to detect and monitor treatment of TB and TB/HIV co-infection	TB STA, COMU	X	X	X	X	X	X											
TB	Activity 7	Organize transport of TB commodities, TB technical guides, TB/HIV and multi-drug resistant TB (TB-MDR)	TB STA, COMU		X			X												
<b>HIV and AIDS</b>																				
HIV and AIDS	Activity 1	Carry out a one-week field visits to the districts of Kolwezi and Kamina during the first and second quarter of PY5	STA HIV, STA HIV advisors		X			X												
HIV and AIDS	Activity 2	Provide technical assistance for two technical HIV advisors currently in Kolwezi and Kamina	STA HIV	X	X	X	X	X	X	X	X	X	X	X						

HIV and AIDS	Activity 3	Participate in all meetings organized by the national HIV and AIDS control program (PNLS) and PEPFAR/USAID	STA HIV		X		X		X		X	X							
HIV and AIDS	Activity 4	Contribute to the development of quarterly and annual reports of the project	STA HIV			X			X			X							
HIV and AIDS	Activity 5	Conduct a field visit to assist with project close out	STA HIV									X							
HIV and AIDS	Activity 6	Contribute to the drafting of the Semi-Annual Progress Report (SAPR) and Annual Progress Report (APR) for the President's Emergency Plan for AIDS Relief (PEPFAR)	STA HIV						X										
<b>Gender/GBV</b>																			
Gender/GBV	Activity 1	Provide technical assistance to the coordination offices of Kolwezi, Kamina, and Mwene Ditu to document the integration of the Champion Man initiative in Champion Community programming	Gender/GBV Consultant and BCC Technical Advisor				X	X				X							
Gender/GBV	Activity 2	Provide technical and financial assistance to CBOs under contract in Kamina ( <i>BATWA BEMBA</i> and <i>Synergie des Organisations, Initiatives et Associations Féminines</i> ) and Kole ( <i>Synergie de Lutte Contre les Violences Sexuelles</i> )	Contract Unit, Gender/GBV Consultant, Field Office staff																
Gender/GBV	Activity 3	Document lessons learned and best practices based on experiences of local CBOs in Kamina and Kole	Communication Manager, Gender/GBV Consultant, coordination office technical staff			X	X	X	X	X	X								
<b>Family Planning</b>																			
Family Planning	Activity 1	Provide technical assistance to monitor activities of Community-Based Distributors (CBD) in the eight coordination offices	STA FP	X															
Family Planning	Activity 2	Collaborate with the project Evidence to Action (E2A) in the 25 targeted health zones in Kolwezi, Kananga, and Mbuji Mayi	STA FP	X	X	X													
Family Planning	Activity3	Conduct a monitoring and evaluation mission for trained health providers across the supported health zones	STA FP				X	X	X										
Family Planning	Activity4	Supply 4,000 CBDs with management and BCC tools	STA FP				X	X	X										
Family Planning	Activity 5	Assist in the organization of awareness-raising campaigns on family planning services across the coordination offices in preparation for World Contraception Day	STA FP, BCC and communication advisor	X	X	X													
Family Planning	Activity 6	Supply health facilities across the 78 health zones with intrauterine device (IUD), Jadelle implants, condoms, cycle beads, Microgynon, Lo-Femenal birth control pills, and other methods, on a quarterly basis, after receiving orders from the coordination offices, and ensure that health zone management teams effectively manage the supply chain system	STA FP/SIAPS	X			X				X							X	
Family Planning	Activity7	Supply health facilities with proper materials and tools for the insertion and removal of IUDs and implants	STA FP	X	X														
Family Planning	Activity 8	Monitor, supervise, and report on the implementation of the Tiaht chart in all health facilities	STA FP			X				X									
<b>Water, Sanitation, and Hygiene (WASH)</b>																			
WASH	Activity 1	Technically and financially assist in the joint monitoring missions with staff from the national hygiene and sanitation service to oversee WASH activities in the nine selected health zones	MOH, WASH specialist, field office director (FOD)		X	X			X	X									
WASH	Activity 2	Supply the nine selected health zones with microbiology and arsenic water testing kits to ensure the continuity of testing for water quality in the repaired water sources	WASH specialist, FOD			X					X								
WASH	Activity 3	Provide technical and financial assistance to disseminate national hygiene and sanitation policies	MOH, DCOP, WASH specialist, FOD				X		X		X								
<b>Field Office Supervisors (FOS)</b>																			

FOS	Activity1	Provide technical support for the management and evaluation of activities of the coordination offices (and satellite offices as they apply) and, through joint missions with the MOH at local level, support field technical staff in their role to guide health zones in improving performance	Field Office Supervisors: Augustin Mwala (Kolwezi and Kamina, satellite office in Lubumbashi), Matthieu Koy (Mwene Ditu and satellite office in Mbuji Mayi), Dorah Kashosi (Luiza and satellite office in Kananga), Britou Ndela (Bukavu, Uvira, Kolwezi), COP or designate (Tshumbe and Lodja)	X	X	X	X	X	X	X								
<b>Project Management and Reporting (PM)</b>																		
PM	<b>Activity 1</b>	<b>PM 1 Ensure that the standards and norms for administrative and financial management are met in all IHP offices</b>																
PM	Activity 1.1	Conduct visits to all IHP coordination and provincial offices to ensure that all office practices conform to established standards of finance and administration	COMU Director		X		X		X				X					
PM	Activity 1.2	Support visits from MSH home office and other offices to IHP	COMU Director		X		X		X				X					
PM	<b>Activity 2</b>	<b>PM 2 Support and provide assistance in human resources as needed</b>																
PM	Activity 2.1	Meet regularly with the DRC government department of public service to ensure compliance of all personnel to established regulations	HR Manager	X		X		X		X		X		X		X		X
PM	Activity 2.2	Conduct regular visits to the provinces to verify and collect information on locally-enforced practices, regulations, and administrative procedures	HR Manager				X				X							
PM	Activity 2.3	Conduct staff Performance Plan, Review, and Development (PPRD) process as established by MSH	HR Manager						X	X	X							
PM	<b>Activity 3</b>	<b>PM 3 Develop and implement staff development to increase the quality of project deliverables</b>																
PM	Activity 3.1	Develop staff development plans for all IHP staff according to the needs established during the PPRD cycle	HR Manager	X														
PM	Activity 3.2	Provide specific training to staff according to their established professional development plans	HR Manager		X	X	X	X	X	X	X	X	X	X	X	X	X	X
PM	Activity 3.3	Hold periodic briefings with staff to review roles and responsibilities	HR Manager		X	X	X	X	X	X	X	X	X	X	X	X	X	X
PM	<b>Activity 4</b>	<b>PM 4 Ensure the effective functioning of the Kinshasa and field offices</b>																
PM	Activity 4.1	Conduct regular supportive supervision to coordination offices to ensure operational procedures and practices are being followed	Country Operating Management Unit (COMU) Director, Operations Manager		X		X		X				X					
PM	Activity 4.2	Train operations staff in Kinshasa and the coordination office on Microsoft Excel and Access, which are used as basic management tools to maintain data on fleet, inventory, and procurement management	COMU Director, Operations Manager		X				X									
PM	<b>Activity 5</b>	<b>PM 5 Manage and ensure staff and office security in all locations</b>																
PM	Activity 5.1	Evaluate the level of security of project structures and equipment according to the established norms and regulations of the organization	COMU Director			X												
PM	<b>Activity 6</b>	<b>PM 6 Strengthen the management and the security of Kinshasa warehouse</b>																
PM	Activity 6.1	Implement the revised standard operating procedures (SOPs) of the Kinshasa warehouse	SIAPS, IHP, COMU Director	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PM	Activity 6.2	Reinforce the control and security protocol, including, but not limited to, electronic surveillance of access and stock movement	SIAPS, IHP, COMU Director	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PM	Activity 6.3	Conduct monthly inventory of the dynamic stock and quarterly inventory of the <i>sealed</i> master stock	SIAPS, IHP, COMU Director	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PM	<b>Activity 7</b>	<b>PM 7 Provide all offices with Information Technology (IT) support and equipment as needed</b>																
PM	Activity 7.1	Provide regular IT support, including maintenance and repair of equipment, to all offices	IT Manager	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PM	Activity 7.2	Conduct monthly monitoring of the IT systems of the coordination offices	IT Manager	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PM	<b>Activity 8</b>	<b>PM 8 Monitor all contracts and grants related to drug management, RBF, and rent for all offices (Kinshasa and field)</b>																
PM	Activity 8.1	Conduct regular visits to verify the implementation of agreements and contracts	Contracts Manager		X		X		X				X			X		

PM	Activity 8.2	Conduct regular monitoring visits to verify compliance with contractual requirements for drug management in the 8 CDRs	Contracts Manager		X		X		X			X		X	
PM	Activity 8.3	Provide orientation to the health zone management teams and CBOs that will participate in RBF activities	Contracts Manager		X										
PM	Activity 8.4	Conduct follow-up visits to monitor the implementation of RBF contracts	Contracts Manager									X		X	
PM	<b>Activity 9</b>	<b>PM 9 Ensure appropriate branding, marking and communication</b>													
PM	Activity 9.1	Help produce quarterly and annual reports, including data for special reports such as President's Malaria Initiative (PMI), Global Health Initiative (GHI)	Chief of Party, STA Primary Health Care, Senior M&E Technical Advisors		X			X				X		X	
PM	Activity 9.2	Produce semi-annual and annual PEPFAR Reports to the U.S. Government (USG)	COP, STA PHC, STA HIV		X							X			
PM	Activity 9.3	Complete IHP Success Stories to coincide with Quarterly Reports	Communications Advisor		X			X				X		X	
PM	<b>Activity 10</b>	<b>PM 10 Manage project closeout</b>													
PM	Activity 10.1	<b>Facilities and office services</b>													
PM	Activity 10.1.1	Conduct physical inventory review of all inventories of expendable supplies and non-expendable equipment	Country Operating Management Unit (COMU) Director, Operations Manager				X								
PM	Activity 10.1.2	Create disposition plan for large equipment for recommendation to USAID	COMU, Operations Manager				X								
PM	<b>Activity 10.2</b>	<b>Manage HR</b>													
PM	Activity 10.2.1	Prepare phase-out schedule and distribute to all staff in a timely manner	HR Manager	X											
PM	Activity 10.2.2	Confirm termination letter notifications or employment agreement amendments to all staff	HR Manager										X		
PM	<b>Activity 10.3</b>	<b>Manage program contracts</b>													
PM	Activity 10.3.1	Draft client close-out plan and approval request	Contracts Manager	X											
PM	Activity 10.3.2	Notify stakeholders, implementing and government partners of close-out and discuss transition plans	Contracts Manager				X								
PM	Activity 10.3.3	Develop close-out approach and provide guidelines as required to subcontractors and sub recipients	COMU Director, Contracts Manager				X								
PM	Activity 10.3.4	Submit property disposition plan to client	Contracts Manager							X					
PM	Activity 10.3.5	Finalize outstanding modifications with subcontractors and sub recipients	Contracts Manager										X		
PM	<b>Activity 10.4</b>	<b>Monitor general operations management</b>													
PM	Activity 10.4.1	Meet quarterly to review and discuss key benchmarks	COMU Director, COP		X			X				X		X	

**Integrated Health Project (IHP) Year 5 International Travel and STTA Plan October 2014 - September 2015**

**APPROVED BY USAID/DRC 10 14 2014**

#	TECHNICAL AREA	SUGGESTED PERSON	ORG	TRAVEL DATES	INDICATIVE SCOPE OF WORK	ORIGIN/DESTINATION	LENGTH OF TRIP (DAYS)	STATUS
<b>STTA/PROJECT MANAGEMENT AND MONITORING</b>								
<b>Quarter 1 Oct-Dec 2014</b>								
1	Program Management	Kristin Cooney	MSH	October 4-17, 2014	Provide technical and management support and visit project sites	Boston/Kinshasa	15	Planned
2	Contracts	Kelley Scarmeas	MSH	October 15-30, 2014	Provide contractual technical and management support	Boston/Kinshasa	15	Planned
3	Communications	TBD	MSH	November 15-30, 2014	Visit project sites to develop videos that document and promote project results, one specifically focusing on project's strongest contributions to "A Promise Renewed" and others focusing on other technical elements/initiatives of the project	Boston/Kinshasa	15	Planned
4	Monitoring and Evaluation	Monita Baba Djara	MSH	December 1-15, 2014	Provide M&E technical support in preparation for project close-out	Boston/Kinshasa	15	Planned
<b>Quarter 2 Jan-Mar 2015</b>								
5	Operations	Christele Joseph-Pressat	MSH	January 15-30, 2015	Provide operational close-out support to Country Operations Management Unit (COMU) and project team	Boston/Kinshasa	15	Planned
6	BCC	TBD	OSC	February 1-15, 2015	Evaluation of the implementation of the Champion Communities approach	TBD/Kinshasa	15	Planned
7	Program Management	Kristin Cooney	MSH	February 13-28, 2015	Provide technical and management support and visit project sites	Boston/Kinshasa	15	Planned
8	BCC	Paul Neely	OSC	March 1-15, 2015	Evaluation of the implementation of CUG and SMS systems	Los Angeles/Kinshasa	15	Planned
<b>Quarter 3 Apr-Jun 2015</b>								
9	Program Management	Kristin Cooney	MSH	May 1-15, 2015	Provide technical and management support	Boston/Kinshasa	15	Planned

10	Contracts	Kelley Scarneas	MSH	June 1-15, 2015	Provide contractual technical and management support	Boston/Kinshasa	15	Planned
11	Communications	Senior Communications Manager (TBD)	MSH	June 1-15, 2015	Develop materials that document and promote project results, including documents evaluating and sharing the project's effective practices and innovations	Boston/Kinshasa	15	Planned
12	Operations	Christele Joseph-Pressat	MSH	June 15-30, 2015	Provide operational close-out support to Country Operations Management Unit (COMU) and project team	Boston/Kinshasa	15	Planned
<b>Quarter 4 July - Sept 2015</b>								
13	Program Management	Kristin Cooney	MSH	September 1-15, 2015	Provide technical and management support during close-out	Boston/Kinshasa	15	Planned
14	Program Management	Joan Marshall-Missiye	MSH	September 15-30, 2015	Provide technical and management support during close-out	Boston/Kinshasa	15	Planned

	New trips requiring approval are indicated in olive green (these trips have been added or more precise details provided since the version of the STTA plan submitted on 09/02/2014).
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**Integrated Health Project (IHP) Year 4 International Travel and STTA Plan October 2014 - September 2015**

**APPROVED BY USAID/DRC 10 14 2014**

#	TECHNICAL AREA	SUGGESTED PERSON	ORG	TRAVEL DATES	INDICATIVE SCOPE OF WORK	ORIGIN/DESTINATION	LENGTH OF TRIP (DAYS)	STATUS
<b>INTERNATIONAL TRAVEL IHP LOCAL STAFF AND PARTNERS</b>								
<b>Quarter 1 Oct-Dec 2014</b>								
1	Project Management	Rood Merveille	MSH	October 15-30, 2014	Home office orientation, briefing, and meetings with key staff	Kinshasa/Boston	15	Planned
2	i-CCM	Narcisse Embeke	MSH	November 12-22, 2014	Present a poster on winning abstract on Collaborative Approach at the American Public Health Association (APHA) Conference	Kinshasa/New Orleans	10	Planned
3	i-CCM	Dr. Fidele Ilunga Mubayi	MOH	November 12-22, 2014	Present a poster on winning abstract on Collaborative Approach at APHA Conference	Kinshasa/New Orleans	10	Planned
4	Health	IHP Local Staff	MSH	TBD	Conference participation if an abstract is accepted	Kinshasa/TBD	7	Planned
<b>Quarter 2 Jan-March 2015</b>								
5	Health	IHP Local Staff	MSH	March 2014	Conference participation if an abstract is accepted	Kinshasa/TBD	7	Planned
6	Health	IHP Local Staff/MOH	MSH or MOH	March 2014	Conference participation if an abstract is accepted	Kinshasa/TBD	7	Planned
<b>Quarter 3 April-June 2015</b>								
7	Health	IHP Local Staff	MSH	June 2014	Conference participation if an abstract is accepted	Kinshasa/TBD	7	Planned
8	Health	IHP Local Staff/MOH	MSH or MOH	June 2014	Conference participation if an abstract is accepted	Kinshasa/TBD	7	Planned
<b>Quarter 4 Jul-Sep 2015</b>								

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**Integrated Health Project (IHP) Year 5 International Travel and STTA Plan October 2014 - September 2015**

**APPROVED BY USAID/DRC 10 14 2014**

#	TECHNICAL AREA	SUGGESTED PERSON	ORG	TRAVEL DATES	INDICATIVE SCOPE OF WORK	ORIGIN/DESTINATION	LENGTH OF TRIP (DAYS)	STATUS
<b>ALLOWANCES TRAVEL</b>								
<b>Quarter 1 Oct-Dec 2014</b>								
<b>Quarter 2 Jan-March 2015</b>								
<b>Quarter 3 April-June 2015</b>								
1	COP dependent	Ousmane Faye dependent	MSH	June 2015	Education travel	DC/Kinshasa	23	Planned
2	COP dependent	Ousmane Faye dependent	MSH	June 2015	Education travel	DC/Kinshasa	23	Planned
<b>Quarter 4 Jul-Sep 2015</b>								
3	Finance/COMU Director	Rood Merveille	MSH	September 2015	End of post travel to Home of Record	Kinshasa/Port-au-Prince	n/a	Planned
4	Finance/COMU Director dependent	Rood Merveille dependent	MSH	September 2015	End of post travel to Home of Record	Kinshasa/Port-au-Prince	n/a	Planned
5	Finance/COMU Director dependent	Rood Merveille dependent	MSH	September 2015	End of post travel to Home of Record	Kinshasa/Port-au-Prince	n/a	Planned
6	Finance/COMU Director dependent	Rood Merveille dependent	MSH	September 2015	End of post travel to Home of Record	Kinshasa/Port-au-Prince	n/a	Planned
7	STA	Gilbert Andrianandrasana	MSH	September 2015	End of post travel to Home of Record	Kinshasa/Antananarivo	n/a	Planned
8	STA dependent	Gilbert Andrianandrasana dependent	MSH	September 2015	End of post travel to Home of Record	Kinshasa/Antananarivo	n/a	Planned
9	STA dependent	Gilbert Andrianandrasana dependent	MSH	September 2015	End of post travel to Home of Record	Kinshasa/Antananarivo	n/a	Planned
10	COP	Ousmane Faye	MSH	September 2015	End of post travel to Home of Record	Kinshasa/Dakar	n/a	Planned
11	COP dependent	Ousmane Faye dependent	MSH	September 2015	End of post travel to Home of Record	Kinshasa/Dakar	n/a	Planned

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