

DRC-IHP Quarterly Report: April-June 2014

August 2014

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

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

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Integrated Health Project

in the Democratic Republic of Congo



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DRC-IHP Quarterly/Annual Report: Year 4, Quarter 3 (April – June 2014)
USAID Cooperative Agreement Number AID-OAA-A-10-00054
Submitted to USAID/DRC on August 19, 2014

Cover photo: A health care provider addresses a group of children outside a maternity clinic in the Mwene Ditu health zone.

Project Name: Integrated Health Project in the Democratic Republic of Congo
Cooperative Agreement Number: AID-OAA-A-10-00054

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ACRONYMS

ACT	Artemisinin-based Combination Therapy	FOSACOF	<i>Formation Sanitaire Complètement Fonctionnelle</i> (Fully Functional Service Delivery Point)
AMTSL	Active Management of Third Stage Labor	FP	Family Planning
AOP	Annual Operational Plan	GBV	Gender-based violence
APR	A Promise Renewed	GRH	General Referral Hospital
ART	Antiretroviral therapy	HBB	Helping Babies Breathe
ARV	Antiretroviral	HPP	Health for Poorest Populations Project
ASSP	<i>Accès aux Soins de Santé Primaires</i>	HIV	Human Immunodeficiency Virus
BCC	Behavior Change Communication	IDA	International Dispensary Association
CA	<i>Conseil d'Administration</i>	IHP	Integrated Health Project
CBD	Community-based distribution or community-based distributor	IPTp	Intermittent preventive treatment (of malaria) in pregnancy
i-CCM	Integrated Community Case Management	IRC	International Rescue Committee
CHW	Community Health Worker	LAM	Lactational Amenorrhea Method
CODESA	<i>Comité de Développement Sanitaire</i> (health development committee)	LDP	Leadership Development Program
CDR	<i>Centrale de Distribution Régionale</i> (regional distribution center)	LLIN	Long-lasting Insecticide-treated Net
CPA	Complementary Package of Activities	MDR-TB	Multidrug-Resistant Tuberculosis
CPLT	Provincial coordination unit for leprosy and TB	MOH	Ministry of Health
CLTS	Community-Led Total Sanitation	MNCH	Maternal, Newborn and Child Health
CST	<i>Centre de Santé de Traitement</i>	MPA	Minimum Package of Activities
CSDT	<i>Centre de Santé de Diagnostic et Traitement</i>	MSH	Management Sciences for Health
CUG	Closed User Group	NGO	Non-Governmental Organization
DFID	Department for International Development	NMCP	National Malaria Control Program
DTP	Diphtheria, Tetanus, Pertussis	OSC	Overseas Strategic Consulting, Ltd.
DPS	<i>Division Provinciale de la Santé</i>	PEPFAR	President's Emergency Plan for AIDS Relief
DQA	Data Quality Audit	PEV	<i>Programme élargi de vaccination</i> (see EPI)
DRC	Democratic Republic of the Congo	PICT	Provider-initiated HIV counseling and testing
DSD	Direct Service Delivery	PLHIV	People living with HIV
EPI	Expanded Programme on Immunization (see PEV)	PMI	President's Malaria Initiative
ETL	Education through Listening		
FFSDP	Fully Functional Service Delivery Point (see FOSACOF)		

PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Post-natal Consultation
PNDS	<i>Plan National de Développement Sanitaire</i> (National Health Development Plan)
PNLP	National Malaria Control Program
PNLT	National TB Program
PNSR	National Reproductive Health Program
PRONANUT	National Nutrition Program
PSC	Preschool Consultation
RBF	Results-Based Financing
RDT	Rapid diagnostic tests
RH	Rifampicin/isoniazid
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SNIS	National health information system
SP	Sulfadoxine Pyrimethamine
TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government
UNICEF	United Nations Children’s Fund
WASH	Water /Sanitation/Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

This report covers activities undertaken during the third quarter (April through June 2014) of project year four of the USAID-funded Integrated Health Project (IHP) in the Democratic Republic of Congo (DRC). 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”--that are designed to create better conditions for, and increase the availability and use of, high-impact health services, products, and practices in 78 (formerly 80)¹ target health zones in four DRC provinces: Kasai Occidental, Kasai Oriental, Katanga, and Sud Kivu.

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 project’s goal, purpose, and objective 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; nutrition; malaria and tuberculosis; HIV; and water/sanitation/hygiene in the target health zones. There are 4 intermediate results (see Framework on the following page).

¹ 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.

DRC-IHP Results Framework	
Component 1: Services	
Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased	IR1.1: Facility-based health care services and products (provincial hospitals and health zone health centers) in target health zones increased
	IR1.2: Community-based health care services and products in target health zones increased
	IR 1.3 Provincial management more effectively engaged with health zones and facilities to improve service delivery
Intermediate Result 2: Quality of key family health care services (MPA/CPA- plus) in target health zones increased	IR 2.1: Clinical and managerial capacity of health care providers increased
	IR2.2: Minimum quality standards for health facilities (referral hospitals and health zone health centers) and services developed and adopted
	IR 2.3: Referral system for primary health care prevention, care and treatment between community and health facilities (district and provincial levels) institutionalized
Intermediate Result 3: Knowledge, attitudes, and practices to support health- seeking behaviors increased in target health zones	IR 3.1: Evidence-based health sector-community outreach linkages—especially for women, youth, and vulnerable populations established
	IR 3.2: Health advocacy and community mobilization organizations strengthened
	IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched
Component 2: Other Health Systems	
Intermediate Result 4: Health sector leadership and governance in target provinces improved	IR 4.1: Provincial health sector policies and national level policies aligned
	IR4.2: Evidence-based tools for strategic planning and management decision-making adopted
	IR4.3: Community involvement in health policy and service delivery institutionalized

Summary of PY4 Third Quarter Project Results

A review of IHP results achieved this quarter shows that the majority of project activities are on track despite a severe slow-down of activities between October 2013 and April 2014. During this period, United States Government funds for the DRC were restricted, and USAID projects, including IHP, operated on slim budgets and curtailed activity plans. The budget crisis was resolved, and project funds became available at the end April 2014. Momentum built quickly as IHP staff, partners, and collaborators resolved to make up for lost time.

The project tracks results for 12 groups of technical indicators: family planning; maternal, newborn and child health (MNCH); nutrition; tuberculosis; HIV and AIDS; leadership, management and governance (L+M+G); malaria; WASH; gender; referral systems; behavior change communications (BCC); as well as project management. IHP exceeded or met targets for more than half (34/65) of the indicators, with strong results in family planning, HIV, and MNCH. The weakest performance was noted for TB and WASH. Of the 31 indicators for which targets were not met, 12 of them achieved at least 70% of target (e.g., 5 MNCH, 1 TB, 5 LMG, 1 BCC). Note that the table on the following page only includes indicators for which targets have been set. There are another 19 “target-less” indicators, mainly for malaria; some of these will be presented in the malaria section of the report. The project’s full Performance Monitoring Plan (PMP) is found in Appendix 1.

Table 1: Results for indicators with defined targets for PY4Q3

Results area	Met or exceeded	Not met	Total indicators (with targets)
Family planning	5	-	5
MNCH	8	5	13
Nutrition	3	2	5
Tuberculosis	1	4	5
HIV (PEPFAR DSD)	12	2	14
L+M+G	4	8	12
Malaria	-	1	1
WASH	-	3	3
Gender	-	2	2
Referral system	-	1	1
Behavior change	1	1	2
Project management	-	1	1
Total:	34	31	65

IHP Service Delivery Results at a Glance²

Family planning: IHP exceeded all 5 family planning targets.

Exceeded target

- 133,915 Couple Years of Protection (CYP) (cf. target 112,500);
- 153,151 new acceptors for any modern contraceptive method (cf. target 124,350);
- 178,334 counseling visits for family planning (cf. target 66,250);
- 2,132 IHP-supported delivery points providing family planning counseling or services;
- Stock outs of Depo-Provera at IHP sites were minimized (39 sites had stock outs, quarterly threshold is 100).

Maternal, neonatal and child health (MNCH): IHP exceeded 8 of 13 quarterly targets for MNCH indicators, achieved 76% - 85% of targets for 3 indicators, and 72% of the target for 1 indicator.

Exceeded target

- 142,842 women (112% of 127,708 target) received at least one antenatal care (ANC) visit by a skilled provider;
- 116,601 deliveries took place with a skilled birth attendant, surpassing the target of 112,302 by 4%;
- 107,603 women benefitted from Active Management of the Third Stage of Labor (AMTSL), 1% over target (106,380);
- 112,591 newborns received essential newborn care, 5% over target (107,502);
- 8,620 newborns were treated for infection with antibiotics, 6% over target (8,104);
- 116,511 children <12 months received DPT-HepB-Hib3, 10% over target (106,254);
- 112,850 children <12 months received measles vaccine, 6% over target (106,254);
- 110% of children <12 months had the full regimen of DPT-HepB-Hib3 (116,511/106,254); but the 5.6% dropout rate (6,930 children) was slightly higher than the 5% threshold.

Below target

- 76% of pregnant women had 4 antenatal care visits by skilled providers (63,689/83,738);
- 83% of newborns benefitted from postpartum visits within 3 days of birth (111,679/135,061);

² In PY4Q3, we have presented this section to function as a “results at a glance.” For those areas needing improvement, in the subsequent sections of the report, we outline steps to take to improve these results.

- 85% of child pneumonia cases were treated with antibiotics by a trained facility or community health worker (122,430/143,308);
- 72% of child diarrhea cases were treated using oral rehydration solution (ORS) (136,740/191,080);
- 198 (11%) facilities out of 1,793 IHP-supported facilities (1,715 health centers and 78 general referral hospitals) reported ORS stock outs (threshold is 100 facilities).

Nutrition: This quarter IHP exceeded 3 of its nutrition targets and encountered challenges with 2 other targets:

Exceeded target

- 1,743,109 children under 5 years received vitamin A, nearly triple the target (630,083);
- 136,753 women received iron folate to prevent anemia, exceeding the target of 101,292 women by 35%;
- 161,462 mothers of children under 2 years received nutritional counseling for their children, exceeding the target (38,193) by more than a factor of 4;

Below target

- 34,109 breastfeeding mothers received vitamin A, representing 26% of the target of 131,127 mothers;
- 441 facilities reported stock outs of iron folate each month during the quarter, and the threshold was 100.

Tuberculosis: The project reported under-performance for TB activities in 4 of 5 indicators.

Exceeded target

- The number of multi-drug resistant TB cases detected exceeded expectations (24 actual vs. 15 estimated);

Below target

- Case notification rate in new sputum smear positive pulmonary TB cases per 100,000 population was 39% (2,816/7,226);
- 39% of all registered TB patients were tested for HIV through USG-supported programs;
- Case detection rate was 79% of the objective;
- 20 sites USG-assisted service delivery points experienced stock outs of RH combination, while the threshold was 0 stock outs.

HIV and AIDS (PEPFAR direct service delivery): For 12 of 14 HIV PEPFAR direct service delivery indicators, IHP has clearly met or exceeded quarterly targets and is on track to meet or exceed PEPFAR FY14 targets. There is insufficient data on 2 indicators.

Exceeded target

- 32 (100%) PEPFAR-supported sites in Kolwezi and 19 of 28 (68%) sites in Kamina achieved 90% ARV or ART coverage for HIV+ pregnant women;
- 4,735 out of 4,740 (99.9%) pregnant women have known HIV status;
- 38 HIV+ pregnant women received antiretroviral therapy (ART) to reduce risk of mother-to-child transmission (brings total PY4 to date to 134, annual PEPFAR target is 165);
- 9,676 individuals received testing and counseling (T&C) services for HIV and received their test results (total PY4 to date is 29,331, annual PEPFAR FY14 target is 30,330);
- 329 HIV positive adults and children received at least one of the following during the reporting period: clinical assessment (WHO staging) or CD4 count or viral load (IHP PY4Q3 results equal 47% of the PEPFAR FY14 target of 696);
- 298 HIV-positive adults and children received a minimum of one clinical service (total PY4 to date is 912, exceeding the PEPFAR FY14 target of 696);
- TB/HIV: 76% of HIV+ patients were screened for TB in HIV care or treatment setting (N=251/329) (PEPFAR FY14 target is 600);

- 181 adults and children are receiving antiretroviral therapy (ART) (current) (PEPFAR FY14 target is 175);
- 51 out of 52 (98%) laboratories and point-of-care testing sites perform HIV diagnostic testing and participate in and successfully pass an analyte-specific proficiency testing program;
- 51 out of 52 (98%) PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests;
- Family planning and HIV integration: 51 out of 52 (98%) of HIV service delivery points supported by PEPFAR are directly providing integrated voluntary family planning services;
- 35 adults and children newly enrolled in ART (PEPFAR FY14 target is 115) (PY4Q3 is the first time IHP reports on this new indicator).

Insufficient data available

- Proportion of registered TB cases who are HIV-positive and who are on ART;
- Percentage of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (no data, activities to begin next quarter).

I. PROJECT PERFORMANCE: ACHIEVEMENTS

I.1 COMPONENT 1: HEALTH SERVICES

Intermediate Result 1: Access to and availability of minimum package of activities/complementary package of activities plus (MPA/CPA-plus) services in targeted health zones increased

IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased

1. Health services utilization rate

During PY4Q3, seven of the eight IHP coordination offices reported a health services utilization rate greater than or equal to the national average of 35%, while the Luiza coordination reported a rate of 31%, as seen in figure 1 on the following page. As seen in table 2, also on the following page, rates for Bukavu and Kolwezi decreased between PY4Q2 and Q3, from 54% to 50% in Bukavu and 55% to 48% in Kolwezi.

The decrease noted in health service utilization rates in Bukavu, Kolwezi, and Luiza between PY4Q2 and PY4Q3 is due to a number of factors, including the closing of some health centers for one week in June 2014 while providers participated in the MOH national immunization and vitamin A campaigns.

Another contributing factor to the decrease in the reported rate is the omission or irregular submission of utilization statistics from private health centers that are linked to public sector facilities. Lastly, since many facilities are not yet implementing the provincial health directorates' service pricing policies, the cost of services can be an obstacle for some people.

Figure 1: Health service utilization rate by coordination office and month

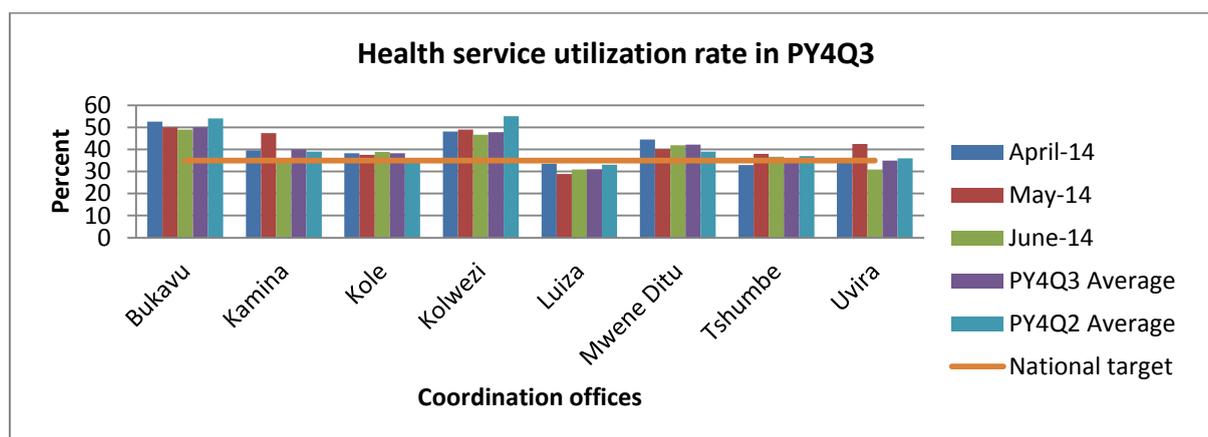


Table 2: Health service utilization rate by coordination office and month

Period	Bukavu	Kamina	Kole	Kolwezi	Luiza	Mwene Ditu	Tshumbe	Uvira
April 2014	53	40	38	48	33	44	33	34
May 2014	50	47	38	49	29	40	38	42
June 2014	49	35	39	47	31	42	37	31
PY4Q3 Average	50	40	38	48	31	42	36	35
PY4Q2 Average	54	39	36	55	33	39	37	36
National Target	35	35	35	35	35	35	35	35

2. MPA and MPA-Plus for health centers

The Minimum Package of Activities (MPA) is based on the DRC’s standards for health zones and applies to services provided by health posts, health centers, and general reference hospitals (GRH). During PY4Q3 and per discussions with the DRC MOH, USAID, and other donors, it was agreed that two health zones in Kasai Occidental (Bulape and Tshikaji) would henceforth be covered by IMA World Health, the recent awardee of the DFID-funded project, *Accès aux Soins de Santé Primaires* (ASSP or Access to Primary Health Care in English). See Appendix 2 for the memorandum of understanding between IMA and IHP. However, although the number of IHP-covered health centers providing MPA is less this reporting period, the project exceeded the quarterly goal for MPA coverage by 36% (see table 3).

The number of facilities providing MPA-Plus this quarter was the same as last quarter (428) with the exception of Luiza, where ASSP/IMA took over activities at one health center. In terms of performance, the MPA-Plus sites did not meet the quarterly objectives, achieving only 28% of the target. Given these results, it will be a stretch for the project to achieve the target for end of year 4, as much needs to be done to increase the number of centers that offer MPA Plus.³ For more information on MPA-plus results for health centers, see table 3 on the next page.

³ The evaluation conducted in PY3 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. Based on the evaluation, IBTCI recommended USAID “.. revisit project priorities and targets. Both the depth of the MPA-plus package and the number of facilities to be reached should be reconsidered.” IHP’s AOR met with the project to discuss the evaluation findings/way forward and brought the issue to the USAID health team leader and the Agreement Officer. The discussions revealed other reasons to justify the project’s inability to attain the expected IR1 targets, including geographical focus/technical approach shifts that occurred during PY3 and challenges to effectively support health services in insecure areas. For these reasons, IHP is working with USAID on an amendment of the Program Description.

Table 3: Number of health centers offering MPA and MPA-plus by coordination office

A: Number of health centers offering MPA by coordination office									
Reporting Period	Bukavu	Kamina	Kole	Kolwezi	Luiza	Mwene Ditu	Tshumbe	Uvira	Total
April 2014	395	201	129	101	197	168	104	92	1,387
May 2014	395	201	129	101	170	168	104	92	1,360
June 2014	395	201	129	101	170	168	104	92	1,360
Target	279	142	90	74	138	120	83	72	998
PY4Q3	142%	142%	143%	136%	123%	140%	125%	128%	139%
PY4Q2	142%	142%	143%	136%	143%	140%	125%	128%	139%
PY3Q3	62%	98%	100%	100%	90%	100%	100%	80%	86%
B. Number of GRHs offering MPA-plus by coordination office									
April 2014	29	20	1	29	5	21	1	13	119
May 2014	29	20	1	29	4	21	1	13	118
June 2014	29	20	1	29	4	21	1	13	118
Target	120	61	39	32	59	51	36	30	428
PY4Q3	24%	33%	3%	91%	7%	41%	3%	43%	28%
PY4Q2	24%	33%	3%	91%	8%	41%	3%	43%	32%
PY3Q3	12%	10%	0%	28%	3%	12%	0%	13%	10%

3. CPA and CPA-Plus (for GRH)

During the present quarter, the number of hospitals offering CPA decreased by one hospital, for a new total of 71--which is 15 more than the target. The decrease is due to the fact that ASSP took over work at the two hospitals in Bulape and Tshikaji in May 2014, and one additional hospital began the CPA in Luiza (the CEPAC in Kasenga).

An additional seven reference hospitals do not yet meet the necessary conditions to be able to provide the complementary package of activities. This is due to the poor physical condition of the hospitals, the lack of appropriate equipment and of trained staff needed to organize the CPA four basic functions (i.e., preventive, curative, promotional, and management services). Six of the hospitals are in Kasaï Oriental, (Mpokolo, Vangakete, Ototo, Omendjadi, Pania Mutombo, Djalo Ndjeka) and one in Sud Kivu (Minova). Table 4, on the following page, provides information on the number of GRHs providing CPA and CPA-plus services by coordination office.

Table 4: Number of GRH implementing CPA and CPA-plus by coordination office

Reporting Period	Bukavu	Kamina	Kole	Kolwezi	Luiza	Mwene Ditu	Tshumbe	Uvira	Total
A. Number of GRHs offering CPA by coordination office									
April 2014	21	7	7	6	11	8	8	5	73
May 2014	21	7	7	6	9	8	8	5	71
June 2014	21	7	7	6	9	8	8	5	71
Target	16	6	6	6	8	6	5	3	56
PY4Q3	131%	117%	117%	100%	113%	133%	160%	167%	127%
PY4Q2	131%	117%	117%	100%	138%	133%	160%	133%	129%
PY3Q3	91%	67%	100%	75%	100%	82%	67%	80%	84%
B. Number of GRHs offering CPA-Plus by coordination office									
April 2014	12	0	1	2	2	5	0	1	23
May 2014	12	0	1	2	0	5	0	1	21
June 2014	12	0	1	2	0	5	0	1	21
Target	7	3	2	2	3	3	2	2	24
PY4Q3	171%	0%	50%	100%	0%	167%	0%	50%	88%
PY4Q2	171%	0%	50%	100%	67%	167%	0%	50%	96%
PY3Q3	50%	0%	25%	25%	18%	45%	0%	20%	28%

Note that the Tshikaji and Bulape hospitals, mentioned above, are now receiving DFID support, thus the target number of IHP CPA-Plus hospitals is 22 instead of 24.

4. Availability of medicine, commodities, other health supplies and basic equipment in supported health facilities

The USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project aims to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Working in close collaboration with IHP, SIAPS ensures the availability of generic and essential medicines (MEG) at all IHP-supported sites. SIAPS' interface with IHP covers three priority areas:

Ensuring the availability of medicines in health centers: SIAPS closely monitored IHP's \$1.5 million order for drugs and supplies from the Amsterdam-based International Dispensary Association (IDA), a large-scale distributor of essential drugs and related medical supplies to the public sector in developing countries. As of June 30, 2014, only 10% of the order expected from IDA had been received in-country and delivered to the CDRs (Regional Distribution Center). The bulk of the procurement will be delivered to all CDRs in July 2014. The lead time needed for procurements is about one year; thus the products received at the end of June 2014 were actually ordered during PY3Q2. The status of IDA deliveries is presented in table 5 on the following page.

Table 5: Status of IDA deliveries

Province	Depot/CDR	Order amount (In USD)	June 30, 2014, delivery amount	% of order delivered	Amount remaining	% of order remaining
Sud Kivu	APAMESK	435,721	72,043	16	363,678	84
Katanga	CEDIMEK	242,189	9,197	4	232,992	96
	Kolwezi	163,155.75	11,667.75	7	151,488	93
Kasaï Occidental	CADIMEK	256,361	45,776	18	210,585	82
Kasaï Oriental	CADMEKO	249,789	18,765.86	8	231,023.14	93
	FODESA	222,680	14,499	7	208,181	934
Total order/delivery		1,569,895.75	171,948.61	10	1,397,947.14	90

SIAPS worked with the provincial health departments and CDRs to establish the pharmaceutical “allowance,” or credit limits, for each IHP-supported health zone. As in previous quarters, in PY4Q3 SIAPS also supported the development of distribution plans and analysis of drug and commodity requisitions intended to cover at least three months of needs in the IHP health facilities. SIAPS did the same for PMI drugs and commodities, and also assisted in monitoring the delivery of materials for, and assembly of, family kits provided by UNICEF under the Health for the Poorest Populations (HPP) Project.

Strengthening medicine and specific commodities management as well as medical products: SIAPS continued to work on centralizing health zone medication management data. To date, medication consumption data is available in electronic format at certain coordination offices, and are ready to be analyzed and used for the next drug quantification exercise. SIAPS will carry out the analysis with the Directorate of Pharmacy and Medicines (DPM) and IHP. SIAPS also continued ongoing assistance to the CDRs in procurement planning, credit line adjustments, and monitoring of storage conditions.

Supporting quarterly supervision of medicine management in the health zones and IHP-supported health facilities: During the quarter, SIAPS, in collaboration with IHP and Provincial Health Department staff, conducted monitoring and supervision visits to facilities in 4 health zones in Kasaï Occidental; 27 health centers in 5 health zones in Sud Kivu; 26 health centers in 7 health zones in Kasaï Oriental; and 4 health centers in Katanga (Kolwezi). During the joint visits, the team undertook active collection of drug management indicators, reviewed management reports to reconstruct historical drug consumption, and demonstrated management tools. In coordination offices where consumption data were available, the supervision team worked with local staff to analyze and consolidate data.

Other SIAPS activities during PY4Q3: Some highlights of “other activities” include SIAPS’ regular participation in weekly technical staff meetings in IHP coordination offices. SIAPS and IHP developed and implemented a distribution plan for family planning commodities that were stocked in the Kinshasa warehouse, and commodities were shipped to CDRs in need of family planning products. SIAPS developed and disseminated an operational guide on management procedures for the Kinshasa warehouse. SIAPS also monitored and tracked Depo-Provera shipments leaving the Kinshasa depot for other destinations in the country, and made plans to do the same with Microgynon shipments next quarter. The findings concerning Depo-Provera shipments were drafted and are under review. They will be consolidated with the Microgynon findings in a final report that IHP will complete next quarter and share with USAID. SIAPS’ observations, conclusions and

recommendations for maintaining a secure supply chain--not just for family planning but for all products--will benefit all stakeholders in the health sector.

IR 1.2: Increased community health care services and products in the target health zones

1. Integrate the CODESAs in activities to strengthen health zones

The CODESA is a community health development committee comprised of community volunteers trained in preventive health measures and health promotion. Working with the CODESAs is an important part of IHP's behavior change and communications (BCC) strategy. In PY4Q3, the number of CODESAs supported by IHP decreased from 1,415 to 1,398 due the reduction in the number of health zones covered under the project. However, the total number of functional CODESAs increased from 1,299 to 1,305, or 95% of the quarterly target (N=1,398), as seen in table 6 on the following page. Of the functional CODESAs, 1,113, or 85%, have an action plan.

IHP supported numerous BCC initiatives during the quarter. For example, in the Kasai Oriental Mwene Ditu health zone, IHP facilitated meetings between the CODESAs and community leaders, including traditional chiefs, during which they discussed and approved health center renovations in the Lukole and Ilunga Matobo health areas and identified community contributions for the activities. In the Kanda Kanda health zone, the CODESAs focused on maternal and child health issues and carried out 2,513 home visits and 1,135 group education sessions on antenatal care. Men, as well as pregnant women and family members, attended the sessions. The CODESAs also used this opportunity to provide routine vaccinations to 196 children from 0-11 months of age and a second dose of the tetanus vaccine (VAT2+) to 111 pregnant women. IHP supported the rehabilitation of health centers with massive community participation and material contributions in the Kabuela, Kapangu, and Mbala Cotongo health areas. The CODESAs undertook mini-campaigns on TB and malaria, and accompanied persons with suspected cases of TB to the local health centers, which included 20 cases of non-contagious sputum positive pulmonary tuberculosis (NC TPM+).

In Kasai Occidental, the Luiza coordination office reported that, in Bilomba, thanks to the CODESA's efforts, 2,500 households built latrines and handwashing stations; and in the Ntumbu Kambulu, Tshikisha, and Luekeshi health areas the communities provided bricks for the construction of their respective health centers. In Dibaya and Bilomba, the CODESAs worked with community leaders and community health agents to inform the population about malaria, dispelled taboos related to TB, conducted mini-campaigns assisted by griots and Christian action groups, distributed informational flyers to churches and 4 primary schools, and promoted healthy behavior through theater productions and use of megaphones in the streets. In Dibaya and Ndekeshu, the CODESA from 8 health areas that benefitted from HPP activities conducted a census of the area, carried out 33 Education Through Listening (ETL) sessions for women of reproductive age (covering ANC, family planning, child vaccination), and referred 200 pregnant women for antenatal care, 300 children for Diphtheria-tetanus-pertussis, and 3 women for family planning services.

In Sud Kivu, CODESAs focused on diarrheal diseases, particularly cholera, which is prevalent in the Uvira and Ruzizi health zones. CODESA members and community health workers carried out 310 household visits and 47 education sessions in churches and prayer groups to promote clean water and good hygiene practices. Six CODESAs from Ruzizi and Uvira, with assistance from the Champion Community Activity Steering Committees and local supervisors, worked to improve MNCH and family planning indicators through home visits and the distribution of health center referral vouchers (*jetons* in French) to pregnant women to promote and facilitate 4 antenatal care visits, births assisted by a skilled health care worker, and adherence to the child vaccination schedule for children 0 - 11 months of age. The health zone management team activity provided technical support for weekly meetings between health center teams and community members to discuss and evaluate the

referral vouchers approach, implemented by community health workers and NGO facilitators, in encouraging pregnant women and mothers of young children to seek treatment at a health center.

Table 6: Number of revitalized and functional CODESAs (PY4Q3)

IHP Coordination Office	# CODESAs Identified (<i>cf. PY4Q2 in italics</i>)	# Revitalized/ Functional (<i>cf. PY4Q2 in italics</i>)	% Functional CODESAs (<i>cf. PY4Q2 in italics</i>)	# Revitalized/ functional with action plan (<i>cf. PY4Q2 in italics</i>)	% Functional CODESAs with action plan (<i>cf. PY4Q2 in italics</i>)
Bukavu	399 (408)	399 (393)	100 (96)	350 (368)	88
Kamina	202 (207)	182 (192)	90 (93)	181 (181)	99
Kole	129 (113)	125 (113)	97 (88)	102 (71)	82
Kolwezi	106 (105)	89 (81)	84 (77)	89 (51)	100
Luiza	170 (189)	156 (174)	92 (92)	136 (158)	87
Mwene Ditu	171 (168)	168 (168)	98 (100)	168 (165)	100
Tshumbe	119 (105)	88 (88)	74 (84)	49 (49)	56
Uvira	102 (104)	98 (90)	96 (87)	38 (37)	39
Total	1,398 (1,415)	1,305 (1,229)	91 (92) (avg)	1,113 (1,080)	82 (83) (avg)

2. Integrated Community Case Management (i-CCM)

IHP uses an i-CCM strategy to reach and treat three important causes of childhood morbidity and mortality in the DRC: pneumonia, diarrhea, and malaria.

Pneumonia

During PY4Q3, IHP health centers and community-based services sites treated 122,430 episodes of pneumonia, which represents 85% of the PMP target, in children less than 5 years of age. Community health workers at community-based services sites treated nearly 5% of these cases, or 5,956 cases. Results from two of the coordination offices (Kamina and Bukavu) are strong, 118% and 95%, respectively, while results from Kolwezi and Uvira (49%, 41%) indicate that efforts must be intensified to reach the children in need. Results from Kole (82%), Luiza (72%), Mwene Ditu (86%) and Tshumbe (77%) indicate that progress is being made, as shown in table 7.

Table 7: Number of children under 5 with pneumonia treated by antibiotics in facilities and i-CCM sites

IHP coordination office	Health facilities	i-CCM sites	Total	PMP target PY4Q3	% of target achieved
Bukavu	38,107	873	38,980	40,843	95
Kamina	23,147	2,181	25,328	21,496	118
Kole	7,194	1,013	8,207	10,032	82
Kolwezi	4,465	137	4,602	9,315	49
Luiza	12,493	497	12,990	18,057	72
Mwene Ditu	21,263	778	22,041	25,509	86
Tshumbe	5,965	290	6,255	8,169	77
Uvira	3,840	187	4,027	9,888	41
Total PY4Q3	116,474	5,956	122,430	143,308	85
Total PY4Q2	134,194	6,885	141,079		98

As table 7 illustrates, the total number of cases for the present reporting period (PY4Q3) is 18,649 less than that reported for the preceding period (PY4Q2). This is due to a few factors. First, IHP conducted data quality audits (DQA) in Kolwezi, Luiza, and Mwene Ditu, and trained health staff in the use of treatment flow charts in nine health zones in Luiza and four in Kole. This led to improved pneumonia case detection by staff who previously sometimes misdiagnosed a cough as pneumonia, which results in higher reported numbers of pneumonia cases. Second, Kolwezi and Uvira--the areas with the lowest number of reported cases this quarter--experienced short supplies and stock outs of the antibiotics (cotrimoxazole and amoxicillin) needed to treat pneumonia. The stock outs were due to procurement delays by the CDRs as well as to the irrational and excessive prescription of antibiotics by service providers for other ailments for which antibiotics were not appropriate (e.g., simple cough). The high number of cases reported by Kamina is attributed to the opening of new community-based sites in the Kayamba and Kinkondja health zones.

Next Quarter: In PY4Q4, IHP will conduct additional data quality audits (DQA) to verify that pneumonia cases reported in the national health information system (SNIS in the French acronym) coincide with actual cases treated with antibiotics in the health centers. IHP will train health zone staff in the rational management of antibiotics and will work with the CDR to improve the timely distribution of medicines. Finally, IHP plans to distribute to all health centers the Ministry of Health written technical guidelines and wall posters on detection and treatment of pneumonia.

Diarrhea

During the quarter (PY4Q3), IHP health centers and community-based services sites treated 136,740 diarrhea cases, which exceed last quarter's reporting by 7,826 cases, as shown in table 8 on the following page. The increase is due primarily to the opening of 110 new community-based sites including 47 under the UNICEF-funded HPP and 63 by IHP in 6 priority health zones designated by the DRC Ministry of Health as part of its "A Promise Renewed" commitment (see APR section of this report). The 6 priority zones are Bibanga, Kole, Minga, and Wikong in Kasai Oriental; Kayamba in Katanga; and Kalomba in Kasai Occidental). The HPP Project is financed by UNICEF and implemented by Management Sciences for Health; it also benefits from considerable complementary support under IHP, primarily for small grants to the target "poorest" communities.

In Kamina (Katanga), which had the highest performance in treating diarrhea cases, ORS and zinc sulfate tablets were readily available during the quarter, due in part to a UNICEF donation. This underscores the importance of improving the supply chain and ensuring the ongoing availability of ORS throughout the health zones.

HPP promoted handwashing and exclusive breastfeeding in 6 Kasai Oriental health zones (Mwene Ditu, Kalenda, Kanda Kanda, Wikong, Kamiji, and Luputa). Kalenda and Kamiji also benefitted from HPP's healthy village activities (latrines, hygiene, handwashing, etc.). IHP supported similar activities in Wikong. These IHP-HPP concerted and complementary efforts have resulted in reduced morbidity due to diarrheal diseases in these zones. In contrast, the Kole, Tshumbe, Luiza, and Kolwezi coordination offices were far from meeting their targets due to delays in receiving supplies; the very poor road conditions in these areas negatively affected timely deliveries.

Table 8: Number of children under 5 with diarrhea treated by ORS or ORS plus zinc in PY4Q3

Coordination office	Health facilities	i-CCM sites	Total	PMP target PY4Q3	% of target achieved
Bukavu	44,594	1,700	46,294	54,458	85
Kamina	24,113	4,800	28,913	28,662	101
Kole	5,660	2,066	7,726	13,376	58
Kolwezi	5,893	217	6,110	12,420	49
Luiza	12,347	3,047	15,394	24,076	64
Mwene Ditu	13,398	1,320	14,718	34,012	43
Tshumbe	5,582	358	5,940	10,892	55
Uvira	11,297	348	11,645	13,184	88
Total PY4Q3	122,884	13,856	136,740	191,080	72
Total PY4Q2	122,673				68

Next Quarter: IHP will maintain and further gains realized to date in Kamina, Bukavu, and Uvira through periodic supportive supervision of providers. IHP will conduct post-training visits to providers trained in using the i-CCM treatment flow charts and will intensify efforts to improve the supply chain shortcomings that led to stock outs in several areas. Moreover, IHP will continue to strengthen overall data collection and to lobby private sector facilities to collect and share data on this indicator.

Malaria

During PY4Q3, IHP distributed 193,338 doses of Artemisinin-based Combination Therapy (ACT) to children under five, as seen in table 9. This quarter there were stock outs of the infant dose of ACT, and the number of malaria cases treated, especially for infants (2-11 months old), was 7% less than the previous quarter (16,169 fewer cases).

Table 9: Number of children under 5 with malaria treated in facilities and i-CCM sites (PY4Q3)

Coordination office	Health facilities	i-CCM sites	Total
Bukavu	55,137	373	55,510
Kamina	42,192	2,060	44,252
Kole	6,167	218	6,385
Kolwezi	16,846	587	17,433
Luiza	25,722	966	26,688
Mwene Ditu	12,307	2,600	14,907
Tshumbe	11,664	569	12,233
Uvira	15,319	611	15,930
Total PY4Q3	185,354	7,984	193,338
Total PY4Q2	201,524	7,983	209,507

Next Quarter: Over the next three months, IHP will focus on strengthening the technical skills of community health workers to identify and appropriately treat malaria cases with ACT. IHP will continue awareness-raising work aimed at families--especially parents--so that they can identify the early danger signs of malaria and bring their children to a health facility for treatment in a timely manner. The project will intensify efforts to ensure steady and timely supplies of required doses of ACT drugs at all IHP-supported service delivery sites by monitoring the distribution of medications and ensuring transportation of commodities.

A Promise Renewed (APR)

In June 2012, the DRC participated in the Global Child Survival Call to Action meeting held in Ethiopia from which the “A Promise Renewed” (APR) initiative ensued. In DRC, this initiative is led by an integrated committee comprised of all key health sector partners and donors. With support from UNICEF, USAID, and other actors, the DRC government developed an action framework with detailed strategies and the potential to address bottlenecks in the health system as well as barriers that impede access to health services. The Action Framework aims to reduce, by the year 2035, under-five mortality by 48% and maternal mortality by 31%, saving the lives of 430,000 children and 7,900 mothers.

IHP provides support for the Ministry’s APR objectives and six maternal and child health strategies in 52 priority health zones. In 27 of these zones IHP provides support through a joint effort with UNICEF (via HPP) and in 25 zones, IHP is the primary provider of support. The present report presents IHP’s contribution to APR objectives during the quarter (PY4Q3).

Strategy 1: Universal health services coverage targeting vulnerable populations (pregnant women and children under 5 years - family health kits and coupons): To increase access to services that address the principal causes of death for children under five years of age, IHP implemented 63 new service sites in 6 of the priority health zones focused on this quarter. These include Kole, Minga, Kayamba, Wikong, Bibanga, and Kalomba. IHP provided 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: During the quarter, IHP continued to furnish materials and equipment to health centers to ensure quality care. Items provided this quarter included: sterilizers, gloves, baby scales, scales with height rod, Pinard Fetoscopes, basins, thermometers, sphygmomanometer, stethoscope, Salter Scales, and neonatal resuscitation equipment.

Strategy 3: Improve health zone governance and management: IHP developed a draft 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): Under the auspices of the MOH General Secretary, the MOH Family and Specific Groups Health Directorate organized a seminar-workshop on competency-based training for 35 trainers from the MOH central and provincial levels, for which IHP provided technical and financial support. Trainers will use the competency-based training approach to train providers in family planning, post-abortion care, services for survivors of gender-based violence, essential and emergency obstetrical care, essential and emergency care for newborns, and kangaroo mother care. During the quarter, IHP identified trainees and made plans for competency-based training in maternal and neonatal care for 146 providers in 8 health zones across 3 provinces (Dibaya, Lubondaie, Bibanga, Kanda Kanda, Lodja, Vangakete, Kayamba and Kikondja). This training will take place next quarter.

Strategy 5: Communication for development: IHP organized and supported mini-campaigns for awareness-raising about family planning and essential health practices in Bukavu, Mwene Ditu, Kole and Tshumbe.

Strategy 6: Community Engagement: IHP focused on the health zones of Ndekesha and Dibaya (Kananga and Luiza), Vangakete and Lodja (Tshumbe and Kole) Kanda Kanda (Mwene Ditu) and Fungurume (Kolwezi) this quarter to revitalize the Health Development Committee (CODESA), the *Cellules d’animation communautaire* (CAC, comprised of community health workers), and

community leaders. The project helped the CODESAs develop their work plans, organize elections for new members, and engage women and youth to participate in the committee. IHP also informed and sensitized communities in the zone on the rational for and utilization of family health kits which are distributed by the project.

4. Scale up evidence-based pilot WASH activities

After a hiatus of six months due to budget restrictions, WASH activities restarted in May 2014 in nine health zones (two in Bukavu and one in each of the coordination areas).

Clean water supply: By the end of the present quarter, 139,425 people enjoyed an improved drinking water supply for the first time in their lives, as seen in table 10 on the following page. Added to the achievements of the previous two quarters, today 47% of the total target population has safe drinking water (168,701/362,601). Because of the low performance in PY4Q1 and PY4Q2, it is unlikely that IHP will meet the end-of-year-four target (i.e., 362,601 people with safe water) by next quarter. However, if the momentum gained during the present quarter continues, IHP is cautiously optimistic that the project will be able to meet PY5 targets. Nonetheless, there are ongoing challenges for this activity. For example, water supplies are limited in the Kanzenze health zone in Kolwezi; the rocky soil in that area makes it difficult to dig for water. In Wikong (Mwene Ditu), the completion of clean water activities was postponed until next quarter, due to the budget constraints discussed elsewhere in this report.

Sanitation: The number of people with access to family latrines has risen slowly. In PY4Q1, 24,296 persons had access to latrines, 41,500 in PY4Q2, and 60,260 in PY4Q3, for a total of 126,056 by the end of June 2014, which represents about 35% of the total target population, also seen in table 10. In view of this situation, IHP will increase sensitization efforts to raise awareness and enlist community support for the Community-led Total Sanitation (CLTS) method to expand the construction of latrines and eliminate the practice of open defecation. The results indicate that current efforts to promote CLTS efforts have not been as effective as hoped, especially in an area such as Kole where no latrines were constructed this quarter despite the presence of local organizations and associations whose mandate is to further community sanitation efforts. In addition to Kole, CLTS has not made much headway in the Bukavu, Luiza, and Mwene Ditu Coordination areas.

Table 10: IHP WASH indicators results by IHP coordination for PY4Q3

Coordination office	Target number of people in target areas	Number of people in target areas with first-time access to improved drinking water supply as a result of USG support	Number of people in target areas with first-time access to improved sanitation facilities as a result of USG support	Achievement rate for water sources %	Achievement rate for latrines %
Bukavu	87,503	19,782	22,449	23	26
Kamina	33,454	22,394	14,213	67	43
Kole	37,472	2,377	0	6	0
Kolwezi	18,039	0	6,060	0	34
Luiza	50,075	8,601	9,996	17	20
Mwene Ditu	80,670	0	678	0	1
Tshumbe	27,367	82,428	2,447	301	9
Uvira	28,021	3,843	4,417	14	16
PY4Q3 total	362,601	139,425	60,260	39	17
PY4Q2 total	362,601	8,032	41,500	2	11
PY4Q1 total	362,601	21,244	24,296	6	7
Total PY4Q1-3	362,601	168,701	126,056	47	35

Next quarter: One of IHP's priorities is to work with local organizations and leaders to identify constraints and bottlenecks to improved water supplies and sanitation, reinvigorate community plans, and revise strategies as necessary and appropriate in order to meet the project's overall water and sanitation objectives. IHP will continue several ongoing activities, including supportive supervision and post-training follow up visits to persons trained in WASH-related topics; active data collection, with focus on latrine construction, in all 9 WASH health zones; provision of materials for the construction of improved water supply sites in the coordination offices where they are lacking; and support for water quality studies of improved water supplies.

IHP will also focus on and support capacity-building activities for WASH committees in villages and health areas where CLTS results have been mediocre; community sensitization efforts that promote construction of family latrines using local materials and the CLTS approach; and greater involvement of village chiefs in CLTS promotion. Next quarter, IHP will seek USAID approval to support the rehabilitation of community wells in Kanzenze (Kolwezi) due to the lack of water sources in the zone.

IR 1.3: Engagement of provincial management with health zones and facilities to improve service delivery increased

Percentage of senior LDP teams that have achieved their desired performance according to indicators in their action plans within six months of completing the LDP: IHP's Leadership Development Program (LDP) was designed specifically for health sector personnel, NGOs, community groups, and associations that have major roles in health zone strengthening. The LDP program facilitates the transfer of skills and knowledge to help health actors face and address challenges, creates an environment that motivates staff, and reinforces teamwork. The teams involved in the LDPs carry out leadership projects for a period of 4-6 months during which they work, in collaboration with stakeholders at all levels, to address real challenges in their respective organizations, in order to improve services and the work environment.

During the quarter, health zone management teams conducted joint project monitoring missions with LDP teams, and the effectiveness of this joint approach, which was recommended last quarter, is evidenced by the fact that 56 out of 78 (72%) health zones teams completed their leadership projects compared to 39 projects completed the previous quarter, as seen in table 11 below.

Table 11: Number of health zone teams that carried out and finalized their LDP projects during PY4Q3

	<i>Cf.</i> <i>PY4Q</i> <i>2</i>	April 2014	May 2014	June 2014	PY4Q3
Total number of health zones covered by IHP	80	78	78	78	78
Number of management teams trained in LDP (cumulative)	80	78	78	78	78
Number of health zones that developed a leadership project to be implemented during the quarter	41	78	66	34	22
Number of zones that implemented a leadership project and achieved desired results	39	0	12	44	56

As shown in table 12, below, nearly half of the LDP projects this quarter focused on two major challenges in the health zones: increasing the detection rate of tuberculosis and the number of prenatal consultation visits by pregnant women. Several projects addressed other MNCH challenges, such as vaccination and family planning, and a few focused on improving service utilization rates and hospital quality.

Table 12: LDP projects completed and evaluated during PY4Q3

Health zone	Activity area	Indicators per LDP project	Indicator trends after 6 months of LDP project			
			Baseline (PY4Q1)	Expected results	Actual results PY4Q3	Gap - expected vs actual results
Mwene Ditu	TB	TB detection rate	35%	60%	45%	-15%
Luputa	TB	TB detection rate	38%	70%	45%	-25%
Wikong	Curative	Health services utilization rate	36%	45%	41%	-4%
Kalenda	Curative	Health services utilization rate	36%	45%	40%	-5%
Dibindi	TB	TB detection rate	66%	80%	85%	5%
Kamiji	MNCH	Pregnant women ANC4 coverage	43%	65%	68%	3%
Bibanga	TB	TB detection rate	56%	70%	58%	-12%
Mpokolo	TB	TB detection rate	54%	85%	114%	29%
Bunkeya	MNCH	TT2 coverage for pregnant women	76%	85%	94%	9%
Fungurume	MNCH	Measles vaccination coverage for children < 1 year	65%	85%	173%	88%
Lubudi	MNCH	Pregnant women ANC4 coverage	11%	50%	22%	-28%
Manika	MNCH	Measles vaccination coverage for	72%	90%	94%	4%

		children < 1 year				
Mutshatsha	MNCH	Dropout rate Pentavalent 1 - 3	12%	9%	14%	5%
Bagira	MNCH	Preschool consultation rate for children 12 - 59 months	16%	25%	24%	-1%
Ibanda	MNCH	Post natal consultation 2+ coverage	16%	50%	72%	22%
Kadutu	MNCH	Preschool consultation rate for children 12 - 59 months	34%	45%	44%	-1%
Idjwi	MNCH	TP12 coverage for pregnant women	37%	77%	52%	-25%
Katana	CURATIVE	Patient referral rate	3%	5%	5%	0%
Miti-Murhesa	TB	TB detection rate	8%	21%	16%	-5%
Bunyakiri	TB	TB detection rate	10%	20%	22%	2%
Kalonge	TB	TB detection rate	13%	25%	22%	-3%
Minova	FP	Contraceptive prevalence rate	3%	10%	9%	-1%
Kitutu	EPI	Dropout rate for DTC-Hep-Hib	17%	8%	6%	-2%
Mwana	Curative	Health services utilization rate	32%	38%	35%	-3%
Kalole	FP	Contraceptive prevalence (women)	17%	25%	20%	-5%
Lulingu	TB	TB detection rate	9%	57%	50%	-7%
Mulungu	TB	TB detection rate	12%	40%	30%	-10%
Kaniola	FP	Contraceptive prevalence	5%	22%	17%	-5%
Kaziba	TB	TB detection rate	22%	40%	26%	-14%
Mubumbano	FP	Contraceptive prevalence – Lactational Amenorrhea Method (LAM)	7%	8%	8%	0%
Nyangezi	TB	TB detection rate	34%	75%	72%	-3%
Walungu	Curative	Health services utilization rate	33%	38%	36%	-2%
Lodja	FOSACOF	GRH - Improved quality score	30%	50%	45%	-5%
Lomela	FOSACOF	GRH - Improved quality score	31%	35%	38%	3%
Bena Dibebe	FP	Number of FP counseling visits	396	450	855	405
Luiza	MNCH	Pregnant women ANC4 coverage	45%	65%	53%	-12%
Bilomba	MNCH	Pregnant women ANC4 coverage	33%	62%	54%	-8%
Ndeksha	MNCH	Pregnant women	16%	62%	65%	3%

		ANC4 coverage				
Dibaya	MNCH	Pregnant women ANC4 coverage	39%	60%	75%	15%
Luambo	MNCH	Pregnant women ANC4 coverage	50%	62%	52%	-10%
Dekese	MNCH	Pregnant women ANC4 coverage	29%	62%	64%	2%
Kalomba	MNCH	TP12 coverage for pregnant women	77%	85%	86%	1%
Yangala	MNCH	TP12 coverage for pregnant women	29%	50%	47%	-3%
Dekese	MNCH	Pregnant women ANC4 coverage	28%	62%	59%	-3%
Dibaya	MNCH	Pregnant women ANC4 coverage	56%	64%	67%	3%
Lubondaie	MNCH	TP12 coverage for pregnant women	10%	50%	43%	-7%
Tshumbe	MNCH	AMTSL rate for women who gave birth	42%	80%	62%	-18%
Djalo	Curative	Number of children <5 years using community health service sites	297	400	382	-18
Dikungu	MNCH	Post natal consultation 2+ coverage	70%	80%	75%	-5%
Ruzizi	MNCH	TT2 coverage rate	68%	80%	85%	5%
Lemera	MNCH	Pregnant women ANC4 coverage	39%	60%	55%	-5%
Kinkondja	MNCH	Number of ANC4 women	266	319	288	-31
Kabongo	FP	Number of new acceptors	1,200	1,713	1,638	-75
Kayamba	MNCH	Pregnant women ANC4 coverage	32%	50%	56%	6%
Kitenge	MNCH	TP12 coverage for pregnant women	49%	80%	93%	13%
Malemba	HIV	Number of PLHIV identified	4	40	78	38

It is also evident from the above table that the actual project results of the Fungurume, Malemba Nkulu, and Mpokolo LDP teams greatly surpassed anticipated results.

The strategy of the EPI management team in Fungurume, where measles vaccination coverage results exceeded expectations by 88%, was to make a concerted effort to identify and vaccinate dropouts during the quarter. In Malemba, providers identified 78 People Living with HIV (PLHIV), nearly double the number of PLHIV anticipated (40), due to a number of factors, including joint IHP-MOH follow up post-training monitoring visits to providers, and the availability of HIV testing services and PIMA supplies.

During PY4Q2, IHP supported a lesser number of LDP projects and focused on conducting data quality audits and joint monitoring visits to LDP projects with health zone management teams. During the current quarter (PY4Q3), thanks to the DQA work and monitoring visits, a greater number of LDP projects were completed successfully. **Plans for PY4Q4** include the organization of a semi-annual three-day meeting to share and document success LDP project success stories with health authorities and interested parties, and identification of viable projects and needed support for the implementation of additional LDP projects in the health zones.

IR 2.1: Clinical and managerial capacity of health care providers increased

1. Family Planning

Couple Years of Protection: Third quarter data covers all IHP-supported health zones. All coordination offices except Uvira, which was one percentage point under the 80% target, reached or exceeded goals for the quarter. IHP PY4Q3 results exceeded the quarterly target of 112,500 CYPs by 22% (137,131 CYPs achieved). Moreover, CYP for the current period surpassed that of last quarter (137,131 vs. 136,241), as seen in table 13, below.

Table 13: Couple years of protection (CYP) in USG-supported programs

Coordination office	PY4Q2	April	May	June	PY4Q3	Target PY4Q3	Results (%)
Bukavu	33,246	11,558	9,880	10,588	32,026	32,063	100
Kamina	23,410	9,395	8,467	8,417	26,279	16,875	156
Kole	9,184	3,049	3,389	3,060	9,498	7,875	121
Kolwezi	10,730	3,595	4,347	3,174	11,116	7,313	152
Luiza	19,536	6,717	4,252	5,458	16,428	14,175	116
Mwene Ditu	23,608	8,402	8,349	7,869	24,620	20,025	123
Tshumbe	11,327	3,736	3,607	3,658	11,000	6,413	172
Uvira	5,409	1,845	2,107	2,213	6,164	7,763	79
Total	136,241	48,298	44,397	44,436	137,131	112,500	122

The strong performance on CYP is due to several synergistic factors, including the increased involvement of the community in family planning awareness-raising activities (the Champion Community approach) and involvement of community-based distributors (with oversight by providers); the regular availability of contraceptives and related supplies; the integration of non-clinical family planning methods into community care sites; regular supervisory site visits to assess management of family planning products; and increased community health worker (CHW) knowledge about long-term methods by associating CHWs with provider training in long-term methods (e.g., implants).

Modern Methods of Contraception: As shown in table 14 on the following page, the number of people using a modern contraceptive method increased from 152,150 in PY4Q2 to 153,151 in PY4Q3, exceeding the PMP target (124,350) by 23%. The increased use of modern contraception during PY4Q3 is due to the ready availability of family planning products, the high quality of services by trained providers, and successful FP expansion efforts by community-based distributors who reach remote areas on bicycle.

Table 14: Adoption of modern contraceptive methods by coordination office

Coordination office	April	May	June	PY4Q3	Target	Results (%)
Bukavu	10,820	9,294	17,889	38,003	35,440	107
Kamina	8,357	8,222	8,553	25,132	18,653	135
Kole	4,379	4,977	4,998	14,354	8,705	165
Kolwezi	4,086	5,152	3,747	12,985	8,083	161
Luiza	6,788	5,220	5,737	17,745	15,668	113
Mwene Ditu	7,625	10,109	7,542	25,276	22,134	114
Tshumbe	3,821	4,657	3,811	12,289	7,088	173
Uvira	2,128	2,634	2,605	7,367	8,580	86
Total	48,004	50,265	54,882	153,151	124,350	123

During the quarter, 1,751 health centers and 364 community care sites provided family planning services, representing 109% and 91% of the PMP targets of 1,600 and 400, respectively. Health centers provided contraceptives, at no cost, to community care sites; with a regular supply of subsidized products, the sites were able to expand FP in the community. **Next quarter**, IHP will support additional training of CHWs affiliated with community care sites, work with sites' staff to improve FP reporting, and ensure the ongoing availability of contraceptive products at the sites.

Number of health facilities experiencing stock outs of Depo-Provera: Thirty-nine (39) facilities experienced stock outs of Depo-Provera in PY4Q3 compared to 47 in PY4Q2, as seen in table 15. The aim is to keep the number of stock outs below 100, and IHP sites are doing well in this regard due to close supervision of the central health zone offices' needs quantifications and monitoring of health center contraceptive orders and consumption rates. When stock outs are experienced at the facility level, it can be due to one or more factors (other than the non-availability of the products in the country): orders were not sent in a timely manner to the CDRs where products are available; needs forecasting was deficient at facility level; and/or deliveries from the CDRs to the health zones were delayed due to transportation issues.

Table 15: Number of USG-supported service delivery sites providing FP counseling or services in health facilities and community care sites

Type of service site	April	May	June	PY4Q3	Target	Results (%)
Health facilities	1,751	1,751	1,751	1,751	1,600	109
Community care sites	364	364	364	364	400	91

For example, in the Bukavu coordination office, stock outs were due to late deliveries of FP products from the CDR to the health zones (particularly in Kalole, Kamituga, Kaniola, Kitutu, Mubumbano, Mulungu and Mwenga). In the Ibanda and Lulingu health zones, stock outs were due to orders being placed late. In Kole, inadequate forecasts of contraceptive needs resulted in stock outs.

2. Expanded program on Immunization (EPI)

The EPI data in this report have been verified by health zone management teams and cover 234 IHP-supported service sites in 78 health zones. Immunization coverage for the present quarter was satisfactory in all IHP health zones, with the exception of PCV13-3 coverage, which was very low in three coordination offices (Kamina, Luiza and Mwene Ditu, marked with asterisk in table 16) due to

stock outs of the pneumococcal conjugate vaccine. PCV13 was fully integrated into all IHP-supported sites between 2011 and 2013.

More than half of the country's EPI sites have experienced stock outs of PCV13-3 over the past several months. Furthermore, the bottom line coverage rate for BCG (100%) masks the fact that BCG coverage in Tshumbe and Kole dropped 31 and 25 percentage points, respectively, between PY4Q2 and PY4Q3. The lesson here is that the nation's expanded immunization program is still fragile and continues to be compromised by a weak supply chain system.

Table 16: Immunization coverage by coordination and vaccination type

Coordination office	Tetanus vaccine 2+	BCG (%)	DTP HepB-Hib1	DTP HepB-Hib3	TOPV 3 (%)	Measles (%)	PCV13-3 (%) *= weak
Bukavu	106	98	126	118	116	111	84
Kamina	104	106	112	104	104	107	12*
Kole	101	55	109	108	110	110	110
Kolwezi	108	156	143	132	130	106	133
Luiza	118	106	110	103	106	108	3*
Mwene Ditu	100	105	101	96	95	97	21*
Tshumbe	98	66	103	99	100	100	83
Uvira	85	92	109	103	103	88	70
PY4Q3 coverage (%)	104	100	115	108	108	105	57
Cf. PY4Q2 coverage	92	91	101	95	95	90	52

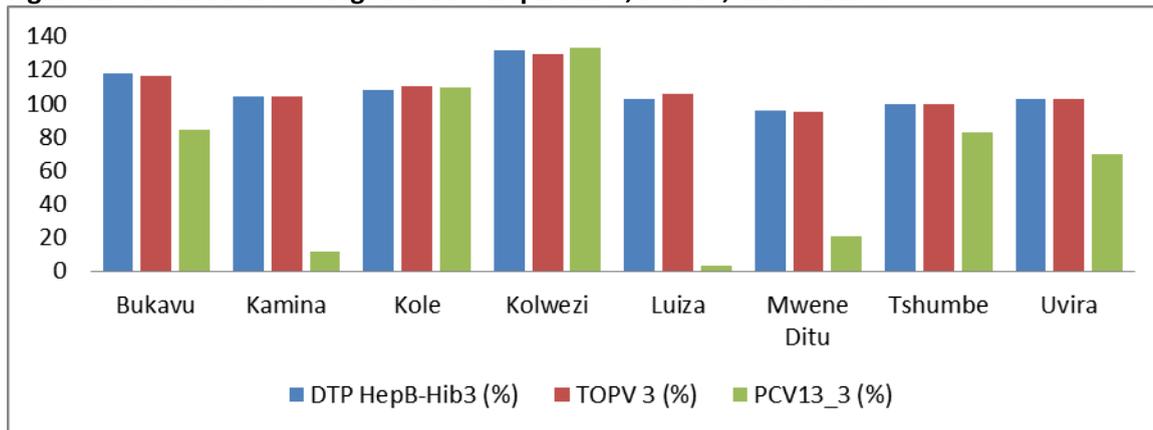
The PY4Q3 dropout rate between DTC-HepB-HIB 1 and DTC-HepB-HIB 3 remains between 1% and 8% with an average that coincides with last quarter's rate of 6%. This rate approaches the PMP target rate of 5% and is considered satisfactory.

Most IHP coordination offices maintained their respective PY4Q2 levels of performance vis-à-vis the dropout rate through the end of PY4Q3, while Kole and Tshumbe reduced dropout rates even further to 1% and 4% respectively. IHP overall performance for this indicator is close to meeting the PMP 5% target and within the 0-10% target set by the MOH. The across-the-board strong performance indicates that community outreach efforts to reach children at risk in the health zones, support provided to the health zones for materials and supplies needed for campaigns, and ongoing monitoring efforts have been effective. See table 17, below, and figure 2, on the following page, for information on dropout rates during PY4Q3.

Table 17: Drop-out rate between DPT-HepB-Hib1 and DPT HepB-Hib3

Coordination Office	PY4Q2 (%)	PY4Q3 (%)
Bukavu	6	6
Kamina	4	7
Kole	5	1
Kolwezi	6	8
Luiza	5	6
Mwene Ditu	6	5
Tshumbe	6	4
Uvira	10	5
Average IHP	6	6

Figure 2: Vaccination coverage for DTC-HepB-HiB 3, TOPV3, and PCV13-3



DTC-HepB-HiB3 vaccination levels this quarter coincide with TOPV3 (trivalent oral poliomyelitis vaccine) levels across all IHP-supported health zones. PCV13-3 vaccination levels, however, are lower than the coverage of the other two vaccines due to the nation-wide stock out, mentioned earlier in this report, that affected half of the country’s EPI sites this year.

Performance levels of health zones receiving DTC-HepB-HiB3 vaccination coverage support from IHP Coordination offices: Overall, DTC-HepB-HiB3 vaccination coverage remains satisfactory throughout the project areas. Seventy-two (72) of the IHP-supported 78 health zones (92%) have DTC-HepB-HiB3 vaccination coverage equal to or above 80%. The 72 zones include 20 out of 22 zones in Bukavu, 9 of 9 zones in Kamina, 7 of 8 in Kole, 8 of 8 in Kolwezi, 8 of 9 in Luiza, 9 of 9 in Mwene Ditu, 7 of 8 in Tshumbe, and 4 of 5 in Uvira.

Four health zones had DTC-HepB-HiB3 vaccination coverage between 50 and 79%. These zones include Kalole with 75% coverage in the Bukavu coordination; Nundu with 76% in Uvira; Minga with 64% in Tshumbe; and Tshudi Loto with 62% in Kole. Only two health zones had DTC-HepB-HiB3 vaccination coverage of less than 50%: Mulungu, with 41%, in the Bukavu coordination, and Ndeksha, with 38%, in Luiza.

A shortage of vaccines in Kananga health zone (Kasaï Occidental) and at the Kananga EPI office, which supplies the Ndeksha health zones, is the primary cause of a weaker third quarter performance in these areas. Insecurity in Mulungu (Sud Kivu, Bukavu Coordination) precluded any vaccination campaigns.

Given the overall positive performance in PY4Q3, support **next quarter** will focus on data quality audits and on implementing the “Reach Each District,” or RED approach, in order to maintain current levels. RED aims to increase vaccination coverage by making services readily accessible, using a combination of strategies (fixed site, mobile teams, campaigns) as appropriate for each health zone to ensure that target populations are reached. IHP will also continue to work with the MOH and other stakeholders to identify strategies and interventions to strengthen the supply chain.

3. Maternal, Neonatal and Child Health (MNCH)

The total number of pregnant women (142,842) who had at least one antenatal care (ANC) consultation with skilled providers at USG-supported health facilities represents 112% of the PY4Q3 target (cf. 108% in PY4Q2, 102% in PY4Q1), as seen in table 18 on the following page. All IHP coordination offices exceeded their targets except for Luiza and Mwene Ditu (each at 91% of target). Many women, especially those in rural areas, do not feel they can take time off from working in the

fields to attend ANC visits. In other areas, ANC attendance falls off due to the temporary closure of health centers during vaccination campaigns. Discussions are underway between IHP coordination offices and health zone management teams to address these issues and identify strategies to make it easier for women to attend ANC consultations.

Table 18: Number of pregnant women attending at least one antenatal care (ANC) visit by skilled providers at USG-supported health facilities

Coordination office	April	May	June	PY4Q3	Target	Results (%)
Bukavu	14,262	14,238	22,790	51,290	36,397	141
Kamina	6,608	6,556	6,312	19,476	19,156	102
Kole	3,405	3,229	3,200	9,834	8,940	110
Kolwezi	2,984	3,600	2,969	9,553	8,301	115
Luiza	5,618	4,345	4,716	14,679	16,091	91
Mwene Ditu	6,968	6,834	6,948	20,750	22,732	91
Tshumbe	2,592	2,630	2,726	7,948	7,279	109
Uvira	3,098	3,176	3,038	9,312	8,812	106
Total	45,535	44,608	52,699	142,842	127,708	112

The PMP target for the ANC4 indicator is 62%. As shown in table 19, below, during PY4Q3, ANC4 increased by four percentage points compared to last quarter (76% vs. 72%), and it was not too long ago that the average for ANC4 was 38% (in 2013). Two of the 8 IHP coordination offices, Kolwezi and Uvira, did not meet the target.

Certain sociocultural beliefs can contribute to a lower number of completed ANC4 visits. For example, in Sud Kivu (Uvira) providers have noted that some pregnant women will not attend an ANC consultation until they feel the fetus move. Other women are only motivated to attend ANC if drugs and supplies, e.g., bed net, de-worming medicine, are provided. Frequent mini-campaigns and other sensitization efforts especially by CHWs during PY4Q4 and beyond will focus on improving ANC attendance in Kolwezi and Uvira.

Table 19: Number of pregnant women attending at least four antenatal care (ANC) visits by providers from USG-supported health facilities

Coordination office	April	May	June	PY4Q3	Target	Results (%)
Bukavu	5,773	5,147	5,175	16,095	23,865	67
Kamina	2,321	2,576	2,915	7,812	12,561	62
Kole	2,220	2,163	2,385	6,768	5,862	115
Kolwezi	827	1,051	867	2,745	5,443	50
Luiza	3,132	2,544	2,589	8,265	10,551	78
Mwene Ditu	4,637	4,658	4,670	13,965	14,905	94
Tshumbe	1,374	1,529	1,597	4,500	4,773	94
Uvira	1,140	1,230	1,169	3,539	5,778	61
Total	21,424	20,898	21,367	63,689	83,738	76

The overall results for the number of deliveries with a skilled birth attendant (SBA) was 104%, one percentage point higher than last quarter's achievement, as seen in table 20 on the following page. Two coordination offices, Kamina and Mwene Ditu, surpassed the overall PMP target of 83%, but did not achieve their respective targets. Factors that

impact negatively on this indicator include the lack of maternity waiting homes near the hospitals in these areas, and the poor physical condition and lack of basic comfort (e.g., beds without mattresses) in the public hospitals. This reality may compel some women to give birth in private centers, which are not part of the national health system and therefore do not systematically report data to health zone central offices.

Nonetheless, the overall results for assisted delivery at the end of PY4Q3 are impressive (104%), approximately 25% greater than PY2 and PY3 results (which were 81% and 83% respectively).

Table 20: Number of deliveries with a skilled birth attendant (SBA) in USG-supported facilities

Coordination office	April	May	June	PY4Q3	Target	Results (%)
Bukavu	11,801	12,073	11,744	35,618	32,006	111
Kamina	5,298	5,266	5,293	15,857	16,845	94
Kole	2,958	2,836	2,615	8,409	7,861	107
Kolwezi	2,636	3,038	2,989	8,663	7,300	119
Luiza	5,101	4,200	4,454	13,755	14,150	97
Mwene Ditu	6,495	6,520	6,535	19,550	19,990	98
Tshumbe	2,246	2,327	2,378	6,951	6,401	109
Uvira	2,525	2,596	2,677	7,798	7,749	101
Total	39,060	38,856	38,685	116,601	112,302	104

AMSTL achievement at IHP-supported sites shows an overall achievement of 101% of the PMP target this quarter, exceeding the PMP target of 95%, as seen in table 21, below. Moreover, a review of previous quarters' achievements shows a steady increase from quarter to quarter (PY4Q1: 95%; PY4Q2: 100%) and a positive evolution from year to year (PY2: 84% ; PY3 : 93%). Despite this positive overall trend, three coordination offices--Kamina, Tshumbe and Uvira--did not reach their respective target rates. Kole, which experienced an oxytocin shortage during the quarter, reported a rate of 82%. Plans are already underway for joint health zone and IHP site visits to monitor oxytocin inventory and assist providers to calculate average monthly consumption rates so as to be able to order and receive needed supplies in a timely manner.

Table 21: Number of women receiving Active Management of the Third Stage of Labor through USG-supported programs

Coordination office	April	May	June	PY4Q3	Target	Results (%)
Bukavu	10,422	11,187	11,011	32,620	30,318	108
Kamina	5,293	5,231	5,158	15,682	15,957	98
Kole	1,767	2,528	1,839	6,134	7,447	82
Kolwezi	2,192	3,032	2,917	8,141	6,915	118
Luiza	4,839	4,151	4,434	13,424	13,404	100
Mwene Ditu	6,251	6,254	6,502	19,007	18,936	100
Tshumbe	1,792	1,796	2,042	5,630	6,064	93
Uvira	2,200	2,320	2,445	6,965	7,340	95
Total	34,756	36,499	36,348	107,603	106,380	101

The overall rate for number of postpartum/newborn visits within 3 days of birth was 83% for the quarter, as seen in table 22, below. This is the same as last quarter's reported rate and 5 percentage points above PY4Q1 (78%). A review of the rates over the last three years indicates an improvement each year: PY2 -73%; PY30 - 77%; 83% - end of PY4Q3.

IHP has plans to further improve outcomes with this indicator by improving conditions in health centers (clean beds and mattresses, hygienic environment) so that women will be more amenable to staying in a health facility up to 3 days following delivery, and by continuing to strengthen provider capacity to dispense quality services.

Table 22: Number of postpartum/newborn visits within 3 days of birth in USG-supported programs

Coordination office	April	May	June	PY4Q3	Target	Results (%)
Bukavu	11,388	11,975	11,516	34,879	38,493	91
Kamina	5,249	5,452	4,811	15,512	20,259	77
Kole	2,155	2,374	2,133	6,662	9,454	70
Kolwezi	2,478	3,013	2,975	8,466	8,779	96
Luiza	4,999	4,149	4,342	13,490	17,018	79
Mwene Ditu	6,193	6,354	6,234	18,781	24,041	78
Tshumbe	2,261	2,368	2,358	6,987	7,699	91
Uvira	2,210	2,512	2,180	6,902	9,319	74
Total	36,933	38,197	36,549	111,679	135,061	83

IHP-supported sites surpassed the PMP target rate of 100% for essential newborn care, with an overall average of 105% at the end of June 2014, as seen in table 23, below. The results exceed those of the past two quarters and the past two project years (PY4Q1- 97% and PY4Q2-102%; PY2-74%, PY3 78%). Given the satisfactory results to date, IHP will continue to strengthen skilled birth attendants' skills and knowledge about new born care, and will continue to focus on improving health center management of medicines and other supplies (e.g., vitamin K3, tetracycline) needed for newborn care.

Table 23: Number of newborns receiving essential newborn care through USG-supported programs

Coordination office	April	May	June	PY4Q3	Target	Results (%)
Bukavu	11,280	11,972	11,598	34,850	30,638	114
Kamina	4,807	5,164	5,147	15,118	16,125	94
Kole	2,716	2,507	2,404	7,627	7,525	101
Kolwezi	2,478	3,013	2,975	8,466	6,988	121
Luiza	4,826	3,998	4,393	13,217	13,545	98
Mwene Ditu	6,234	6,362	6,407	19,003	19,135	99
Tshumbe	2,257	2,352	2,313	6,922	6,128	113
Uvira	2,111	2,590	2,687	7,388	7,418	100
Total	36,709	37,958	37,924	112,591	107,502	105

The number of newborns who received antibiotic treatment for infection during the quarter is 8,620 vs. 6,798 in PY4Q2 and 8,058 in PY4Q1, as shown in table 24 on the following page. Thus, during the first three quarters of PY4, a total of 23,476 newborns benefited from antibiotic treatment. At this rate, IHP anticipates that the project will reach, or will come very close to reaching, the PMP target

rate of 32,416 by the end of PY4. The Bukavu, Kamina, Mwene Ditu, and Tshumbe coordination offices had rates below 100%, due to stock outs of antibiotics.

In order to improve performance with this indicator, it is essential to extend the national protocol on newborn infection management, organize data quality audits in health zones, conduct post-training follow ups, and ensure the accurate use of health services flow charts by primary care nurses.

Table 24: Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs

IHP coordination	April	May	June	PY4Q3	Target	Results (%)
Bukavu	689	722	322	1,733	2,310	75
Kamina	244	92	115	451	1,216	37
Kole	139	134	353	626	567	110
Kolwezi	490	533	330	1,353	527	257
Luiza	1,241	734	505	2,480	1,020	243
Mwene Ditu	284	297	283	864	1,443	60
Tshumbe	86	135	145	366	462	79
Uvira	238	252	257	747	559	134
Total	3,411	2,899	2,310	8,620	8,104	106

4. Fistula Repair

The Kaziba GRH in Bukavu was the only hospital with the capabilities to repair urogenital fistulas during PY4Q3. Sixty (60) women were operated on; 78% of the women were between 20 and 45 years of age. In 55% of the cases, urogenital fistula was due to dystocia (obstructed) labor in health centers, and 27% due to in-home delivery without qualified medical assistance. Of the 60 cases operated on, 80% were successful in repairing the urogenital fistula (cf. PY4Q1 rate of 41%, PY4Q2 rate of 49%). While the number of cases operated on per quarter this year has remained at 60, the number of cases has increased from year to year. In PY2 it was 62, in PY3 it was 240, and in PY4 it is currently at 180, with one quarter remaining.

The project will plan and carry out extension of the correct use of the partogram among providers, sensitization and community efforts to refer women toward health centers, and the implementation of family planning methods postpartum in collaboration with health zone management teams in order to reduce the risk of urogenital fistulas.

5. Malaria prevention

Activity 11: Malaria prevention: Distribute SP (Sulfadoxine Pyrimethamine) for IPTp (Intermittent Preventive Treatment for pregnant women) and LLIN (to be integrated in the antenatal care package)

Activity 11.1: Distribution of 1,000,000 doses SP during antenatal care (ANC) in 69 health zones that are not covered by Global Fund

PY4Q3 data cover all of the 69 health zones that receive support for malaria from IHP. As can be seen from table 25, 82,885 pregnant women received at least 2 doses of SP during the quarter. This represents 66% of target women and an increase of 12 percentage points compared to last quarter. All coordination offices increased coverage rates, with the highest percentage point increases realized in Bukavu (+21) and Kole (+18). Mwene Ditu, with 88% coverage, surpassed the PMP target of 80% while Bukavu was exactly on target with 80%. Uvira, which had the lowest results (13%) last

quarter, achieved 38% in PY4Q3. Note that the same table in the PY4Q2 report contained math errors in the total number of expected pregnant women and in the percent of pregnant women who received at least two doses of SP. The correct figures (132,052, 54%) are listed in the shaded columns of table 25 below and are used for comparative purposes in the present report.

Table 25: Percentage of pregnant women who received at least 2 doses of SP between April-June 2014 in the 69 health zones that benefit from IHP support for malaria prevention

Coordination office	Indicators					
	No. of pregnant women who received at least two doses of SP during ANC visits (PY4Q3)	No. of expected pregnant women at ANC visits (PY4Q3)	% pregnant women who received at least two doses of SP (PY4Q3)	<i>Cf. No. of pregnant women who received at least two doses of SP during ANC visits (PY4Q2)</i>	<i>Cf. No. of expected pregnant women at ANC visits (PY4Q2)</i>	<i>cf. % pregnant women who received at least two doses of SP (PY4Q2)</i>
Bukavu	26,364	33,128	80	22,876	39,024	59
Kamina	12,680	20,523	62	12,410	20,523	60
Kole	6,286	9,346	67	4,562	9,346	49
Kolwezi	4,804	8,888	54	3,681	8,888	41
Luiza	6,526	16,666	39	6,381	16,666	38
Mwene Ditu	18,167	20,643	88	15,886	20,643	77
Tshumbe	4,598	7,583	61	3,942	7,583	52
Uvira	3,460	9,379	37	1,252	9,379	13
PY4Q3 Total	82,885	126,156	66 avg			
			PY4Q2 Total	70,990	132,052	54 avg

In IHP's 69 malaria focus health zones, the project reported IPTp coverage of at least 50% for 37 health zones compared to 28 in PY4Q2. All the Mwene Ditu health zones surpassed 50% IPTp coverage. This performance can be attributed to the availability of SP during the quarter and to an increase in community sensitization campaigns, initiated on World Malaria Day, that focused on ANC and malaria prevention for pregnant women.

In order to sustain this performance in coming quarters, it is essential to ensure the regular supply of health centers with SP pills and to bolster sensitization campaigns in all regions where coverage rates are below 50%. The IPTp (Intermittent preventive treatment in pregnancy) coverage by health zone is presented below in table 26 on the following page.

Table 26: Proportion of women pregnant women receiving IPT 2 in 69 malaria focus health zones
17 health zones with a proportion of pregnant women receiving IPT 2 at 80% or more

Bukavu	Kamina	Kole	Kolwezi	Luiza	Mwene Ditu	Tshumbe	Uvira
Kadutu	Kabongo		Fungurume		Bibanga	Katako Kombe	
Katana	Kitenge		Kanzenze		Luputa		
Minova	Malemba Nkulu				Mpokolo		
Miti Murhesa	Kinkonja				Wikong		
Nyangezi							
Mwenga							
23 health zones with a proportion of pregnant women receiving IPT 2 between 50% and 79%							
Bukavu	Kamina	Kole	Kolwezi	Luiza	Mwene Ditu	Tshumbe	Uvira
Bunyakiri	Mukanga	Vangakete	Dilala	Bilomba	Kalenda	Dikungu Tshumbe	Ruzizi
Idjwi	Mulongo		Lualaba	Dibaya	Kamiji		
Kalole				Kalomba			
Kamituga				Lwambo			
Kaziba				Tshikaji			
Kitutu							
Lulingu							
Mubumbano							
Mwana							
29 health zones with a proportion of pregnant women receiving IPT 2 below 50%							
Bukavu	Kamina	Kole	Kolwezi	Luiza	Mwene Ditu	Tshumbe	Uvira
Ibanda	Songa	Lomela	Bunkeya	Bulape		Djalo Njeka	Haut Plateau
Kaniola	Lwamba	Ototo	Manika	Dekese		Minga	Nundu
Kalonge	Kayamba	Tshudi Loto	Lubudi	Lubondaie		Lusambo	Lemera
Mulungu			Mutshatsha	Ndekesha		Pania Mutombo	Uvira
Shabunda				Yangala			
Walungu							

Activity 11.2: Distribution of 455,000 long-lasting insecticide-treated nets (LLIN) during antenatal care (ANC) in 69 health zones that are not covered by Global Fund

Due to stock outs of LLIN in 6 of the 8 IHP coordination offices, the project barely met 1% of its target (T=113,750) for distribution of LLINs. The coordination offices in Uvira, Mwene Ditu, Kolwezi, Luiza, Kole, and Kamina have been out of LLINs for several months. This is a situation that has declined over the past three quarters (see PY4Q1 and Q2 reports). Of the 1,340 LLIN distributed during the present quarter, 1,098 were distributed at ANC service sites and 242 during pre-school consultation services.

In PY4Q3, IHP continued to explore other options for obtaining LLINs for IHP sites (e.g., borrowing LLINs from other donor programs or the MOH, coordinating with social marketing efforts). LLINs are

provided by the USAID | DELIVER project for distribution to IHP sites. The last delivery of LLINs was nearly two years ago, and the next delivery date has not yet been set. The lack of a dependable supply chain system for critical health sector medicines, supplies and equipment--for all IHP supported priority interventions--is one of the biggest challenges faced by IHP and all stakeholders in the sector.

Malaria Management

Activity 12: Correctly manage malaria cases in health facilities through training, distribution of medicine and commodities (ACTs, Rapid Diagnostic Tests, and supervision)

During the quarter, the project reported distribution of 193,338 ACT doses for children under 5 (in doses for 2-11 months old and 1-5 years), including 185,354 doses through health centers and 7,984 doses through community care sites. This represents a slight decrease from the total number of ACT doses distributed in PY4Q2 (209,507). The decrease was driven by a shortfall of doses for 2-11 months olds with 56,958 in PY4Q2 against 40,324 this quarter. Distribution levels for ACT doses for 1-5 years old actually increased compared to the previous quarter in Bukavu (41,813 to 45,563 doses), Kamina (30,141 to 39,154), Kole (2,378 to 3,609), Tshumbe (6,666 to 8,171), and Uvira (10,802 to 11,131). This trend was also observed with ACT doses distributed through community care sites. See table 27, below, for information on this indicator by coordination office.

The shortage of ACT for 2-11 month old children is due to the fact that the National Malaria Program (NMCP, or PNLP in the French acronym) consumption projections were underestimated in the past. The NMCP assumed 1 episode of malaria per year for infants 2 to 11 months old. However, the data from health facilities show that this group of children actually experiences 2-3 malaria episodes per year. IHP has recommended that the NMCP revise its assumptions vis-à-vis the annual expected number of malaria cases for the 2 to 11 month old age group. This will allow for more accurate needs projections on which future ACT procurements can be based.

Table 27: Number of ACT treatments for children under 5 purchased with USG funds and distributed to health facilities and community health care sites April - June 2014

Coordination office	ACT for children 1-5 years of age			Total quantity distributed for children < 5
	Quantity of ACT for children < 5 distributed through community care sites	Quantity of ACT for children 1-5 years distributed to health facilities	Quantity of ACT for children 2-11 months distributed to health facilities	
Bukavu	373	45,190	9,947	55,510
Kamina	2,060	37,094	5,098	44,252
Kole	218	3,391	2,776	6,385
Kolwezi	587	9,536	7,310	17,433
Luiza	966	22,140	3,582	26,688
Mwene Ditu	2,600	9,557	2,750	14,907
Tshumbe	569	7,602	4,062	12,233
Uvira	611	10,520	4,799	15,930
PY4Q3 Total	7,984	145,030	40,324	193,338
PY4Q2 Total	7,983	144,566	56,958	209,507

As seen in table 28, below, a total of 406,152 ACT (all age groups) was distributed during PY4Q3, about 4% less than the preceding quarter, the difference being primarily due to the shortage of the ACT dose for infants (2-11 months) discussed above. With the exception of this issue, activities progressed as planned, and IHP continued to provide technical and financial support for transporting ACTs from the CDRs to the central health zone offices and from there to health facilities and sites. Furthermore, IHP monitoring visits to project sites revealed that data reporting has improved, as a result of the IHP-SIAPS collaboration. Lastly, IHP-MOH joint supervision visits to service sites confirmed that health workers are following the national guidelines for malaria management.

Table 28: Number of ACT treatments for all age groups purchased with USG funds and distributed April - June 2014

IHP coordination	ACT infant (2-11 mos)	ACT toddler (1 - 5 yrs)	ACT child (6 - 13 yrs)	ACT adolescent and adult > 13 years	Total
Bukavu	9,947	45,563	41,353	29,720	126,583
Kamina	5,098	39,154	13,744	10,659	68,655
Kole	2,776	3,609	4,007	3762	14,154
Kolwezi	7,310	10,123	9,297	14,811	41,541
Luiza	3,582	23,106	15,131	22,762	64,581
Mwene Ditu	2,750	12,157	7,780	7467	30,154
Tshumbe	4,062	8,171	7,169	5,760	25,162
Uvira	4,799	11,131	8,646	10,746	35,322
Total PY4Q3	40,324	153,014	107,127	105,687	406,152
Cf. Total PY4Q2	56,958	152,549	103,277	111,792	424,576

During the quarter, health centers reported administering 409,872 ACT doses but only used 255,356 RDTs, which indicates that many of the centers/providers still are not following MOH protocols for malaria diagnosis. Based on historical case data, it is known that about half of all RDTs will be positive for malaria. The protocols direct that suspected cases of malaria (patients presenting with fever) be verified by RDT before prescribing ACT. Thus, if 409,872 doses of ACT were prescribed, 819,744 RDTs should have been utilized if providers were strictly adhering to protocols. Anecdotal information suggests that some centers still prefer to use the thick blood smear technique for diagnosis, and that others administer ACT based solely on a patient presenting with fever. See table 29 for information on RDT distribution by coordination office this quarter.

Table 29: Number of USG-funded malaria-rapid diagnostic tests (malaria-RDTs) purchased and distributed April - June 2014

Period	Coordination office								Total
	Bukavu	Kamina	Kole	Kolwezi	Luiza	Mwene Ditu	Tshumbe	Uvira	
April 2014	17,404	6,077	1,223	4,694	9,737	15,817	4,853	7,285	67,090
May 2014	20,485	3,168	2,439	5,126	4,518	9,116	4,313	10,543	59,708
June 2014	18,738	69,368	3,601	4,097	6,778	10,051	8,863	7,062	128,558
PY4Q3 Total	56,627	78,613	7,263	13,917	21,033	34,984	18,029	24,890	255,356
Cf. PY4Q2 Total									252,500

IHP launched a study this quarter to better understand the reasons behind the low utilization rate of RDT by providers. The study covers 9 IHP-supported health zones in Sud Kivu and will assess providers'

competence in using RDT, in interpreting results, and in prescribing proper treatment. IHP will share study findings, conclusions and recommendations with stakeholders and use them to inform future plans to increase the utilization rate of RDT for malaria diagnosis.

The number of health centers reporting stock outs of ACT doses for 1-5 year olds is 163, representing 13% of all health centers receiving IHP support for malaria. This is an improvement over the previous quarter, which had 224 centers with a shortage of ACT doses for the same age group. See table 30 for a comparison between stock outs in PY4Q3 and PY4Q2.

Table 30: Number of USG-supported service delivery points with ACT (child dose 1-5 yrs) stock out of April - June 2014

No. of USG-supported service delivery points (N=1265) with stock outs of ACT (dose for children 1 -5 years)						
Period	April 2014	May 2014	June 2014	PY4Q3	Percentage (%)	Target
PY4Q3	204	241	163	163	13	100
PY4Q2	184	292	260	260	21	100

All coordination offices have improved access to ACT in their health centers during this quarter. In each of the coordination offices of Bukavu, Kolwezi, and Mwene Ditu, there were less than 5 centers reporting stock outs of ACT for 1-5 year olds, while Kamina and Kole experienced shortfalls in 100 and 50 centers respectively. Joint training sessions will be organized with the PNLP in July 2014 in Kamina and Kole to focus on the effective management of malaria drugs and supplies in order to preclude future stock outs.

Table 31, on the following page, presents the number of malaria cases treated by coordination office and according to the national protocol.

Table 31: Proportion of children under five with malaria treated correctly following the national protocol during PY4Q3

Period		Coordination								PY4Q3 Total
		Bukavu	Kamina	Kole	Kolwezi	Luiza	Mwene Ditu	Tshumbe	Uvira	
April 2014	Children<5 years admitted for malaria treatment	19,862	25,319	7,948	5,967	8,146	19,866	5,218	4,593	96,919
	Children < 5 years treated for malaria according to national protocol	18,786	23,408	4,695	5,698	6,987	19,202	4,490	3,751	87,017
	Percentage treated according to national protocol	95	92	59	95	86	97	86	82	90
May 2014	Children<5 years admitted for malaria treatment	17,764	30,745	8,294	5,905	7,244	18,484	5,302	6,220	99,958
	Children < 5 years treated for malaria according to national protocol	16,639	27,949	6,556	3,717	6,696	14,129	5,341	3,925	84,952
	Percentage treated according to national protocol	94	91	79	63	92	76	101	63	85

June 2014	Children<5 years admitted for malaria treatment	19,447	25,286	8,648	5,739	9,115	20,497	5,952	6,852	101,536
	Children < 5 years treated for malaria according to national protocol	18,964	23,690	7,009	4,352	6,984	16,615	5,564	5,697	88,875
	Percentage treated according to national protocol	98	94	81	76	77	81	93	83	88
PY4Q3	Children<5 years admitted for malaria treatment	57,073	81,350	24,890	17,611	24,505	58,847	16,472	17,665	298,413
	Children < 5 years treated for malaria according to national protocol	54,389	75,047	18,260	13,767	20,667	49,946	15,395	13,373	260,844
	Percentage treated according to national protocol	95	92	73	78	84	85	93	76	87

As seen in table 31, 87% of children less than 5 years old were treated for malaria in health centers according to national protocols. However, given the low utilization rate of RDT, many were treated based on the presence of fever alone. Joint IHP-MOH monitoring and supervision visits will continue to emphasize the need for proper case diagnosis and use of RDTs by all IHP participating facilities.

During the quarter, the Bukavu, Mwene Ditu, and Luiza Coordinations held training sessions for providers on malaria management, while the Kamina Coordination organized training of CHWs at community health sites. In total, 653 health care workers were trained (68 women and 585 men), as seen in table 32, below. The Kole, Tshumbe, and Kolwezi coordination offices will conduct similar training beginning in July 2014 (PY4Q4).

Table 32: Number of health staff trained with USG funding to diagnose malaria in laboratories through the use of microscopes or RDT during PY4Q3

Category of Worker	Sex	Coordination Office								Total
		Bukavu	Kamina	Kole	Kolwezi	Luiza	Mwene Ditu	Tshumbe	Uvira	
Number of providers trained in health facilities	F	53	0	0	0	3	3	0	0	59
	M	336	0	0	0	46	28	0	0	410
Number of CHWs trained	F	0	2	0	2	0	1	0	0	5
	M	0	36	11	25	10	43	10	0	135
Number of lab technicians trained	F	4	0	0	0	0	0	0	0	4
	M	40	0	0	0	0	0	0	0	40
PY4Q3 Total	F	57	2	0	2	3	4	0	0	68
	M	376	36	11	25	56	71	10	0	585

Other activities carried out during the quarter: IHP participated in the development of the 2015 President’s Malaria Initiative Action Plan (May 2014) and in the quantification process organized by USAID|DELIVER for malaria drugs and supplies in all PMI health zones. IHP provided support to the National Malaria Program in Sud Kivu to evaluate the effectiveness of RDTs to diagnose cases of simple malaria. Results will be shared and disseminated as soon as they are ready. The project also developed the protocol for a study on using rectal artesunate for children under 5 in community health centers. The protocol was submitted for approval to the School of Public Health, and the project expects a response from the ethics committee next quarter.

6. Support clinical care to survivors of sexual violence

IHP planned to carry out trainings for clinicians on managing sexual assault cases in Kolwezi, but due to the lack of a gender specialist on staff and the unavailability of Post-Exposure Prophylaxis (PEP) kits needed to carry out sexual violence case management care in the Kolwezi health facilities, the project was unable to do so. However, 535 PEP kits were distributed to health zones supported by the IHP Bukavu and Uvira coordination offices. IHP also carried out follow up visits and supportive supervision of health care providers who had been trained previously in Minova, Katana, Miti Murhesa, Kadutu, Ibanda, Nyangezi and Walungu. See table 33, on the following page, for the number of people impacted by the project’s gender-based violence (GBV) services in PY4Q3.

Table 33: Number of people impacted by GBV services funded by the U.S. Government, disaggregated by sex and period of arrival at a health facility

Coordination office	Number of people reporting sexual violence in USG-supported health clinic		Number of people reporting sexual violence in USG-supported clinic within 72 hours	Number of people reporting sexual violence in USG-supported clinic between 72 and 120 hours	Number of people reporting sexual violence in USG-supported clinic given ARVs	Number of people reporting sexual violence in USG-supported clinic given emergency contraceptive
	Females	Males				
Bukavu	660	10	411	259	388	408
Kamina	14	0	5	9	0	0
Kole	31	0	16	15	2	5
Kolwezi	0	0	0	0	0	0
Luiza	59	0	29	30	11	18
Mwene Ditu	0	0	0	0	0	0
Tshumbe	6	0	4	2	1	0
Uvira	120	5	98	27	85	84
PY4Q3 Total	890	15	563	342	487	515

During the quarter, 905 cases of sexual violence were reported; in 98% of the cases the survivors were women. This is a slight decrease from the 944 reported cases last quarter. Sixty-two percent (62%) of the survivors were examined and received appropriate clinical and psychosocial care at a health center within 72 hours of the violent acts, while 38% were examined and treated between 72 and 120 hours after the event.

Seventy-nine percent (79%) of sexual assault survivors are over 18 years of age, 17% between 10 and 17 years, and 4% are children less than 10 years old. The most-identified perpetrators are men in uniform, people known by the victims, including family members, and often in the case of married women, their partner or spouse. Most of these cases were reported in the Lemera and Ruzizi health zones, which benefit from a PANZI Foundation project that supports CHWs to raise awareness about GBV and refer GBV cases to health facilities.

The reduction in the number of reported sexual violence victims this quarter (4% reduction, 905 vs. 944 last quarter) can be attributed in part to awareness-raising campaigns and the dissemination of relevant SMS messages about GBV by local NGO collaborators (e.g., Soif, Batuabemba, Afimed) that receive technical support from IHP. In addition, four outreach sessions entitled "Vas-y Fille" (You Go Girl) targeting 200 young girls were conducted in Minova, Nyangezi Walungu, and Katana. Results of these sessions will be covered in the next quarterly report.

7. Nutritional rehabilitation

Support for the integration of Infant and Young Child Feeding (IYCF): The project's technical advisors for MNCH, Nutrition, EPI, and child health provided technical support for two workshops for revising and developing a guide for pre-school consultations. Both workshops were held in June

2014. The workshops were held by the MOH, World Health Organization (WHO), UNICEF, Save the Children, and other local NGOs. The guide includes the following recommendations:

- Track the growth and nutritional status of children
- Ensure early diagnosis of malnutrition and other childhood diseases
- Prevent vaccine-preventable childhood diseases by reaching EPI targets
- Carry out other interventions such as vitamin A supplementation, mebendazole distribution, and the distribution of LLINs
- Promote Infant and Young Child Feeding (IYCF) practices and other health nutrition best practices

The nutrition data were collected from SNIS and validated by health zones during monthly monitoring meetings. All 78 health zones reported. Tables 34 and 35 present the achievements in nutrition indicators this quarter by month and indicator, and by coordination office and indicator, respectively.

Table 34: Nutrition PMP indicators by month for PY4Q3

Indicators	Apr-14	May-14	Jun-14	PY4Q3 Total	Target	Achievement %
Number of children under 5 years who received vitamin A supplements (campaign)	158	629,114	1,113,837	1,743,109	630,085	277
Number of pregnant women who received iron and folic acid supplements	46,242	46,616	43,895	136,753	101,292	135
Number of mothers of children 0 to 23 months who received counseling on child nutrition	51,179	53,888	56,395	161,462	102,456	158
Number of breastfeeding women who received vitamin A supplements	11,941	10,486	11,682	34,109	90,263	38
Number of health facilities with iron and folic acid stock out (average)	447	422	441	441	100	441

Table 35: Nutrition indicators by coordination for PY4Q3

Indicators	Bukavu	Kamina	Kole	Kolwezi	Luiza	Mwene Ditu	Tshumbe	Uvira	PY4Q3 Total
Number of children under 5 years who received vitamin A supplements	515,429	279,970	172,741	241,827	189,769	154,728	116,911	116,198	1,787,573
Number of children under 5 years who received vitamin A supplements (<i>routine</i>)	30,564	6,146	265	773	2,092	1,925	595	2,104	44,464
Number of children under 5 who received vitamin A supplements (<i>campaign</i>)	484,865	273,824	172,476	241,054	187,677	152,803	116,316	114,094	1,743,109
Number of pregnant women who received iron and folic acid supplements	48,100	17,105	5,596	11,967	12,588	30,515	6,694	4,188	136,753
Mothers of children 0 to 23 months who received counseling on child nutrition	46,136	17,426	9,553	7,798	13,650	40,815	7,164	18,920	161,462
Number of breastfeeding women who received vitamin A supplements	20,396	3,801	355	1,529	1,569	2,746	362	3,351	34,109
Number of newborn breastfed within one hour of birth	33,093	15,411	8,317	8,786	13,262	19,539	6,828	6,259	111,495
Number of breastfeeding women who received iron + folic acid supplements	25,972	6,713	2,496	5,570	3,101	12,379	3,079	1,700	61,010
Number of children 0-11 months admitted in PSC	46,999	22,724	10,390	18,062	22,177	28,668	8,007	10,297	167,324
Number of children 12- 59 months admitted in PSC	40,198	34,060	22,720	7,214	46,117	57,049	16,482	5,734	229,574

Number of children < 5 years with malnutrition	17,188	4,905	1,320	31	2,863	3,602	127	638	30,674
Number of children < 5 treated for malnutrition who survived	5,020	1,119	632	1	1,210	1,683	13	176	9,854
Number of dropout cases in malnutrition case management	257	6	53	0	388	85	0	0	789
Number of relapse cases in malnutrition case management	184	25	2	0	6	35	0	0	252
Number of cooking demonstration sessions	231	124	46	134	22	47	19	0	623
Number of health facilities with iron and folic acid stock out	27	94	89	0	69	4	108	45	437

Number of children under 5 years of age who received vitamin A: This quarter, 1,743,109 children under 5 received vitamin A, compared to a target of 630,083 children, for an achievement rate of 277%. Last quarter, no children received vitamin A as no distribution campaigns were organized for last quarter. Six coordination offices reported achievement rates between 143% and 796%, and Luiza and Uvira reported achievement rates of 89% and 96%, respectively.

The overall strong performance is due to the fact that UNICEF carried out a distribution campaign during May and June 2014. The vitamin A campaigns were integrated into vaccination efforts and mebendazole distribution activities in Sud Kivu and Katanga. The achievement rate of 89% in Luiza is due to the health care providers' workload, and the fact that the vitamin A campaign was not integrated in the measles vaccination efforts.

Moving forward, IHP will continue to support the vitamin A routine campaigns, and will provide vitamin A in areas that other organizations do not.

Number of pregnant women who have received iron-folate tablets to prevent anemia during the last five months of pregnancy: The results from this indicator, 136,753 pregnant women, surpassed the PMP target of 101,292 women, for an achievement rate of 135%. This quarter's results also surpassed the results from last quarter, 118,742 women.

The health zones in the Kole and Uvira coordination offices had achievement rates of 69% (5,596/8,103) and 59% (4,188/7,091), respectively, while the six remaining coordination offices had achievement rates greater than 100% (varying between 106% and 368%).

This performance can be explained by the availability and usage of iron-folate supplements in health trainings during antenatal care (ANC). However, the office of Kole only reached 69% of its target due to a lack of supplies in the health zones of Ototo (270), Lomela (149), Omendjadi (85), and Tshudi Loto (0); in the office of Uvira, despite an increase in the Haut-Plateau Uvira health zone of 587 in PY3Q2 to 930 in PY4Q3, due to the provision of this supplement by other NGOs (such as Caritas and ADRA), several health facilities in other health zones experienced iron-folate stock outs due to a lack of availability from the CDR.

In Kolwezi, this supplement is available to health zones through the CDR. In addition, the majority of the health zones experiencing stock outs obtain a supply from the local market so that pregnant women are not without supplementation during antenatal care. In Mwene Ditu, iron was available to all health zone health facilities through CADMEKO.

In order to prevent stock outs, IHP will maintain regular follow up and will continue providing supplies to the health zones, as well as deliver technical support to underperforming health zones. The project will also help health facilities place orders on time to avoid eventual stock outs.

Number of mothers of children 2 years of age or less who have received nutritional counseling for their children: During the current reporting period, the project exceeded the quarterly target: 161,462/38,193 or 423% in terms of the number of mothers of children 2 years old or younger who have received nutritional counseling for their children. This quarter's coverage was higher than that of PY4Q2 (126,664) and PY3Q3 (119,644).

Except for the Kamina coordination office, whose achievement rate was 72% (17426/24312), all seven coordination offices surpassed their quarterly target: Bukavu (46,136/11,076), Kamina (17,426/5,729), Kole (7,008/2,673), Kolwezi (4,392/2,483), Luiza (11,759/4,812), Mwene Ditu (32,376/6,798), Tshumbe (7,324/2,177) and Uvira (14,268/2,674).

Active IYCF support groups and the contribution of other implementing partners such as UNICEF and the Italian aid agency Cooperazione Internazionale (COOPI) helped boost the coverage of the number of mothers of children 2 years or younger receiving counseling on nutrition for their children. In Bukavu, in addition to active IYCF support groups in several health zones reaching out to mothers, there were also educational sessions organized during ANC and pre-school consultations. In Kamina, although the target was not reached and IYCF support groups are not as active, there was still a notable improvement due to the increased capacity of CHWs who were trained through the C-Change project to use nutrition counseling cards in the health zones of Kinkondja, Kabono, and Songa. These same health zones each have five trained head nurses and one community leader that has become involved in this initiative. In addition, COOPI's integrated management of acute malnutrition (IMAM) program in the health zones of Malemba, Mulongo, Mukanga, and Lwamba, supported by UNICEF and the DRC Pooled Fund, also complemented IHP activities in order to boost the number of women receiving nutrition counseling for their children.

In Kole, health providers and support groups have been trained on the IYCF approach. In Kolwezi, the indicator continued to perform well due to the efficiency of 62 IYCF support groups in the six health zones where the Essential Nutrition Actions (ENA) were integrated. The district and health zone management teams also continue to ramp up IYCF activities in order to maintain good coverage. In Luiza, the under-performance of the achievement rate, at 68%, is due to the increased quarterly target, as well as the fact that women were counseled on IYCF during other consultations (e.g., PMTCT, family planning, and other health-related visits), which were not taken into account in the data reporting process.

In Tshumbe, strong performance was seen in the health zones of Djalo Ndjeka, Dikungu, Tshumbe, and Minga due to continued awareness-raising activities by CHWs and IYCF support groups. In Mwene Ditu, three health zones (Kalenda, Kanda Kanda, and Wikong) integrated IYCF activities in April 2014. Therefore, a total of six IHP-supported health zones (Bibanga, Kalenda, Kanda Kanda, Kamiji, Mpokolo, and Wikong) and three Save the Children-supported health zones (Mwene Ditu, Luputa, and Dibindi) have integrated IYCF in the Mwene Ditu coordination. In the IHP-supported health zones, out of the 98 established IYCF groups, 73 are active.

In Uvira, the implementation of IYCF support groups in the 25 health zones helped increase the number of mothers reached. However, certain support groups in the zones of Uvira, Ruzizi, and Nundu do not meet regularly and are not active. The underperformance of the Haut Plateau d'Uvira health zone can be explained by the insecurity of the area, which hampered supervision visits by health zone central offices and IHP staff.

The next steps by coordination include the following:

- In Bukavu, continue implementing awareness-raising sessions in communities across IYCF support groups in order to maintain results.
- In Kamina, increase the number of awareness-raising sessions during preschool consultations and organize training in IYCF in the health zones.
- In Kole, continue to provide supportive supervision to health providers during preschool consultation sessions and organize joint monitoring of IYCF support groups by the health zone management teams and IHP. Share best practices, such as the successful exclusive breastfeeding campaign in Kole as documented during PY3, with other health zone management teams.
- In Tshumbe, continue post-training follow-up with CHWs trained on ENA and organize ENA workshops in the health zones of Dikungu, Wembo Nyama, and Minga; provide IYCF flipcharts to health zones; and oversee support groups and provide management and data collection tools for IYCF at the community level.

- In Mwene Ditu, provide IYCF picture flipcharts in the health zones of Mpokolo, Kamiji, and Bibanga; and continue to monitor IYCF support group activities to ensure the operation and functioning of these groups.
- In Kolwezi, integrate IYCF support group activities in Bunkeya and Lubudi during PY4Q4. Implement refresher training in ENA for CHW and provide data collection tools to health facilities to ensure IYCF data is captured.
- In Luiza, provide technical support to health zone management teams who were trained as IYCF trainers to train health providers and CHWs across health zones on IYCF.
- In Uvira, organize joint monitoring trips with IHP, PRONANUT, and health zone management team staff strengthen to ensure continued functioning of IYCF support groups.

Number of breastfeeding mothers receiving vitamin A: During the reporting period, the number of breastfeeding mothers receiving vitamin A overall (34,109) did not meet the PMP quarterly target of 131,127, resulting in a 26% achievement rate. This is an increase from the previous quarter (32,907) but less than the results from the same quarter last year (38,501 during PY3Q3).

Only the health zones covered by the Bukavu and Uvira coordination offices surpassed the quarterly targets for the number of breastfeeding mothers receiving vitamin A. Health zones managed by Bukavu surpassed the quarterly target by 156% (20,396 against 13,056) while Uvira posted a 101% (3,351 against 3,326) coverage. In Bukavu, most health zones still had stocks of vitamin A left over from a mass campaign organized in June 2014. This allowed health zones to supplement women during postnatal visits during the quarter. In Uvira, another organization, Adventist Development and Relief Agency (ADRA), provided supplies of vitamin A during a distribution campaign in June 2014 in the health zones of Lemera and Nundu. The six other offices did not exceed 20% of their quarterly targets.

To meet or exceed quarterly targets on the number of breastfeeding women mothers receiving vitamin A, in Bukavu, the project plans to monitor the supply from PRONANUT to health zones and health facilities in order to maintain performance. For other offices, IHP and PRONANUT must accelerate the distribution of vitamin A in order for health zones and health centers to receive supplies on a regular basis.

Number of USG-supported health facilities experiencing stock outs of iron-folate: During PY4Q3, 441 health facilities experienced stock outs of iron-folate compared to the PMP target of 100. The result is a slight improvement from the previous quarter (488 health facilities experiencing stock outs).

There were no health facilities covered by the coordination office of Kolwezi that experienced stock outs of iron-folate (compared to the PMP target of 2) and 27 health facilities (as compared to 31) in the Bukavu coordination had stock outs. Other health facilities in the coordination offices of Kamina (94 against 15 expected), Kole (89 against 9 expected), Luiza (69 against 13 expected), Mwene Ditu (13 against 3 expected), Tshumbe (186 against 7 expected), and Uvira (45 against 8 expected) did not meet quarterly targets.

Despite exceeding the PMP targets, it still must be noted that insufficient quantities and irregular provision of supplies still negatively impact some health facilities in Bukavu and Kolwezi. In general, across all health zones, it is necessary to continue the regular distribution and strengthen the supply chain management iron-folate. At the same time, health zone management teams must be pushed to develop and submit their requests on a regular basis.

8. HIV – PMTCT

Based on recommendations made by USAID in June 2014, beginning in PY4Q3 the HIV section of the quarterly report will focus primarily on the same indicators that are reported semi-annually for IHP PEPFAR COP activities (i.e., the PEPFAR Direct Service Delivery [DSD] indicators).

IHP currently supports PMTCT services at 52 sites in two coordination offices, including 32 sites in Kolwezi and 20 sites in Kamina. Up to 17 additional PMTCT sites and 26 TB-HIV co-infection sites are envisioned by the end of 2014. The additional PMTCT sites include 10 new sites and 7 PMTCT sites currently supported under the USAID Integrated HIV and AIDS ProVIC project in Fungurume, Kolwezi.

PY4Q3 HIV data cover information from 47 of 52 PMTCT sites. Five sites have not yet submitted complete information for the quarter. They include two Kolwezi sites (GRH Senke and the Wakipindji health center, which are both located far from the Kanzenze health zone central office), and three Kamina sites (GRH Songa, Samba and Grelka health centers) which fell behind in reporting due to a change in health zone leadership this quarter.

Percentage of PEPFAR-supported sites achieving 90% ARV or ART coverage for HIV+ pregnant women: All 32 PMTCT sites in Kolwezi achieved 90% Anti-Retroviral (ARV) coverage for HIV-positive pregnant women. In contrast, at Kamina, coverage was at 68%, as only 19 out of 28 designated sites offered ARV services during the reporting period. Eight (8) new sites that were supposed to start services in Songa this quarter have not yet done so due to health zone leadership issues that resulted in the appointment of a new chief medical doctor this quarter. IHP will provide assistance to ensure that services at these sites are available as soon as possible by accelerating staff training and intensifying communication activities to sensitize women and inform them of services, using community radios and SMS. Providers will benefit from technical assistance from health zone management teams to learn of strategies to strengthen the referral and counter-referral system and to ensure patients' adherence to treatment.

Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results): A total of 4,740 pregnant women were counseled and tested for HIV. This number represents 87% of the quarterly IHP PMP target, and exceeds the PEPFAR COP FY14 target by one percentage point. It is, however, slightly less than IHP's PY4Q2 results (89%). Of the 4,740 women counseled and tested, nearly all of them (4,735 or 99.9%) were informed of their HIV status. This strong performance is due to the technical oversight and supportive supervision of providers during joint health zone and provincial health management team site visits.

Percentage of HIV-positive pregnant women who received antiretrovirals to reduce risk for mother-to-child-transmission during pregnancy and delivery (DSD): During the quarter, 38 HIV+ women received ARVs (30 were prescribed Zidovudine, or AZT, prophylaxis and 8 began ART). This was made possible due to the availability of CD4 tests and PIMA kits, and to on-site technical support visits by health zone management teams. The project is on track for meeting the PEPFAR COP FY2014 annual target for this indicator.

Percentage of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (DSD): HIV and AIDS prevention activities that target key populations in PY4Q4 will be launched next quarter and will continue into PY5. These include training of peer educators and distribution of sensitization kits to newly-trained peer educators.

Number of individuals who received testing and counseling (T&C) services for HIV and received their test results: A total of 9,676 people were counseled, tested, and received their test results. This

number exceeds IHP PMP expectations for this indicator by 38%. In the six-month period between October 2013 and June 2014, the number of people counseled, tested, and in receipt of their results was 29,321, which is very close to meeting the annual FY14 COP target. The result is due to the availability of rapid tests and to HIV sensitization work done by CHWs during the quarter. With the upcoming peer educator training on Key Populations, IHP will be able to use provider-initiated counseling and testing (PICT) to more effectively address the unique needs and concerns of specific groups, following the PEPFAR strategy.

Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) or CD4 count or viral load (DSD): Of 329 seropositive adults and children identified in Kolwezi and Kamina, 294 (89%) of them were assessed using CD4 count; 29 of the 294 people are from Kamina--which experienced temporary stock outs of CD4 supplies and had no PIMA kits this quarter--and the rest are from Kolwezi. Thirty-five (35) other people underwent a clinical assessment. The supply shortages in Kamina were addressed satisfactorily at the end of the quarter.

Number of HIV-positive adults and children receiving a minimum of one clinical service (DSD): In regard to the 329 HIV positive people reported for PY4Q3, 298 (80%) of them benefited from a minimum of one clinical service, typically CD4 count, cotrimoxazole (CTX) treatment, or TB screening. For the October 2013 - March 2014 period--covered in the last PEPFAR Semi-Annual Performance Report--614 adults and children benefited from at least one clinical service. Thus, 912 HIV-positive people in IHP-supported zones received a minimum of one clinical service, surpassing in nine months the PEPFAR FY14 annual target of 696 receiving clinical services. IHP has already begun to verify data on this indicator to be sure that there is no double counting of persons by HIV and AIDS partners (e.g., Global Fund) that may have referred some of their patients to IHP sites for tests due to unavailability of tests at partners' sites.

TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting: During PY4Q3, 251 PLHA were screened for TB, which represents 76% of the total number of seropositive individuals (N=329). With this result in one quarter, IHP is confident the project will meet the PEPFAR FY2014 COP annual target of 600. Provider training in TB-HIV co-infection and the provision of TB screening tools will be provided next quarter to strengthen the capacity of new PMTCT sites in Kolwezi and Kamina.

Number of adults and children receiving ART (current) (DSD): IHP sites have already surpassed the project's FY14 PEPFAR COP target of 175 adults and children receiving ART. Currently, 181 people are on ARVs (73 during the first two quarters of FY2014 and 108 this quarter).

Number of adults and children newly enrolled on ART: A total of 35 people were put on ARVs during the quarter, including 10 pregnant women, 5 patients with TB-HIV co-infection, and 20 other people identified through PICT at IHP-supported sites. This indicator was not reported on in previous quarters. PEPFAR FY14 COP target for this indicator is 115.

Proportion of registered TB cases who are HIV-positive who are on ART: According to available reported data, 819 TB patients were tested for HIV at Kolwezi and Kamina. Two people tested seropositive at Kolwezi and were put on ARVs (0.2%). Provider refresher sessions and spot checks on data collected for this indicator are planned for next quarter to ensure that the actual number of cases are identified and reported.

Percentage of laboratories and Point of Care testing sites that perform HIV diagnostic testing that participate and successfully pass in an analyte-specific proficiency testing (PT) program: Of the 52

IHP-supported sites, 51 use rapid tests for HIV detection; 1 site in Songa is currently not functioning. The 51 laboratories implement PEPFAR-funded PMTCT activities and adhere to the national standards for HIV detection. IHP will assist the provincial and health zone management teams to set up a quality control system for all laboratories under the direction of the provincial HIV and AIDS reference labs.

Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests:

Fifty-one (51) IHP-supported PMTCT sites have the capacity to perform clinical laboratory tests for HIV diagnosis. As part of the process of setting up a laboratory quality control system, providers will be trained in quality control for rapid HIV tests next quarter.

Family planning and HIV integration: Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services:

Fifty-one (51) IHP-supported PMTCT sites are directly providing integrated voluntary family planning services. IHP plans for next quarter include carrying out provider training or refresher training in long-term family planning methods, with follow up and oversight by health zone management teams, and sensitization campaigns by CHWs and SMS to inform the population about the availability of integrated HIV-family planning services at HIV sites.

9. Strengthen the fight against TB, HIV/TB co-infection and MDR-TB

Case notification rate in new sputum smear positive pulmonary TB cases per 100,000 inhabitants in USG-supported areas: IHP received reports from all 78 project health zones. Table 36, below, presents the TB detection rate by coordination office for PY4Q3.

The data for PY4Q3 shows a slight increase in the notification rate compared to the two previous reporting periods. The overall notification rate continues to increase towards 150 per 100,000 people, which represents the average notification rate for countries of high prevalence such as the DRC; the project is currently at 67% of the objective. Four coordinations (Kamina, Bukavu, Luiza, and Mwene Ditu) conducted door-to-door screening campaigns to test for active TB cases and identified more cases this quarter than during previous periods. Uvira’s performance was helped by a community activity funded by TB Reach. The coordination offices that did not carry out campaigns this quarter detected fewer cases than the preceding quarter (Kole, Kolwezi).

Table 36: TB notification and detection rate by coordination office from PY4Q1 to PY4Q3

Coordination	Total population	PY4Q1		PY4Q2		PY4Q3		Achievement (%)
		MPT+ new cases	Notification rate (%)	MPT+ new cases	Notification rate (%)	MPT+ new cases	Notification rate (%)	
Bukavu	828,190	477	52	533	56	515	62	41%
Kamina	498,125	841	174	866	174	905	182	173%
Kole	233,653	303	134	292	125	266	114	76%
Kolwezi	215,731	276	132	241	112	205	95	63%
Luiza	349,328	356	88	322	77	335	96	64%
Mwene Ditu	516,084	488	85	517	100	530	103	69%
Tshumbe	214,675	173	94	151	80	165	77	51%
Uvira	227,645	132	60	143	63	161	71	47%
Total	3,083,431	3,046	95	3,065	94	3,082	100	67%

If current efforts are maintained in some areas and intensified in others, IHP expects to reach at least 75% of the TB notification objective by the end of next quarter. In addition to ensuring the availability of TB medications and supplies, including laboratory supplies, IHP will continue to strengthen the capacity of health zones teams by providing equipment and supplies for community health workers, and TB awareness kits and bicycles to enable providers to carry out TB screening activities within the community. The project may also support TB awareness campaigns in areas served by trained community health workers and community organizations (e.g., Club Amis Damien, *la Ligue Nationale Antituberculeuse au Congo*).

Percent of all registered TB patients who are tested for HIV through USG-supported programs: The number of persons with MPT+ that were also counseled and tested for HIV in TB facilities/services has remained nearly constant over the last two quarters (1,824 patients or 59% of new MPT+ patients this quarter vs. 1,826 or 60% last quarter). The PMP target is 60%. The average rate masks regional differences as is seen in the case of Katanga, the area that receives PEPFAR support through IHC, where results surpass the 60% mark (Kamina with 90% and Kolwezi with 69%). See table 37, below, for more information on the number of TB patients tested for HIV by coordination office in PY4Q3.

IHP believes that the number of individuals screened for HIV would have been higher if there had not been a shortage of HIV rapid tests in Sud Kivu, both Kasai provinces, and in other areas not supported by PEPFAR. The January 2014 expiration of HIV tests in many TB facilities in Kolwezi and Kamina meant that additional co-infected persons could not be identified. This situation leads IHP to reiterate how important it is to have a dependable continuous supply of HIV tests in areas of the country that are not covered by PEPFAR. IHP proposes to assist the DRC MOH to organize a meeting with health sector donor partners to identify mechanisms to ensure the constant availability of HIV rapid tests in all areas of the country.

Table 37: Number and percentage of TB patients tested for HIV in PY4Q3 by coordination office

Coordination office	MPT+ new cases	Counseled and tested	%	Co-infected cases	%	Co-infected cases under cotrimoxazole	Co-infected cases under ARV
Bukavu	515	390	76%	12	3%	13	16
Kamina	905	812	90%	4	0%	4	2
Kole	266	84	32%	3	4%	3	0
Kolwezi	205	142	69%	15	11%	0	3
Luiza	335	137	41%	6	4%	1	0
Mwene Ditu	530	161	30%	0	0%	0	0
Tshumbe	165	33	20%	1	3%	0	0
Uvira	161	65	40%	4	6%	2	0
PY4Q3 Total	3,082	1,824	59%	45	2%	23	21
PY4Q2 Total	3,065	1,826	60%	53	3%	47	28

Priority actions **next quarter** include the opening of 13 new TB/HIV service sites in Kamina and Kolwezi, implementation of a series of health worker training sessions, and identification and application of measures to ensure a steady supply of supplies and medicines needed for case detection. In response to perceived needs, especially in the case of PLHIV, the project plans to increase access in the health zones to a series of diagnostic procedures for the detection of extrapulmonary TB (GeneXpert, radiography, and others). For this purpose, IHP will support

appropriate training for health workers and will provide the equipment and supplies for quality diagnostic services and anti-tuberculosis treatment.

Number of multi-drug resistant (MDR) TB cases detected: During the quarter, 78 suspected multi-drug resistant TB cases were identified, as seen in table 38, below. Of these, 15 sputum samples were collected in Kolwezi and sent to the National Tuberculosis Program's (PNLT) Kinshasa laboratory for testing.

Table 38: Number of MDR-TB cases in PY4Q3 by coordination office

Coordination office	Suspect MDR identified	Samples transported for culture	MDR confirmed	MDR under treatment
Bukavu	0	0	8	6
Kamina	31	0	4	0
Kole	5	0	0	0
Kolwezi	35	15	1	3
Luiza	2	0	1	0
Mwene Ditu	0	0	0	0
Tshumbe	5	0	0	0
Uvira	0	0	2	0
PY4Q3 Total	78	15	16	9

The number of confirmed MDR cases in PY4Q3 (16) exceeds the PMP's target of 15. Ten of the 16 confirmed cases were from Bukavu and Uvira and were confirmed through the use of GeneXpert at the Tuberculosis Detection and Treatment Centers and the Provincial Reference Laboratory located in the Bukavu Provincial Coordination Unit for Leprosy and Tuberculosis (CPLT). Moreover, the imminent installation of GeneXpert in 6 IHP-supported CPLTs (all except Sankuru) will enable the health zones to detect a greater number of MDR-resistant TB cases in the future.

IHP is currently working to expand activities that entail the collection and shipment of suspected MDR sputum samples, and plans to organize, in the near future, appropriate training sessions for providers at the Tuberculosis Detection and Treatment Centers in Luiza, Tshumbe, Kole, Bukavu, and Uvira. The project also intends to identify ways to improve the transport and shipment of sputum samples from the detection and treatment centers to the CPLT and from the CPLT to the national laboratory in Kinshasa or the Lubumbashi laboratory in Katanga.

Table 39: Number of USG-assisted service delivery points experiencing stock out of RH (rifampicin/isoniazid) combination

Coordination office	PY4Q2			PY4Q3		
	Jan	Feb	Mar	Apr	May	June
Bukavu	3	4	4	4	0	3
Kamina	9	12	6	11	1	3
Kole	5	5	1	2	2	4
Kolwezi	0	0	0	0	0	0
Luiza	3	7	4	5	2	8
Mwene Ditu	0	0	0	0	0	0
Tshumbe	0	3	0	14	0	1
Uvira	0	0	0	0	0	0
Total	20	31	15	36	5	19

As indicated in table 39, above, the number of facilities that reported stock outs of RH during the reporting period went from 36 in April, to 5 in May, to 19 in June. A small quantity of RH commodities was reallocated among facilities in May but the supplies were insufficient to satisfy the demand in June.

IHP learned that although the medicine was available at the National TB Program, the allocation of funds for transport of the medicines to the provinces was delayed.

Next quarter, IHP aims to strengthen management and inventory of TB supplies and drugs to avoid stock outs of these products in TB detection and treatment centers using SMS, as feasible, to send weekly TB product consumption reports to CPLTs. IHP will also collaborate with the National Tuberculosis Program (PNLT) and other partners to improve the transport of medication from the PNLT depot to CPLTs supported by the project, and ensure the delivery of supplies and drugs, as requested by the CPLTs, to the health zone facilities supported by IHP.

IR 2.2: Minimum quality standards for health facilities (referral hospitals and health zone health centers) and services developed and adopted

FOSACOF CRITERIA

1. Infrastructure
2. Equipment
3. Essential drugs and supplies
4. Personnel
5. In-service training
6. Community approach
7. Community support
8. Clinical quality
9. Management

1. Continued integration of the FOSACOF approach

IHP's innovative FOSACOF ("fully functioning service delivery point") approach is used effectively in target health facilities as a standards-based tool for whole-site service quality. FOSACOF evaluation criteria and checklists reflect national norms that are consistent with internationally recognized standards for the health sector. At the end of PY4Q1, 605 health facilities were using FOSACOF to improve the quality of services. However, due to budgetary constraints, there was minimal activity in this area last quarter.

During PY4Q3, an additional 44 facilities integrated the FOSACOF approach, for a new total of 649 sites, which represents 62% of the PMP target. This total is below the quarterly target, but has provided the momentum and enthusiasm needed to continue expansion of FOSACOF to other sites. The Bukavu coordination office stood out in particular this quarter with the integration of the approach into 34 sites (see table 40, on the next page). IHP will need to double the PY4Q3 achievement (44 sites) next quarter to attain at least 70% of the PY4 end target, or 1,042 sites.

Results of quality evaluations undertaken this quarter at nearly 50% of FOSACOF sites have also contributed to the momentum. The FOSACOF evaluations found that 59%, or 179 out of 303 of the facilities, surpassed 50% of the quality standards; 37% scored between 25 and 50%; and 4% of the sites met less than 25% of quality criteria. The sites with the highest scores reported having a steady supply of essential generic drugs, medical equipment, grant funds, and regular joint supervision visits by IHP and health zone authorities. Based on the evaluation results, action plans were drawn up to address any deficiencies noted and to further improve performance at the facility level. The results are also being used to inform the roll out of FOSACOF to additional facilities.

Table 40: FOSACOF integration and evaluation by coordination office

Number of health facilities using FOSACOF approach						Classification of health facilities evaluated for quality PY4Q3				
Coordination office	PY4Q2	April 2014	May 2014	June 2014	PY4Q3	No. Sites	Class D <25%	Class C 25<50%	Class B 50<79%	Class A ≥80%
Bukavu	94	94	128	138	138	94	4	30	59	1
Kamina	77	77	77	77	77	13	0	5	8	0
Kole	75	75	75	75	75	31	6	20	5	0
Kolwezi	40	40	40	40	40	26	1	12	10	3
Luiza	93	93	93	93	93	18	0	4	14	0
Mwene Ditu	97	97	97	97	97	33	0	11	20	2
Tshumbe	93	93	93	93	93	66	1	23	38	4
Uvira	36	36	36	36	36	22	0	7	14	1
Total IHP	605	605	639	649	649	303	12	112	168	11
Total						100%	4 %	37 %	55%	4%

The project has planned the following activities for **next quarter**:

- Work with the health zone management teams and facilitate implementation of health facilities' action plans;
- Encourage and assist management teams in Luiza, Kamina, and Mwene Ditu to conduct quality evaluations of health facilities during routine supervision visits, to share and discuss observations, and to provide feedback and follow up through regular site visits.

2. Implement a Results-based financing (RBF) program

Pilot Program Activity Summary: Contracts with 135 RBF participating entities (118 health centers, 7 health zones, 7 general referral hospitals) were signed on November 1, 2013. IHP also signed contracts with 14 community-based organizations (2 per health zone) assigned to conduct counter-verification of the health centers' data. The first quarter of RBF activity implementation covered the November 1-January 31, 2014, period, and the second quarter ran from January 1-April 30, 2014. Therefore, the RBF reporting cycle did not align with IHP reporting timelines. To rectify this, the third RBF cycle will cover two instead of three months (from August-September 2014) so that for IHP PY5Q1, RBF data collection and reporting will be aligned with the overall IHP quarterly reporting cycle.

RBF first and second quarter data were collected by designated community-based organizations (CBOs) and verified by health zone authorities. Table 41, on the next page, summarizes the performance of the 7 health zone management teams, the 7 GRHs, and the 118 health centers in achieving their respective objectives.

Table 41: RBF results by health zone and performance category

RBF health zone	Health center with performance below 50%	Health center with performance 50-80%	Health centers with performance > 80%	Total health centers	GRH performance	Health zone management team performance
Bibanga	1	9	7	17	91%	87%
Nundu	1	5	15	21	74%	85%
Kayamba		9	4	13	98%	77%
Kanzenze		8	7	15	95%	91%
Wembo Nyama		5	10	15	91%	64%
Lomela		18	1	19	89%	53%
Luiza		7	11	18	63%	49%
Total	2	61	55	118		

By the end of the first quarter, all RBF participating partners had received payment from IHP according to the contractual performance-based criteria and pay scale. Table 42, below, summarizes the payments to health centers, GRHs, and health zone management teams against the maximum they could receive if they performed at 100% of agreed-upon targets.

Table 42: RBF payments made to health centers, GRHs, and health zone management teams in USD

RBF health zone	No. of health centers	Anticipated payment to health centers	Actual payment to health centers	Anticipated payment to GRHs	Actual Payment to GRHs	Anticipated Payment to health zone management teams	Actual Payment to health zone management teams
Bibanga	17	5,470	9,703	12,054	10,912	2,400	1,632
Nundu	21	19,110	13,868	12,054	8,943	2,400	1,894
Kayamba	13	11,830	7,447	12,054	11,796	2,400	1,853
Kanzenze	15	13,650	9,453	12,054	11,441	2,400	2,182
Wembo Nyama	15	13,650	9,953	12,054	10,962	2,400	1,306
Lomela	19	17,290	10,347	12,054	10,766	2,400	720
Luiza	18	16,380	11,358	12,054	7,633	2,400	2,186
Total	118	107,380	72,129	84,378	72,453	16,800	11,773

Data on the results of second quarter activities will not be available until August 2014. Additionally, due to scheduling conflicts, the responsible MOH authorities have not yet met to review and officially validate any RBF data (although the first quarter data was verified by health zone authorities). As soon as the second quarter RBF data is available, IHP will work with MOH counterparts and facilitate the review and official validation of RBF quarter one and two data. The six-month RBF results will be consolidated and discussed in IHP's next quarterly report. However, IHP will share the French version of the RBF report for the November 1, 2013-April 30, 2014, period as soon as it is available following the IHP-MOH/RBF joint data review and validation workshop planned for mid-August 2014.

With the exception of obtaining official and final validation of RBF data by the competent MOH authorities, all other planned RBF activities were implemented as planned. These activities included working with MOH counterparts to enter RBF first quarter data into the MOH RBF web-based portal

that was set up with technical assistance from IHP; conducting joint IHP-MOH supervision visits to RBF sites; provision of financial management tools to the 7 health zone management teams; training of select staff from participating health zones, health districts, provincial health departments, and two IHP coordination offices in use of the RBF web-based portal; carrying out joint IHP-MOH data verification visits to RBF sites; and entering RBF quarter two data into RBF web-based portal.

IR 2.3: Referral system for primary health care prevention, care and treatment between community and health facilities (district and provincial levels) institutionalized

The number of referrals and counter-referrals serve as indicators for the operation of the multi-level DRC health system structure. The system calls for cases to be reviewed at the health center level and, if necessary, referred to the next appropriate level of care facility as delineated in the MOH health services flowchart. In PY4Q3, there were 51,183 patients referred from health centers to GRHs compared to 52,275 during the previous quarter. While the number is 2% less than the end of PY4Q2, it greatly surpasses the target PMP figure of 11,017. The number of patients seen by a CHW or health center care provider also declined this quarter by 2%. See tables 43 and table 44 on the following pages for more information on the number of referrals carried out by coordination office.

In order to improve performance in this indicator, during the **next quarter** IHP will set and enforce preferential prices for patients referred; improve physical aspects of and technical capabilities of GRHs; track and follow up on provider flowchart training; and encourage communities to seek assistance at health center in a timely manner.

Table 43: Number and percentage of patients referred to GRHs

Coordination office	PY4Q2			April 2014		May 2014		June 2014		PY4Q3		
	Patients referred to GRH	Patients seen by a CHW or health care provider	Rate (%)	Patients referred to GRH	Patients seen by a CHW or health care provider	Patients referred to GRH	Patients seen by a CHW or health care provider	Patients referred to GRH	Patients seen by a CHW or health care provider	Patients referred to GRH	Patients seen by a CHW or health care provider	Rate (%)
Bukavu	18,687	512,145	4	5,481	166,118	5,179	157,774	5,655	154,724	16,315	478,616	3
Kamina	3,698	194,864	2	1,453	65,656	1,256	78,634	1,128	58,577	3,837	202,867	2
Kole	5,054	83,198	6	1,836	29,764	2,003	29,280	1,752	30,258	5,591	89,302	6
Kolwezi	2,571	118,490	2	504	34,580	526	35,188	491	33,493	1,521	103,261	2
Luiza	1,618	137,930	1	635	46,419	354	40,142	455	42,939	1,444	129,500	1
Mwene Ditu	12,331	199,963	6	4,384	76,411	4,637	68,951	4,666	71,965	13,687	217,327	6
Tshumbe	4,760	70,738	7	1,850	20,768	1,842	23,990	1,798	23,198	5,490	67,956	8
Uvira	3,556	73,022	4	1,129	25,687	1,137	25,491	1,032	23,405	3,298	74,583	4
Total	52,275	1,390,350	5	17,272	465,403	16,934	459,450	16,977	438,559	51,183	1,363,412	4

Table 44: Number and percentage of patients referred to health centers

Coordination office	PY4Q2			April 2014		May 2014		June 2014		PY4Q3		
	Patients referred to health center by a CHW	Patients seen by a CHW	Rate (%)	Patients referred to health center by a CHW	Patients seen by a CHW	Patients referred to health center by a CHW	Patients seen by a CHW	Patients referred to health center by a CHW	Patients seen by a CHW	Patients referred to health center	Patients seen by a CHW	Rate (%)
Bukavu	901	1,508	60	38	324	120	564	149	566	307	1,454	21
Kamina	736	5,451	14	202	1,239	203	1,226	250	1,163	655	3,628	18
Kole	288	843	34	114	626	84	659	97	785	295	2,070	14
Kolwezi	112	671	17	77	495	31	332	80	297	188	1,124	17
Luiza	98	1,781	6	80	854	80	1,006	60	806	220	2,666	8
Mwene Ditu	709	2,442	29	298	1,048	296	1,230	324	1,187	918	3,465	27
Tshumbe	547	2,517	22	215	419	477	251	431	576	1,123	1,246	90
Uvira	167	428	39	33	207	21	161	30	224	84	592	14
Total	3,558	15,641	23	1,057	5,212	1,312	5,429	1,421	5,604	3,790	16,245	23

Data for this indicator are incomplete, as several community care sites in areas of heightened insecurity did not submit reports, namely in the Kitutu, Idjwi, and Nyangezi health zones in Bukavu and Nundu and Ruzizi health zones in Uvira. According to reports from sites that did submit data this quarter, 3,790 of the 16,425 patients examined by CHWs were referred to health centers. While this is an increase from last quarter's 3,558 referrals, it represents only 36% of the PMP target of 10,564. At the current rate, it is unlikely that referral numbers will reach the established target by the end of this project year.

In addition to the incomplete reporting from certain health zones, other reasons for the poor performance with this indicator include drug stock outs at some community care sites, and lack of reporting from recently assigned CHWs. Measures to address these issues **next quarter** include: priority training of new CHWs, ensuring a regular supply of drugs (especially antibiotics) to community sites, carrying out regular visits to community sites by primary care providers, and exercising greater rigor in collecting reports from CHWs during monthly health center meetings.

Management Tools: To date, out of 1,398 health centers and 78 GRHs supported by IHP, 968 (69%) health centers and 75 GRHs (96%) have made available MEG and commodity management tools, as seen in table 45 below. Monitoring of clearly-defined deliverables, specified in the RBF contracts, has greatly motivated use of management tools and has improved management practices in the health facilities.

Table 45: Number of health centers with accurate and up-to-date inventory records

Coordination office	April 2014	May 2014	June 2014	Avg PY4Q2	Target	Results (% of average)
Bukavu	24	28	27	26	22	58
Kamina	8	7	7	7	9	81
Kole	3	5	6	5	8	67
Kolwezi	7	7	7	7	8	88
Luiza	5	7	6	6	9	67
Mwene Ditu	6	9	8	8	9	85
Tshumbe	9	9	14	11	8	133
Uvira	5	5	5	5	5	100
PY4Q3 Total	67	77	81	75	78	96

Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in target health zones

IR 3.1: Evidence-based health sector-community outreach linkages—especially for women, youth, and vulnerable populations—established

Implement the Education Through Listening (ETL) approach through training community members, organizing ETL sessions on different themes and conducting post-training follow-up visits: During PY4Q3, the number of youth NGOs and associations identified in the regions covered by IHP was three less than last quarter (268 vs. 271) due to IHP's withdrawal from two Luiza health zones that recently were included in a new DFID project. Of the current 268 NGOs identified by IHP, less than half (41%) are active (N=106). Working with and through the youth NGOs and associations has proven to be an effective way to convey vital health and hygiene information to young people and to support their community development initiatives. A few highlights of this quarter's youth activities follow, and the number of youth organizations carrying out awareness-raising activities by coordination office is found on the next page, in table 46.

In Luiza’s Dibaya health zone (Kasaï Occidental Province), five youth associations participated in education sessions that covered gender-based violence, reproductive health, and early marriage. They identified four cases of sexual violence and alerted the proper authorities. In the Bilomba health zone, one youth association carried out community clean-up activities, and two others constructed a chicken coop and started poultry-raising activities in their area.

In Kole’s Lodja health zone (Kasaï Oriental Province), with assistance from members of the Youth Organization Committee, six youth groups developed and presented action plans for the June-December 2014 period. Plans covered community education sessions on family planning, WASH (i.e., water, hygiene, latrines), TB, malaria, and gender-based violence among young people.

Table 46: Number of youth organizations completing youth awareness-raising activities

Province	IHP coordination office	Number of associations identified	Number of active associations
Sud Kivu	Bukavu	55	8
	Uvira	75	13
Kasaï Oriental	Mwene Ditu	60	59
	Kole	6	6
	Tshumbe	1	0
Kasaï Occidental	Luiza	12	8
Katanga	Kamina	7	3
	Kolwezi	52	9
Total		268	106

IR 3.3: Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched

Implement BCC campaigns in health zones and health areas for IHP’s domains of intervention: IHP continues to implement BCC campaigns on a wide variety of the project’s health issues. Highlights from this quarter follow.

To date, a total of 95 mobile phone users are part of the IHP-supported Closed User Group (CUG) system that is operational in 9 IHP-supported health zones. The project started the CUG as a pilot program by providing 85 phones and SIM cards to interested users. Word spread quickly among the communities involved in CUGs about the usefulness of the CUG for learning about health matters, and community members purchased an additional 10 phones with their own funds to be able to participate. All CUG members have agreed to receive and forward health-related phone messages to, and/or discuss them with, others.

Feedback from IHP target communities indicates that people consider the SMS as an authoritative source of information; they especially appreciate receiving health messages in their local languages. SMS has been especially effective in raising the confidence of women to be able to share their health experiences with others and to persuade their husbands to become more involved in family health issues.

The CUG facilitates communication between community members engaged in BCC activities within Champion Communities. For example, this quarter, 43 women of reproductive age were motivated by information they received via the CUG to seek family planning services at the Kamina Health Center in Kolwezi. The CUG has also proven effective in providing health-related information and announcements to persons living in remote areas.

The TB and malaria SMS were sent in conjunction with mini-campaigns in four health zones: Kamiji, Dibaya, Kinkondja, and Lualaba. Results of the mini-campaigns are shown in table 47. IHP provided support for discussion sessions, with TB patients and their families, to dispel the stigma surrounding the disease. Once sensitized, these families educated other members of the community and became role models for anti-stigma and non-discrimination of persons with TB, thereby promoting family and community solidarity and harmony.

Table 47: Mini-campaign results in Kamiji, Dibaya, Kikondja, and Lualaba

IHP coordination	Health zone	Topic	Number of people screened	Results
Mwene Ditu	Kamiji	TB	152	22 TPM+ cases identified
Luiza	Dibaya /Mfuamba	TB	136	2 TPM+ cases identified
		Malaria	344 children, 12-59 months	233 children found to have malaria
Kamina	Kinkondja	Malaria		520 found to have malaria
		WASH		11 latrines built
Kolwezi	Lualaba/Mupaja	TB	132	12 TPM+ cases identified

Selecting and training Champion Communities: During the quarter, IHP evaluated the activities of 25 out of 26 Champion Communities. Analysis of the results is underway and will be finalized next quarter. All participating IHP Champion Communities were assessed, except for Fungurume (Kolwezi) where the Champion Communities, established under another USAID activity (ProVIC, the Integrated HIV and AIDS project), have not yet fully transitioned to the IHP Champion Community model.

The IHP Champion Community model assigns direct management responsibilities to a Champion Community Steering Committee, instead of working through an NGO. For example, the Committee is empowered to select community health workers or other agents with development experience to supervise local Champion Community activities, strengthen income-generating activities, and assist in the compilation of documentation necessary to apply for legal status for the Champion Communities in an effort to ensure the sustainability of their actions post-IHP.

Following their respective action plans, Champion Communities carry out community awareness-raising interventions, including home visits, group discussions and education through listening (ETL) sessions at the community and household levels based on specific local needs. Typical activities are similar to those reported by the Mwene Ditu IHP Coordination Office; for example, at Wikong, Champion Communities counseled 479 women about exclusive breastfeeding, held 38 ETL sessions, and made over 7,000 referrals to health centers (5,241 for curative care, 905 for preschool consultations, 492 ANC and 429 post-natal care, 95 TB, and 135 for child vaccination). In Bibanga, they conducted 228 educational (ETL) sessions, and referred 87 women for family planning, 58 for assisted birth, and 635 pregnant women for antenatal services at health centers.

Champion Men Initiative (Pilot activity): IHP launched the Champion Men Initiative in PY4Q1 in the Dibaya health zone (Luiza) with the Tuibake Champion Community. The initiative generated a shortlist of desired male behavior changes in regard to certain healthy practices during discussions with 20 households. The practices include hand-washing; exclusive breastfeeding; construction of latrines; use of insecticide-treated bed nets, accompanying family member(s) to the health center for curative and preventive services; and, demonstrating positive reinforcement at home by

adhering to healthy family practices. The “Champion Men” agreed to adopt the desired behavior changes, and the project consulted with the men’s spouses to ascertain the extent to which behavior change was taking place in regard to the new standard comportment.

Participating Champion Communities have shown a great interest in Champion Men Initiative. At this time, 137 households are currently committed to model the behavior changes promoted by the Initiative (97 in Tuibake and 40 in Dibaya--both champion communities in Dibaya). The first 20 Champion Men and their respective spouses in Dibaya organize periodic meetings to exchange experiences and assist new champions as they begin to promote the five family practices (enumerated above) agreed upon by participating couples. The impact of this initiative will be assessed next quarter.

Behavior change challenges: The project has observed Champion “burn out” due to insufficient support and/or other commitments, as well as well-entrenched cultural and religious norms (desire for large families and the fact that it is not “manly” for men to be implicated in family health matters).

Next quarter, IHP will continue to assist Champion Communities to obtain legal NGO status in the interests of assisting the Champion Communities to sustain activities upon the completion of IHP. The project will also continue to support opportunities for the exchange of information and experiences, both within, between and among health zone communities, leaders, health care workers, NGOs, etc. using public education venues and community radio programs. SMS messaging will continue as a means to providing priority health information tailored to meet the needs and concerns of different target audiences and geographic areas. IHP will focus on increasing the number of persons who accept to be part of the CUG to receive and forward health messages and information to others. The final results of the evaluation of the pilot hotline project known as *Ligne Verte* (Green Line) will be used to lobby for ongoing contributions from the African mobile communications company, Vodacom, for reduced-cost airtime for public service announcements.

COMPONENT 2: HEALTH SYSTEMS STRENGTHENING

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

IR 4.1: Provincial health sector policies and national level policies aligned

Sixty-five percent (65%) of health zones currently have Annual Operational Plans (AOP) that were validated by their respective *Conseil d'Administration (CA)*, as shown in table 48 on the following page. The CA is a health sector administrative body, typically comprised of health zone head physician, reference hospital director, DRC territorial administrator, donor representatives working in the zones. IHP provided technical and financial support from drafting of the plans through the validation process. Without exception, the plans reflect the priorities articulated in the DRC National Health Development Plan (*PNDS*) as well as local realities.

Moreover, IHP assisted in the consolidation of individual health zone operational action plans into one overarching plan for each Provincial Health Division in conformity with new procedures established by the DPS. To date, provincial action plans for Kasai Oriental, Kasai Occidental and Sud Kivu have been approved by their respective *Conseil d'Administration* while Katanga’s AOP is still in the approval process.

Table 48: Status of Provincial Annual Operational Plans PY4Q3

Provinces	Provincial Health Division	Number of zones by DPS	Number of zones assisted by IHP	Number of zones with AOPs approved by DPS	Number of AOPs approved by <i>Conseils d'Administration</i>
Katanga	Lualaba	14	8	8	0
	Haut Lomami	16	9	0	0
Sud Kivu	Sud Kivu	34	27	27	27
Kasaï Oriental	Kasaï Oriental	19	3	3	3
	Sankuru	16	16	16	6
	Lomami	16	6	6	6
Kasaï Occidental	Kasaï	25	1	1	1
	Kasaï Central	18	8	8	8
Total	8	158	78	69	51

In Sankuru (Kasaï Oriental Province), 16 health zones have presented their AOPs at the DPS level, but only 6 have had their plans validated by their respective *conseils d'administration*. In Katanga, in the Kolwezi health district, the AOPs for the 8 IHC-supported zones have been presented to the DPS and approved, but not yet validated by the CA; in the Haut Lomami district, AOPs have been prepared but not yet presented to the DPS for approval which must be done before validation by the CA.

Due to the zonal authorities' and CA members' other commitments and conflicting schedules, it is often a challenge to identify dates for the AOP presentation and the validation meeting that are convenient for the numerous parties involved. In some case, IHP provides modest logistical support to facilitate meetings. During the **next quarter**, IHP will continue to assist the health zones and DPS and facilitate the approval and validation processes for AOPs as needed. IHP will follow up to ensure that plans are implemented, and evaluations are scheduled to gauge results.

II. PROJECT MANAGEMENT

1. Success stories

During this quarter, the project produced seven success stories (one short of the expected eight). The home office communications director traveled to DRC to provide support on writing strong stories and taking high quality photos in order to improve the quality of success stories and other publications to promote the project's key achievements and lessons learned during the last year of the project.

2. Cost share

Last quarter, IHP requested approval for \$194,659 in cost share for HPP's technical, management, labor, and supply costs from the period of June 2013 to December 2013. Previously, the project communicated with HPP support staff regarding cost share between the two projects, and it was decided that given the overlap in technical and geographic scope of HPP and IHP, the entire value of

HPP may be considered as cost share for IHP. This cost share has been booked. The project has booked a total of \$2,619,211 in cost share against a target of \$2,981,436.

The project is in the process of engaging Brothers' Brother Foundation to ship a 40-foot container of medical equipment, beds, mattresses, and bicycles to DRC.

3. Pharmaceutical procurement

Status of the IHP Year 3 Pharmaceutical Order: The final shipment for the Year 3 Pharmaceutical order arrived in early August.

Status of the IHP Year 4 Pharmaceutical Order: The Request for Proposal for the project's PY4 pharmaceutical order was submitted in May to MEG, IDA, Imres, and MissionPharma. The proposals were collected in mid-June, and following an evaluation of the bids, the project placed its PY4 order with IDA and will ship with global shipping and logistics experts, Kuehne & Nagel.

Status of the medical equipment procurements: The final shipment for the medical equipment order arrived in early April but is still under customs clearance; the *note verbale* is expected before the end of August.

Status of non-pharmaceutical procurements: All DRC purchases above \$3,000 continue to be reviewed and approved through the home office and are subsequently managed by the home office Senior Procurement Analyst, who assists with sourcing and ensuring the proper policies and procedures are followed.

III. FAMILY PLANNING AND HIV AND AIDS STATUTORY REQUIREMENTS

1. Family planning:

During PY4Q3, 85 people from all coordination offices and two provincial health departments (Mbuji Mayi and Kananga) completed the "Family Planning Legislative Policy Requirements" course. An additional 49 individuals will complete the course early next quarter.

IHP provided technical support for the development of The National Family Planning Strategic Plan that was adopted on January 10, 2014, by a multisectoral family planning technical committee, was disseminated and distributed to all levels of the health system. The plan covers the 2014-2020 period and incorporates recommendations from the 2009 National Conference for the Repositioning of Family Planning. It will serve as a framework for all family planning activities in the DRC. However, current legislation concerning reproductive health does not adequately address the wide range of issues that are typically covered in legal instruments in many other countries.

The National Reproductive Health Program (*PNSR* in the French acronym), with support from partners and stakeholders, continues to lobby for the uniform application of existing legislation on RH matters and for the passage of a comprehensive bill that has already had one reading in the National Assembly. The PNSR is in the process of responding to recommendations, made by the Assembly, before re-submitting it for approval. The bill covers a wide range of topics including the ethical issues related to law and the quality of life; improved interpersonal relationships between men and women in regard to reproductive health; empowerment of public authorities, civil society and community-based groups; assisted reproductive technologies; and penalties for reproductive

health-related abuse. It also includes provisions for reproductive health care and services, personnel, reproductive health rights and contraception, and more.

IV. ENVIRONMENTAL MONITORING AND MITIGATION PLAN

IHP achievements in regard to environmental monitoring and mitigation this quarter were modest. Several planned activities were postponed due to the long delay in receiving project funds. In addition, IHP recognizes that awareness-raising efforts need to be intensified to increase community participation and contributions for the maintenance and sustainability of community hygiene-related projects. Strong community support is needed to identify priority community projects and to elaborate feasible community action plans that take into account opportunities, unanticipated challenges and local realities.

Ventilated Improved Pit (VIP) Latrines: With IHP technical support, local communities built latrines in four health zones--3 in Kolwezi, 2 in Bukavu, 2 in Uvira and 3 in Luiza--for a total of 10 latrines completed this quarter. Communities took charge of the process, and provided the labor and local materials needed for construction. Planned construction of latrines in four health zones--Mwene Ditu, Kole, Tshumbe, and Kamina--was rescheduled for next quarter due to unanticipated funding delays and delays in the renovation of the health centers to be served by these latrines.

Handwashing stations: The Luiza coordination office reports the completion of 15 hand-washing stations--one for the regional general hospital, and 14 for the 14 health areas in the Ndeksha health zone. Due to delays in receiving budget approval, work on handwashing stations in other provinces had to be postponed. Last quarter, 57 stations were established, so while IHP is proud of the progress made in Luiza (both this quarter and last), the other coordination offices will make progress next quarter.

Incinerators: Half of the coordination offices reported construction of critically needed incinerators, including six at Luiza sites (3 health centers in Mpikambuji and Kamushilu in Luiza health zone, and 3 at the maternity in Ndeksha); 3 at Kolwezi (Kanzenze reference hospital, Kamoa health center, Walemba and Kanzenze rural health centers); 2 at Bukavu (Bugarula health center at Idjwi and Budodo health center at Kaniola); and one at Uvira (Bitobolo health center at Nundu). The remaining coordination offices were not able to undertake this construction due to funding delays. IHP continued to advise community animators and health zone water and hygiene supervisors on good management practices and use of the incinerators.

Placenta disposal pits: The same four coordination offices that completed installation of incinerators also installed placenta disposal pits during this quarter. The Luiza and Bukavu Coordinations constructed 3 pits, and Kolwezi and Uvira completed 2 each. For Luiza, the pits were installed at the Mpikambuji and Kamushilu health centers and the Ndeksha reference hospital; Bukavu pits were installed in the Kisiza health center in Idjwi health zone, the Muhungu health center in Ibanda health zone and the Butuza health center in Mubumbano health zone; for Kolwezi, pits were installed at the Kamoa health center and the reference hospital; Uvira's installations were done at the health center Sange CEPAC and the Bitobolo health center in the Ruzizi health zone.

External Trash Bins: The Bukavu coordination office installed three bins at the Muhungu health center in the Ibanda health zone. Bins currently under construction in Luiza at several health centers are planned to be completed next quarter.

Internal Trash Bins: Although no internal bins were purchased or installed this quarter, IHP carried out important awareness-raising work with all health center personnel in preparation for the installation and use of internal trash bins next quarter.

Training in Hospital Hygiene: IHP provided refresher training to service providers in Bilomba, Luambo, and Ndeksha reference hospitals who were trained in hospital hygiene in 2013 by health zone management team members. Likewise, at Tshumbe, service providers from 24 health centers (included Dikungu, Tshumbe and Wembonyama) benefitted from refresher training in the daily management of waste. Eighteen (18) providers and 7 health zone management team members from Kole also benefited from refresher training in hospital hygiene in June 2014. At Kole, hospital hygiene management is routinely covered during supervision visits.

V. CHALLENGES ENCOUNTERED

Challenges encountered by the project during this reporting period can be grouped into three main areas: insecurity, supply chain management, and data quality.

Insecurity: The upsurge of insecurity in the areas of Ruzizi, Lemera (Mutarule and Baguera), and Nundu in Sud Kivu has created a movement of the population in majority women and children to other regions and neighboring countries (Burundi). The project noted a decline in the work of certain YCF support groups in the Uvira, Ruzizi, and Nundu health zones from a lack of IHP-health zone management team support due to the unstable security situation there. IHP implemented contingency plan activities required to protect its staff and the assets of the project. In the Kamina-supported health zones of Mulongo and Lwamba, the security situation continued to positively evolve during the quarter. IHP will continue to work closely with the health zones and the Haut Lomami Health District authorities to ensure that the project's technical and financial support is secured.

Supply Chain: Stock outs of certain vaccines (e.g., pneumonia, yellow fever, measles) at the national level negatively affected planned campaigns and program objectives at the field level. The shortage of vaccines is due primarily to financial reasons, i.e., the lack of Government of DRC co-financing for the national immunization program. IHP informed USAID about this situation and requested its support for IHP advocacy efforts to MOH authorities for a rapid solution to the current stock out situation and for finding a mid-term and long-term solution to the vaccine stock out.

The last mosquito net delivery received by the project was in June 2012. The lack of another delivery since that time has had a negative impact in achieving previously set ANC targets for all supported health facilities, and the absence of severe malaria kits still persists. As noted previously in the report, women are more likely to go to ANC if they receive bed nets and malaria treatment. The next delivery, planned for June 2014, has been delayed, and the project awaits a delivery in the coming months from USAID|DELIVER. While continuing to monitor closely with USAID|DELIVER the delivery of malaria commodities, IHP is encouraging the health zones to use their funds to acquire medicines for treatment of severe malaria. As for the bed nets, IHP is still actively requesting support from other partners that provided LLINs during the previous antimalarial campaign. The project has not been successful thus far in obtaining additional LLINs.

As part of the fight against HIV-tuberculosis co-infection, health zones have reported a shortage of HIV test kits in health centers for diagnosis and treatment. Only Mwene Ditu and Kanda Kanda used the tests provided by the Global Fund. The project's PY3 order with IDA hopefully will soon be delivered to the CDRs. The HIV test kits will be delivered by the end of the next quarter.

Data quality: IHP continues to observe poor quality of data reported from the field due to hasty collection and interpretation without careful analysis of all the data, despite the availability of management and data collection tools. The project will continue to provide tools for all health facilities in data collection, monitoring and follow up. During this quarter, IHP carried out data quality assessment (DQA) activities in Mwene Ditu and Luiza health zones. The project plans to continue the DQA exercises in other field offices during the following quarters.

VI. PLANNED ACTIVITIES FOR NEXT QUARTER

IR 1

- ✓ Provide technical support for the implementation of pharmaceutical management procedures and lines of credit
- ✓ Provide technical support for the monitoring of the pharmaceutical management system in all supported health facilities
- ✓ Provide financial and technical support for the training of health care providers (two per health facility/health zone) in the use of treatment flow charts in all selected health zones
- ✓ Provide monthly technical assistance for the supervision of i-CCM sites by health center head nurses
- ✓ Monitor the water quality once per quarter in the Katana and Walungu health zones
- ✓ Provide financial and technical support for joint monitoring and evaluation missions to oversee the action plans and community involvement in the attained results

IR 2

- ✓ Organize a one-day meeting to integrate FP with vaccination activities and at community care sites in 12 health zones
- ✓ Support the implementation of the two priorities for 2014 identified by the December 2013 annual EPI Review: (1) improve data quality and (2) revitalize the RED approach (Reaching Every District – Reaching Every Zone – Reaching Every Child) with each of its 5 components in order to sensibly decrease the number of unimmunized children
- ✓ Organize four joint, five-day supervision visits in the respective supported health facilities
- ✓ Distribute post-exposure prophylaxis (PEP) kits in the health zones based on their needs
- ✓ Lead the bi-annual supervision of RBF activities at the operational level for the *Division Provinciale de la Santé* (DPS) and/or health district
- ✓ Support four data counter-verification missions for RBF in all selected health centers, to be carried out by two CBOs for the quarter

IR 3

- ✓ Work with the CODESAs to reinforce the two-way network of referrals between the community and functional health facilities
- ✓ Reinforce the referral system for CBDs of family planning in order to increase the use of family planning methods in health facilities
- ✓ Support quarterly action plan evaluation meetings for community-based organizations (CBOs) in selected health areas (minimum 50% women and youth CBOs)
- ✓ Support the implementation and monitoring of the CODESA communication plans that take into account gender equity

IR 4

- ✓ Finance and organize a quarterly validation and SNIS data analysis meeting with respective provincial SNIS committee
- ✓ Finance and organize joint formative supervisory visits geared towards M&E
- ✓ Provide financial and technical support for quarterly Routine Data Quality Assessment (RDQA) visits in selected health zones
- ✓ Finance the functionality of state MOH institutions (provincial health management unit (DPS), health districts, and health zones through fixed grants
- ✓ Provide financial and technical assistance for DPS, health district and health zone supervisions in all supported provinces through fixed grants

VII. LIST OF APPENDICES

Appendix 1: DRC-IHP Performance Monitoring Plan
Appendix 2: Memorandum of Understanding between IMA and IHP
Appendix 3: PY4Q3 Distribution plan for family planning commodities*
Appendix 4: DRC-IHP Field Offices' Work plan (June-September 2014)
Appendix 5: DRC-IHP International Travel/STTA Plan*
Appendix 6: DRC-IHP Organizational Chart
Appendix 7: DRC-IHP Accruals Report April to June 2014
Appendix 8: DRC-IHP SF425 April to June 2014

*Appendices 3 and 5 are attached separately as Excel files

VIII. SUCCESS STORIES

The DRC-IHP Success Stories appear on the following pages.



SUCCESS STORY

Preventing Malaria among Women and Children, One Community at a Time

In Bilomba, DRC-IHP leads a campaign to spread knowledge of malaria prevention and treatment.



Photo: Overseas Strategic Consulting, Ltd.

A community health worker shares information about malaria prevention best practices.

“(The campaign) encouraged us to join together to protect our children from malaria. Even my husband was happy to come with me to the health center.”

- Mother in Bilomba

In the Bilomba health zone—as in many other places in the Democratic Republic of Congo (DRC)—pregnant women and their young children are the most susceptible to malaria, made vulnerable due to a lack of information about protection and treatment. Two particular concerns are that key malaria prevention behaviors are not regularly practiced, and that pregnant women rarely receive the minimum two doses of the anti-malarial drug sulphadoxine-pyrimethamine (SP).

The USAID-funded DRC-Integrated Health Project (DRC-IHP) combats the dangers malaria poses to maternal, newborn, and child health. DRC-IHP observed World Malaria Day with mini-campaigns to engage the community in the awareness of the disease. The campaigns involved behavior change communications (BCC) to reinforce three key practices at the household level: sleeping under a treated mosquito net every night, going to the health center at the onset of fever, and taking the full dose of anti-malarial medication as prescribed by community health workers. At health centers, one key practice of promotion and the administration of at least two doses of SP was reinforced.

The mini-campaigns allowed DRC-IHP’s BCC specialists to reinforce the program’s “Tuendeni-Kumpala 3+1” concept, which means “Take my hand and we’ll move forward together and adopt the 4 key practices.” DRC-IHP’s “Tuendeni-Kumpala 3+1” approach encourages Congolese families to adopt the 4 key malaria prevention practices and strengthens their relationship with local health centers by improving the quality of services and increasing the utilization.

As a result, 344 children between 0-5 years were tested and of those tested, 233 were positive for malaria. One month before, only 60 children between 0-5 years old were tested for malaria, all of whom were positive. Also, 145 pregnant women were reached with anti-malaria messages, 78 of whom then received their first dose of SP, with the remaining 67 receiving their second dose. Compared to April 2014, this represents a fivefold increase in doses of SP administered.

Led by Management Sciences for Health, in partnership with the International Rescue Committee and Overseas Strategic Consulting, Ltd., DRC-IHP is working to improve the basic health conditions of the Congolese people in 78 health zones in four provinces, one community at a time.



USAID
FROM THE AMERICAN PEOPLE

DEMOCRATIC REPUBLIC OF CONGO

SUCCESS STORY

A Community Comes Together to Create Awareness of Tuberculosis

A campaign of text messages helps identify 25 cases of tuberculosis in the Kamiji health zone.



Photo: Overseas Strategic Consulting, Ltd.

TB testing in Kamiji.

“I went to the health center for a sputum test; the result was positive and I began my free treatment...”

- Resident of Kamiji

Tuberculosis (TB) is a major public health threat to the people of the Democratic Republic of Congo (DRC). The ignorance, stigma, and shame associated with the disease are pervasive, making it difficult for those living with TB or those who may not know they are affected to seek testing or treatment.

The Kamiji health zone in Mwene Ditu has seen low detection of cases of TB in 2014; in the first quarter alone, only nine cases tested positive and were treated. To increase testing and treatment in Kamiji, the USAID-funded DRC-Integrated Health Project (DRC-IHP) selected this health zone to host an event for World TB Day on March 24. DRC-IHP behavior change communications specialists worked with members of the health zone management team—which consists of pharmacists—on a mini-campaign to disseminate information to the community about the prevention, treatment, and destigmatization of TB.

Local IHP staff sent more than 1,000 text messages to community members on how to diagnose and treat TB. The messages were sent in Tshiluba, the local language, and also contained a national hotline number that community members could call confidentially for further information. The mini-campaign encouraged those who were suffering with TB symptoms to seek testing and treatment. Since the campaign’s beginning, 25 cases of tuberculosis have been diagnosed, 19 of which are being treated locally. The remaining six cases have been identified and are awaiting treatment.

Among those now being treated is a 55-year old woman from Kamiji, who said, “I was suffering for 6 months. I was unaware that treatment was free until one of my family members, who also lives in the community, told me that examinations are free to all those who test positive. I went to the health center for a sputum test; the result was positive and I began my free treatment. After three weeks, my cough is starting to go away and I am determined to completely finish my treatment.”

Led by Management Sciences for Health with partners the International Rescue Committee and Overseas Strategic Consulting, Ltd., DRC-IHP is working to improve the basic health conditions of the Congolese people in 78 health zones in four provinces.



USAID
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DEMOCRATIC REPUBLIC OF CONGO

SUCCESS STORY

Preventing Mother-to-Child Transmission of HIV in Luilu Health Center

After a comprehensive training by DRC-IHP, 17 out of 18 babies born in the Luila Health Center this year were HIV-free.



Photo: Management Sciences for Health

Sara and her daughter.

“Now that I know my daughter is not infected with the HIV virus, I am relieved and happy...”

- New mother Sara Bushia

Luilu, in the Dilala health zone, Katanga Province, is one of the health areas in the Democratic Republic of Congo (DRC) that is most affected by HIV and AIDS, with an overall prevalence of 6%. Among those most affected are pregnant women: in 2013, local authorities estimated an HIV prevalence rate of 4.6% in this group. Many health workers in the DRC lack the required skills to address the specialized health needs of HIV-positive expectant mothers.

In July 2013, the USAID-funded DRC-Integrated Health Project (DRC-IHP) launched a comprehensive response for prevention, care and treatment of HIV and AIDS in Dilala. DRC-IHP trained eight nurses, four doctors, and three laboratory technicians in HIV counseling, testing and treatment, peer education, and monitoring viral load.

Two particular areas of focus were increasing the involvement of male sexual partners of pregnant women and systematic monitoring of HIV in children born to HIV-positive mothers. DRC-IHP also began to provide anti-retroviral medications (ARVs) to the health centers as well as to conduct joint supervision visits to health center staff with the health zone management team.

From January to June 2014, the number of people living with HIV who were regularly monitored in Luila Health Center rose from 21 to 95; the number of HIV positive patients who received ARVs increased from 74 (45 women and 29 men) to 90 (58 women and 32 men). The male participation rate in PMTCT education sessions rose from 12% to 94%. And, as a testament to the PMTCT component of the training, 17 of the 18 children born to HIV positive mothers tested negative.

New mother Sara was overjoyed to learn that her baby was healthy. “Now that I know my daughter is not infected with the HIV virus, I am relieved and happy because I finally have a reason to hope for a good future,” she said. “My husband has now agreed to be tested, and we are supporting each other within our home. We are grateful to Luilu Health Center and DRC-IHP for the free care and counseling we have received.”

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SUCCESS STORY

The “Mother of Birth Spacing” in Luiza: Charlotte’s Story

Thanks to training from the DRC-Integrated Health Project, women and men in the health area of Tutante have access to family planning methods



Photo: USAID/ASMED

A community-based distributor provides a couple with information on family planning in Luiza.

“My wife and I were made aware of the importance of family planning in educational talks given by CBDs...”

- Pastor Gilbert Muvumba

The national contraceptive prevalence rate remains low in the Democratic Republic of Congo (DRC) at 8% (DHS-DRC 2013 – 2014), and it is even lower in rural areas of Kasai Occidental Province. Many women who have access to family planning methods rely on community based distributors of contraceptive commodities, such as Charlotte Kapinga.

Charlotte, married with four children, has been a community based distributor (CBD) in the health area of Tutante in Luiza for four years. She was trained by the USAID-funded DRC-Integrated Health Project (DRC-IHP), which is working to improve the quality of key family health services, including family planning. DRC-IHP depends on Charlotte and others like her to provide family planning information and distribute contraceptives in rural areas that do not have a local health facility.

Carrying a backpack filled with counseling cards and contraceptives samples, Charlotte makes an average of 10 household visits per week to raise awareness of the importance of family planning. Proud of her role, she is well-recognized in the communities she visits as “Muena ntanta,” which means “Mother who takes care of birth spacing.”

The project’s recent donation of a bicycle has enabled Charlotte to extend her outreach. From January to March 2014, she conducted a total of 887 awareness visits, reaching 573 women and 284 men, on the different forms of family planning that are available. During the same period in 2012, Charlotte, unaided by a bicycle, reached only 33 women and five men.

Pastor Gilbert Muvumba was counseled by Charlotte several years ago, and is now a firm supporter of family planning. “My wife and I were made aware of the importance of family planning in educational talks given by CBDs in our neighborhood in 2011. We have chosen cycle beads as our preferred method. This has enabled us to space the births in our home,” he says.

Investing in family planning services is one example of how USAID is supporting the DRC’s national commitment to “A Promised Renewed,” the global campaign to accelerate the reduction of maternal, child, and neonatal mortality.

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USAID
FROM THE AMERICAN PEOPLE

DEMOCRATIC REPUBLIC OF CONGO

SUCCESS STORY

Introducing complementary feeding to improve babies' health

The consequences of chronic malnutrition are irreversible, but thanks to training and support groups, mothers are learning how to better nourish their children



Lucienne Misenga feeds her daughter.

“My first seven children suffered from malnutrition but my last child is in good health...”

***- Lucienne Misenga,
Participant in a mothers'
nutritional support group***

Photo: Management Sciences for Health

In the Democratic Republic of Congo (DRC), three out of five children under age five suffer from chronic malnutrition. In the health zone of Luiza, in Kasai Occidental Province, the prevalence rate of chronic malnutrition is 16%, which is partly due to a lack of knowledge on how to transition children from breastfeeding to family foods, a process known as complementary feeding. The consequences of chronic malnutrition are irreversible, and educating families about complementary feeding is one way to ensure that they can give their babies a healthy start in life.

The USAID-funded DRC-Integrated Health Project (DRC-IHP) is supporting the Congolese Ministry of Public Health in the fight against various forms of malnutrition in four provinces. In March 2014, DRC-IHP supported a training in feeding newborns and young children for 30 people in Luiza, including two members of the health zone management team, six service providers, and 22 health workers.

Salomé Nambombo, a community health worker who provides a great deal of care within the local health area of Kabamba, took part in this training. To remedy the chronic malnutrition in her health area, Salomé took the initiative to form a support group for mothers of children from birth to age five, where they can share their experiences about nutrition. In addition, she leads group discussions on complementary feeding that highlight locally grown and available foods, such as cornmeal, peanuts, caterpillars, palm oil and iodized salt, that families can use as they start adding complementary feeding to their children's diets.

Lucienne Misenga, mother of 8, is part of the support group. “My first seven children suffered from malnutrition, but my last child is in good health,” she says. “This is thanks to including local foods to supplement her diet, which I did not do before. I follow the community volunteer's advice about the number of meals and the quality of food. These foods have always been available here, but I did not know how to use them to keep my children from being malnourished. I thank the community volunteers for helping me to keep my daughter healthy.”

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SUCCESS STORY

Results-Based Financing Strengthens Services at Kibila Health Center

Three months after the integration of the RBF approach the Kibila health center more closely adheres to facility norms.



A head nurse at the Kibila health center reviews the data from health and infrastructure indicators

"After we signed our [RBF] contract with DRC-IHP, we worked with the community to raise awareness of the standards we needed to meet. We developed a 'recovery plan,' ..."

**-Esther Banza Kazadi,
Kibila Head Nurse**

Photo: Management Sciences for Health

Located deep in Katanga Province, the Kibila health center serves a population of approximately 4,706 people; however, residents do not frequently utilize the health center, owing in part to the poor infrastructure and the poor quality of services provided, as determined by a health facility evaluation carried out by the USAID-funded Democratic Republic of Congo-Integrated Health Project (DRC-IHP).

To support under-performing health facilities like the Kibila health center, DRC-IHP began an innovative results-based financing (RBF) program in October 2013 in seven health zones, including Kayamba, home to the Kibila health center. IHP's RBF program provides financial incentives for health facilities that achieve pre-determined and mutually-agreed upon goals linked to improved access to care, quality of services, resource management, and community engagement.

Following improvements in the quality of consultations, antenatal care, immunizations, and other maternal and child health services, the Kibila health center has received nearly \$600 US in RBF funds. The center staff then used the funds to establish health area development committees to educate the population about available services and to carry out basic structural repairs, including repainting the center's walls, building a fence, installing ceilings, and improving toilets.

Three months after the integration of the RBF approach in Kayamba, the health district management team and DRC-IHP found that that due to increased community engagement, improved service quality, and the improved infrastructure made possible through RBF resources, the Kibila health center now more closely adheres to acceptable facility norms.

"After we signed our [RBF] contract with DRC-IHP, we worked with the community to raise awareness of the standards we needed to meet. We developed a 'recovery plan,' and we have been evaluating our progress on a monthly basis. This helped us to improve [health services] and we thank IHP for this support," said Kibila Head Nurse Esther Banza Kazadi.

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USAID
FROM THE AMERICAN PEOPLE

DEMOCRATIC REPUBLIC OF CONGO

SUCCESS STORY

Increasing Access to Services through Results-Based Financing

Reduced fees for hospital services increase access to specialized care for poor populations in Luiza.



A nurse admits a new patient to the Luiza General Referral Hospital.

“We thank DRC-IHP and USAID for this support because before many patients were dying at home for lack of money.”

***- Dr. Roger Mabobudula,
Luiza GRH
Medical Director***

U.S. Agency for International Development
www.usaid.gov

Photo: Management Sciences for Health

More than 169,000 people live in the Luiza health zone in Kasai Occidental Province; for most, access to care at the Luiza General Referral Hospital (GRH) was impossible due to the hospital fees. While the GRH wanted to provide care for the poorest by charging a reasonable fee, it was unable to subsidize services and cover its own costs. As a result, the hospital treated only 241 new cases of illness requiring specialized care between January and April 2013.

In response to both the inaccessibility and often poor quality of health services, the USAID-funded Democratic Republic of Congo-Integrated Health Project (DRC-IHP) piloted a results-based financing (RBF) program in Luiza, as well as in six other health zones. IHP's RBF program provides funding to health facilities to improve people's access to care, the quality of services offered, the management of resources, and community participation. The program also provides financial incentives for health facilities that achieve pre-determined and mutually agreed upon goals.

“We received our first IHP PBF funding in January 2014,” says Luiza GRH Medical Director Roger Mabobudula. “Today we are inundated with patients,” he continued, noting that the RBF subsidies reduced the cost of hospital services, and that awareness-raising by community health workers and local authorities has led to increased use of the Luiza GRH.

“Our revenues have tripled, and the number of new cases [treated] increased from 241 between January and April 2013 to 780 cases treated between January and April 2014,” said Dr. Mabobudula. The hospital has also been able to subsidize major surgical procedures--such as the removal of uterine fibroids and ovarian cysts, and appendectomies--which increased from 56 procedures in January 2014 to 146 in April 2014.

“We thank DRC-IHP and USAID for this support because before many patients were dying at home for lack of money,” Dr. Mabobudula concluded.

Led by Management Sciences for Health with partners the International Rescue Committee and Overseas Strategic Consulting, Ltd., DRC-IHP is working to improve the basic health conditions of the Congolese people in 78 health zones in four provinces through innovations like RBF.

Appendix 1: DRC Integrated Health Project Performance Monitoring Plan (April -June 2014)

Indicator	Definition					P4Q3 Target	PY4Q3 Achievement (%)	
		Oct-13	Nov-13	Dec-13	PY4Q1 Total			
USAID/DRC/IHP Objective: Increase use of high-impact health services, products, and practices for FP, MNCH, nutrition, malaria, NTDs, TB, HIV&AIDS, and WASH in target health zones								
1	FP: Couple years of protection (CYP) in USG-supported programs	The estimated protection provided by family planning (FP) services during a one-year period, based upon the volume of all contraceptives provided to clients in the IHP target areas during that period	48,298	44,397	44,436	137,131	112,500	122
1.1	FP: Couple years of protection (CYP) after exclusion of LAM and self-observation methods (NFP) for FP in USG-supported programs	The estimated protection provided by family planning (FP) services during a one-year period, based upon the volume of all contraceptives provided to clients in the IHP target areas during that period	20,174	15,947	16,540	52,661	41,250	128
2	FP: Number of new acceptors for any modern contraceptive method in USG-supported family planning (FP) service delivery points	Number of new FP acceptors of a modern method will be calculated based upon records from USG-supported FP clinics in the IHP target areas	48,004	50,265	54,882	153,151	124,350	123
3	FP: Number of counseling visits for FP/RH as result of USG support	Number of FP/RH counseling visits at USG-supported service delivery points	50,574	58,368	69,392	178,334	160,087	111

4	FP: Number of USG-supported delivery points providing family planning (FP) counseling or services	Number of USG-supported service delivery points (excluding door-to-door CBD) providing FP counseling or services, disaggregated by type of service	2,115	2,115	2,115	2,115	2,000	106
	Disaggregated by type of service delivery:		1,751	1,751	1,751	1,751	1,600	109
		<i>(a) Health facility based</i>	364	364	364	364	400	91
		<i>(b) Community-level based</i>						
5	FP: Number of USG-assisted health facilities experiencing stock-outs of Depo-Provera	Maximum number of USG-supported health facilities	39	48	31	39	100	39
6	MNCH: Percent of pregnant women attending at least one antenatal care (ANC) visit by skilled providers from USG-supported health facilities	Numerator: # of pregnant women attending at least one antenatal	45,535	44,608	52,699	142,842	127,708	112
		Denominator: # of expected pregnancies in USG-supported	42,052	42,052	42,052	126,156	135,061	
		Numerator/ Denominator (in percentage)	108%	106%	125%	113%	95%	
7	MNCH: Percent of pregnant women attending at least four antenatal care (ANC) visits by skilled providers from USG-supported health facilities	Numerator: # of pregnant women attending at least four antenatal care (ANC) visits by skilled providers from USG-supported health facilities	21,424	20,898	21,367	63,689	83,738	76
		Denominator: # of expected pregnancies in USG-assisted health facilities (4% of total population)	42,052	42,052	42,052	126,156	135,061	
		Numerator/Denominator (in percentage)	50.9%	49.7%	50.8%	50.5%	62%	

8	MNCH: Percent of deliveries with a skilled birth attendant (SBA) in USG-supported facilities	Numerator: # of deliveries with a skilled birth attendant (SBA) in USG supported facilities	39,060	38,856	38,685	116,601	112,302	104
		Denominator: # of expected deliveries in USG-supported health facilities (4% Tot Pop)	42,052	42,052	42,052	126,156	135,061	
		Numerator/ Denominator (in percentage)	92.9%	92.4%	92.0%	92.4%	83%	
9	MNCH: Percent of women receiving Active Management of the Third Stage of Labor (AMTSL) through USG-supported programs	Numerator: Number of women giving birth who received AMSTL	34,756	36,499	36,348	107,603	106,380	101
		Denominator: # of deliveries with a skilled birth attendant (SBA) in USG	39,060	38,856	38,685	116,601	112,302	
		Numerator/ Denominator (in percentage)	89.0%	93.9%	94.0%	92.3%	95%	
10	MNCH: Number of postpartum/newborn visits within 3 days of birth in USG-supported programs	Number of postpartum/newborn visits within 3 days of birth	36,933	38,197	36,549	111,679	135,061	83
11	MNCH: Percent of newborns receiving essential newborn care through USG-supported programs	Numerator: Number of newborn infants who received essential	36,709	37,958	37,924	112,591	107,502	105
		Denominator: # of newborns delivered in the IHP target areas	42,052	42,052	42,052	126,156	107,502	
		Numerator/ Denominator (in percentage)	87.3%	90.3%	90.2%	89.2%	100%	
12	MNCH: Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	Number of newborn infants identified as having possible infection who received antibiotic treatment from appropriately trained facility, outreach or community health workers through USG-supported programs/IHP target area (4% of Total Population *6% Infection rate-MICS 2010)	3,411	2,899	2,310	8,620	8,104	106

13	MNCH: Number of child pneumonia cases treated with antibiotics by trained facility or community health workers in USG-supported programs	Number of children under five years old with pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs/IHP target area (20% Tot Pop*6% infection rate-MICS 2010)	42,220	38,442	41,768	122,430	143,308	85
14	MNCH: Number of cases of child diarrhea treated in USG-supported programs	Number of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT) or ORT plus zinc supplements in USG support	24,227	23,548	24,442	72,217	191,080	72
		Number of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT) in USG-support programs/IHP target area (20% Tot Pop*18% infection rate-MICS 2010)	21,638	19,105	23,780	64,523		
15	MNCH: Percent of children less than 12 months of age who received DPT-HepB-Hib3 from USG-supported programs	Numerator: Number of children less than 12 months who received three doses of DPT, Hepatitis B, and Haemophilus Influenza (DPT-HepB-Hib1-3) vaccine from USG-supported programs/IHP target area	41,333	37,434	37,744	116,511	106,254	110
		Denominator: # of children less than 12 months of age in the IHP	35,871	35,871	35,871	107,612	117,841	
		Numerator/ Denominator (in percentage)	115.2%	104.4%	105.2%	108.3%	90%	
16	MNCH: Drop-out rate in DPT-HepB-Hib3 among children less than 12 months of age	Numerator: Number of children less than 12 months who did not	2,270	3,038	1,622	6,930	5,313	130

		Denominator: All children less than 12 months who received DPT-HepB	43,603	40,472	39,366	123,441	106,254	
		Numerator/ Denominator (in percentage)	5.2%	7.5%	4.1%	5.6%	5%	
17	MNCH: Percent of children less than 12 months of age who received measles vaccine from USG-supported programs	Numerator: Number of children less than 12 months of age who	40,234	36,353	36,263	112,850	106,254	106
		Denominator: # of children less than 12 months of age in the IHP	35,871	35,871	35,871	107,612	117,841	
		Numerator/ Denominator (in percentage)	112.2%	101.3%	101.1%	104.9%	90%	
18	MNCH: Number of USG-assisted health facilities experiencing stock-outs of ORS	Number of USG-assisted health facilities experiencing stock-outs of ORS	237	188	168	198	100	198
19	NUTRITION: Number of children under 5 years of age who received vitamin A	Number of children under 5 years of age who received vitamin A from USG-supported programs/IHP target area	158	629,114	1,113,837	1,743,109	630,083	277
20	NUTRITION: Proportion of pregnant women who received iron-folate to prevent anemia	Numerator: Number of pregnant women who have received iron-	46,242	46,616	43,895	136,753	101,292	135
		Denominator: # of expected pregnancies in USG-assisted health	42,052	42,052	42,052	126,156	131,127	
		Numerator/ Denominator (in percentage)	110%	111%	104%	108%	77%	
21	NUTRITION: Number of mothers of children 2 years of age or less who have received nutritional counseling for their children	Number of mothers of children 2 years of age or less who have received nutritional education within group support (8% of Total Population X 15% Malnutrition Prevalence Rate)	51,179	53,888	56,395	161,462	102,456	158

22	NUTRITION: Number of breastfeeding mothers receiving vitamin A	Number of breastfeeding mothers attending post natal visits during the 8 weeks following delivery who received vitamin A	11,941	10,486	11,682	34,109	90,263	38
23	NUTRITION: Number of USG-supported health facilities experiencing stock-outs of iron-folate	Number of USG-supported health facilities that experienced stock-outs of iron-folate tablets	447	422	441	1,310	100	
24	TB: Case notification rate in new sputum smear positive pulmonary TB cases per 100,000 population in USG-supported areas	Numerator: Number of new sputum smear positive pulmonary TB cases reported in the past year (150 cases for 100,000 people)	870	913	1,299	3,082	7,226	43
		Denominator: Total population in the specified geographical area	1,027,811	1,027,811	1,027,811	3,083,432	3,376,527	
		Numerator/ Denominator (per 100,000 population)	84.6	88.8	126.4	100.0	214	
25	TB: Percent of all registered TB patients who are tested for HIV through USG-supported programs	Numerator: Number of TB patients who are tested for HIV	479	524	821	1,824	4,336	42
		Denominator: Number of registered TB patients in TB screening and treatment health facilities offering HIV testing	870	913	1,299	3,082	7,226	
		Numerator/ Denominator (in percentage)	55	57	63	59	60	
26	TB: Case detection rate	Numerator: Number of new smear positive TB cases detected	870	913	1,299	3,082	3,545	87
		Denominator: Estimated number of TB cases expected	1,622	1,622	1,622	4,867	5,065	
		Numerator/ Denominator (in percentage)	53.6%	56.3%	80.1%	63.3%	70%	

27	TB: Number of multi-drug resistant (MDR) TB cases detected	Number of TB cases with multi-drug resistance registered in USG-supported facilities	8	2	6	16	15	107
28	TB: Number of USG-assisted service delivery points experiencing stock-outs of RH (rifampicin, isoniziad) combination	Number of USG-assisted service delivery points (SDPs) experiencing stock-out of TB drugs at any time during the defined reporting period	5	1	2	3	0	
29	HIV/PMCT: Number of pregnant women seen for ANC in facilities that offer PMTCT	Number of pregnant women seen for ANC in facilities that offer prevention of mother-to-child transmission services	1,047	940	3,853	5,840	6,765	86
30	*HIV/PMCT: Number of pregnant women receiving HIV counseling	Number of pregnant women who received counseling services for HIV (advice to prevent mother-to-child transmission)	1,340	1,197	3,384	5,921	6,765	88
31	*HIV/PMCT: Number of pregnant women receiving HIV counseling and testing	Number of pregnant women who received counseling and testing services for HIV	790	769	3,181	4,740	5,412	88
32	*HIV/PMTCT: Number of pregnant women with known HIV status	Number of pregnant women who were counseled and tested for HIV and know their results (Number of pregnant women with known HIV status) (includes women who were tested for HIV and received their results; Number of known positives at entry; Number of new positives identified)	736	770	3,229	4,735	5,412	87

33	*HIV/PMTCT: Number of pregnant women who tested positive for HIV	Number of pregnant women who tested HIV positive	0	1	1	2	54	4
34	*HIV/PMCT: Number of pregnant women with known HIV status	The number of women with known (positive) HIV infection attending ANC for a new pregnancy over the last reporting period	0	1	34	35	54	65
35	*HIV/PMTCT: Number of health facilities providing ANC services that provide both HIV testing and ART for PMTCT on site	The number of health facilities in IHP target areas where antenatal services, HIV counseling and testing, and ARV to prevent mother-to-child transmission of HIV are provided in the same site	52	52	52	52	52	100
36	*HIV/PMTCT: Number of HIV-positive pregnant women who received antiretroviral treatment (ART) to reduce risk of mother-to-child transmission	Number of HIV-positive pregnant women who received ART to reduce the risk of mother- to-child transmission during the reporting period disaggregated by regimen type	0	0	38	38	22	175
36.1	*HIV/PMTCT: Number of HIV-positive pregnant women who received Combination Therapy to reduce risk of mother-to-child transmission	Number of HIV-positive pregnant women who received Combination Therapy to reduce the risk of mother- to-child transmission during the reporting period	3	1	1	5	32	16
37	HIV/PMTCT: Number of newborns who received ARVs to reduce risk of mother-to-child transmission	Number of newborns whose mothers are HIV-positive and who received antiretroviral prophylaxis at birth	0	1	26	27	27	100

38	*HIV/PMTCT: Number of partners/husbands of pregnant women who receive HIV counseling and testing and received their results	Number of husbands/partners of pregnant women who received HIV counseling and testing in health centers and hospitals and know their results within the IHP target area	49	68	114	231	514	45
39	*HIV/PMTCT: Number of HIV+ pregnant women receiving Cotrimoxazole (CTX) prophylaxis	Number of HIV-positive pregnant women who received Cotrimoxazole prophylaxis, disaggregated by age (<15, 15+)	1	0	55	56	27	207
		< 15 years	0	0	0	0	N/A	
		>= 15 years	1	0	55	56	N/A	
40	*HIV/PMTCT: Percent of infants born to HIV-positive pregnant women who are started on CTX prophylaxis within two months of birth	Numerator: Number of infants born to HIV-infected women that are started on Cotrimoxazole prophylaxis within two months of birth at USG supported sites within the reporting period	0	0	25	25	27	93
		Denominator: Number of HIV-positive pregnant women	0	1	34	35	54	
		Numerator/ Denominator (in percentage)		0.0%	73.5%	1	50%	
41	*HIV/PMTCT: Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	Numerator: Number of infants born to HIV-infected women who	0	0	0	0	5	0
		Denominator: Number of HIV-positive pregnant women	0	1	34	35	54	
		Numerator/ Denominator (in percentage)		0.0%	0.0%	0	9%	

42	*HIV/PMTCT: Number of HIV-positive pregnant women assessed for ART eligibility	Number of HIV-positive pregnant women assessed for ART eligibility through either clinical staging (using WHO clinical staging criteria) or CD4 testing in USG-supported sites	0	0	47	47	43	109
43	*HIV/PMTCT: Number of USG-supported service delivery points experiencing stock-outs of	Number of USG-supported service delivery points (SDPs) experiencing	13	8	13	11		
44	*HIV/PMTCT: Number of USG-supported service delivery points experiencing stock-outs of AZT	Number of USG-supported service delivery points (SDPs) experiencing stock-outs of AZT at any time during the defined reporting period	13	7	14	11		
45	*HIV/PMTCT: Number of individuals who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR)	Number of individuals who received T&C services for HIV and received their test results during the reporting period	2,039	1,765	5,872	9,676	7,036	138
45.1	*HIV/PMTCT: Number of males who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR)	Number of males who received T&C services for HIV and received their test results during the reporting period	646	461	801	1,908	985	194
45.2	*HIV/PMTCT: Number of females who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR)	Number of females who received T&C services for HIV and received their test results during the reporting period	1,161	1,174	4,567	6,902	6,051	114
45.3	*HIV/PMTCT: Number of individuals <15 who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR)	Number of individuals <15 who received T&C services for HIV and received their test results during the reporting period	210	211	179	600		

45.4	*HIV/PMTCT: Number of individuals 15+ who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR)	Number of individuals 15+ who received T&C services for HIV and received their test results during the reporting period	1,829	1,554	5,693	9,076	7,034	129
45.5	*HIV/PMTCT: Number of HIV (+) individuals who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR)	Number of HIV(+) individuals who received T&C services for HIV and received their test results during the reporting period	7	50	554	611	86	710
45.6	*HIV/PMTCT: Number of HIV (-) individuals who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR)	Number of HIV(-) individuals <15 who received T&C services for HIV and received their test results during the reporting period	214	243	158	615	6,888	8.9
45.7	*HIV/PMTCT: Number of couples who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR)	Number of couples who received T&C services for HIV and received their test results during the reporting period	116	65	362	543	703	77
45.8	*HIV/PMTCT: Number of single individuals who received testing and counseling (T&C) services for HIV and received their test results (P11.1 D PEPFAR)	Number of single individuals who received T&C services for HIV and received their test results during the reporting period	1,807	1,635	5,148	8,590	5,622	153
Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)								
IR 1.1: Facility-based health care services and products (provincial hospitals and district health centers) in target health zones increased								
46	*** L+M+G: % of general reference hospitals GRHs implementing complementary package of activities CPA	Numerator: # of GRHs implementing CPA	73	71	71	71	56	127
		Denominator: Total # of GRHs	78	78	78	78	80	

		Numerator/ Denominator (in percentage)	94%	91%	91%	91%	70%	
47	***L+M+G: % of GRHs implementing CPA-plus	Numerator: # of GRHs implementing CPA-plus/	23	21	21	21	24	88
		Denominator: Total # of GRHs	78	78	78	78	80	
		Numerator/ Denominator (in percentage)	29.5%	26.9%	26.9%	26.9%	30%	
48	***L+M+G: % of health centers implementing minimum package of activities MPA	Numerator: # of health centers implementing MPA	1,387	1,360	1,360	1,360	1,056	129
		Denominator: Total # of health centers	1,398	1,398	1,398	1,398	1,398	
		Numerator/ Denominator (in percentage)	99%	97%	97%	97.3%	76%	
49	***L+M+G: % of health centers implementing MPA-plus	Numerator: # of health centers implementing MPA-plus	119	118	118	118	453	26
		Denominator: Total # of health centers	1,398	1,398	1,398	1,398	1,398	
		Numerator/ Denominator (in percentage)	8.5%	8.4%	8.4%	8.4%	32%	
50	MALARIA: Percent of pregnant women who received at least two doses of SP for Intermittent Preventive Treatment (IPT) during ANC visits	Numerator: Number of pregnant women who received at least two doses of SP for IPT during ANC visits	24,722	27,509	30,654	82,885	114,802	72
		Denominator: Total number of pregnant women attending ANC	42,052	42,052	42,052	126,156	135,061	
		Numerator/ Denominator (in percentage)	59%	65%	73%	66%	85%	

51	MALARIA: Number of USG-supported service delivery points experiencing stock-outs of ACT for 1-5 year olds	Number of USG-assisted service delivery points (SDPs) experiencing stock-out of ACT for 1 – 5 years at any time during the defined reporting period	204	241	163	163	100	
52	MALARIA: Number of insecticide treated nets (ITNs) purchased by other partners that were distributed with USG funds	Number of ITNs purchased by other partners that were distributed with USG funds	0	0	0	0	N/A	
53	MALARIA: Number of ITNs purchased with USG funds	Number of ITNs purchased with USG funds	202	263	875	1,340	N/A	
54	MALARIA: Number of ITNs purchased with USG funds that were distributed	Number of ITNs purchased with USG funds that were distributed	202	263	875	1,340	N/A	
54.1		<i>(a) through campaigns</i>	0	0	0	0	N/A	
54.2		<i>(b) through health facilities</i>	202	263	875	1,340	N/A	
54.3		<i>(c) through the private/commercial sector</i>	0	0	0	0	N/A	
54.4		<i>(d) through other distribution channels</i>	0	0	0	0	N/A	
54.5		<i>(e) through voucher schemes</i>	0	0	0	0	N/A	
55	MALARIA: Number of health workers trained in IPTp with USG funds disaggregated by gender (male/female)	Number of health workers (doctor, nurse, nurse’s assistant, clinical officer) trained in IPTp with USG funds	0	0	653	653	N/A	
		<i>Male</i>	0	0	585	585	N/A	
		<i>Female</i>	0	0	68	68	N/A	

56	MALARIA: Number of SP tablets purchased with USG funds	Number of sulfadoxine-pyrimethamine (SP) tablets purchased with USG funds	0	0	0	0	N/A	
57	MALARIA: Number of ACT treatments purchased by other partners that were distributed with USG funds	Total number of ACT treatments available for distribution using USG funds	0	0	0	0	N/A	
58	MALARIA: Number of SP tablets purchased with USG funds that were distributed to health facilities	Number of SP tablets purchased with USG funds that were distributed to health facilities (hospitals, health centers, health posts/stations, clinics)	47,989	57,749	93,124	198,862	N/A	
59	MALARIA: Number of health workers trained in case management with ACTs with USG funds	Number of health workers (doctor, nurse, nurse's assistant, clinical officer or community/village health worker) trained in case management with artemisinin-based combination therapy (ACTs) with USG funds	0	0	653	653	N/A	
60	MALARIA: Number of ACT treatments purchased with USG funds	Number of ACT treatments purchased with USG funds	0	0	0	0	N/A	
		ACT < 1 year	0	0	0	0	N/A	
		ACT < 1 and 5 years	0	0	0	0	N/A	
		ACT < 6 and 13 years	0	0	0	0	N/A	
		ACT > 13 years	0	0	0	0	N/A	
61	MALARIA: Number of ACT treatments purchased with USG funds that were distributed	Number of ACT treatments purchased with USG funds that	133,570	115,797	156,197	405,564	N/A	

61.1	Disaggregated in 3 sub-categories:	<i>(a) to health facilities</i>	130,701	113,838	153,041	397,580	N/A	
61.2		<i>(b) to community health workers (HBMF, CCM)</i>	2,869	1,959	3,156	7,984	N/A	
61.3		<i>(c) to the private/commercial sector</i>	0	0	0	0	N/A	
61*	MALARIA: Number of ACT (< 1 year) treatments purchased with USG funds that were distributed	Number of ACT treatments purchased with USG funds that	17,495	10,716	13,915	42,126	N/A	
61*.1		<i>(a) to health facilities</i>	16,934	10,438	12,952	40,324	N/A	
61*.2		<i>(b) to community health workers (HBMF, CCM)</i>	561	278	963	1,802	N/A	
61*.3		<i>(c) to the private/commercial sector</i>	0	0	0	0	N/A	
61*	MALARIA: Number of ACT (1- 5 years) treatments purchased with USG funds that were distributed	Number of ACT treatments purchased with USG funds that were distributed	40,791	38,570	71,851	151,212	N/A	
61*.1		<i>(a) to health facilities</i>	38,483	36,889	69,658	145,030	N/A	
61*.2		<i>(b) to community health workers (HBMF, CCM)</i>	2,308	1,681	2,193	6,182	N/A	
61*.3		<i>(c) to the private/commercial sector</i>	0	0	0	0	N/A	
61**	MALARIA: Number of ACT (6- 13yeras) treatments purchased with USG funds that were distributed	Number of ACT treatments purchased with USG funds that were distributed	37,933	34,905	33,629	106,467	N/A	
61**.1		<i>(a) to health facilities</i>	37,933	34,905	33,629	106,467	N/A	
61**.2		<i>(b) to community health workers (HBMF, CCM)</i>	0	0	0	0	N/A	
61**.3		<i>(c) to the private/commercial sector</i>	0	0	0	0	N/A	

61. *** *	MALARIA: Number of ACT (> 13 years) treatments purchased with USG funds that were distributed	Number of ACT treatments purchased with USG funds that were distributed	37,351	31,606	36,802	105,759	N/A	
61. ***		<i>(a) to health facilities</i>	37,351	31,606	36,802	105,759	N/A	
61. ***		<i>(b) to community health workers (HBMF, CCM)</i>	0	0	0	0	N/A	
61* ***		<i>(c) to the private/commercial sector</i>	0	0	0	0	N/A	
62	MALARIA: Number of health workers trained in malaria laboratory diagnostics (RDTs or microscopy) with USG funds Disaggregate in 3 sub-categories:	Number of health workers trained in malaria laboratory diagnostics (RDTs or microscopy) with USG funds	0	0	653	653	N/A	
	<i>(a) Number of health facility workers trained (male/female)</i>	<i>Male</i>	0	0	410	410	N/A	
		<i>Female</i>	0	0	59	59	N/A	
	<i>(b) Number of community health workers trained (male/female)</i>	<i>Male</i>	0	0	124	124	N/A	
		<i>Female</i>	0	0	16	16	N/A	
	<i>(c) Number of laboratory technicians trained (male/female)</i>	<i>Male</i>	0	0	40	40	N/A	
		<i>Female</i>	0	0	4	4	N/A	
63	MALARIA: Number of RDTs purchased with USG funds	Number of RDTs purchased with USG funds	0	0	0	0	N/A	
64	MALARIA: Number of RDTs purchased with USG funds that were distributed to health facilities	Number of RDTs purchased with USG funds that were distributed to health facilities	67,090	59,708	128,558	255,356	N/A	

64.	MALARIA: Number of children under 5 who have contracted with uncomplicated malaria and treated correctly according to the national protocol	Number of children under 5 who have contracted with uncomplicated malaria (not severe malaria) and treated correctly according to the national protocol	96,919	99,958	101,536	298,413	N/A	
65	**NTDs: Number of Neglected Tropical Disease (NTD) Treatments delivered through USG-funded programs	Number of cures of any NTD (helminthes- whipworm, hookworm and roundworm) specific drug administered to an eligible person in a defined geographic area. Each drug dose is counted as a single treatment such that an individual may receive multiple treatments if treated for multiple diseases and with multiple drugs	3,940	3,407	3,385	10,732	178,791	6
IR 1.2: Community-based health care services and products in target health zones increased								
66	***L+M+G: % of communities with CODESAs actively involved in management of priority health services	Numerator: # of communities with CODESAs with active involvement	1,322	1,301	1,292	1,305	1,415	92
		Denominator: Total # of communities in IHP target area	1,398	1,398	1,398	1,398	1,398	
		Numerator/Denominator (in percentage)	94.6%	93.1%	92.4%	93.3%	101%	
67	WASH: Number 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 drinking water supply (improved drinking water technologies are those more likely to provide safe drinking water).	53,020	20,515	65,890	139,425	362,601	38

68	WASH: Number of people in target areas with first-time access to improved sanitation facilities as a result of USG support	# of people in target areas with first-time access to improved sanitation facilities (improved sanitation facilities include those more likely to ensure privacy and hygienic use, e.g., connection to a public sewer, connection to a septic system, pour-flush latrine, simple pit latrine, and ventilated improved pit (VIP) latrine).	17,563	16,942	25,755	60,260	362,601	17
IR 1.3: Engagement of provincial management with health zones and facilities to improve service delivery increased								
69	***L+M+G: % of senior LDP teams that have achieved their desired performance according to indicators in their action plans within six months of completing the LDP	Leadership Development Program (LDP) team made up of senior	0	12	44	56	80	70
		Denominator: Total number of IHP health zones	78	78	78	78	80	
		Numerator/ Denominator (in percentage)	0%	15%	56%	72%	100%	
IR 2: Quality of key family health care services in target health zones increased (Component 1)								
IR 2.1: Clinical and management capacity of health care providers increased								
70	***L+M+G: Percent of health zones (HZs) with validated action plans	Numerator: # HZ with validated actions plans	47	45	51	51	80	64
		Denominator: Total # HZs in IHP target area	78	78	78	78	80	
		Numerator/ Denominator (in percentage)	60%	58%	65%	65%	100%	
70.1	***L+M+G: Percent of health centers with accurate and up-to-date inventory records	Numerator: Number of health centers with up-to-date and	953	949	1,001	968	1,358	71

		Denominator: Total number of health centers in IHP areas	1,398	1,398	1,398	1,398	1,398	
		Numerator/ Denominator (in percentage)	68.2%	67.9%	71.6%	69.2%	97%	
70.2	***L+M+G: Percent of hospitals with accurate and up-to-date inventory records	Numerator: Number of hospitals with up-to-date and accurate	67	77	81	75	72	104
		Denominator: Total number of hospitals in IHP areas	78	78	78	78	80	
		Numerator/ Denominator (in percentage)	85.9%	98.7%	103.8%	96.2%	90%	
71	GENDER: # of health workers clinically trained in case management of sexual violence	# of health workers at HCs and GRHs who successfully completed	0	0	0	0	250	0
72	GENDER: Number of people reached by a USG-supported intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other)	Number of people reached by a USG-supported intervention providing GBV health services	255	328	322	905	2,163	42
73	GENDER: # of BCC campaigns launched delivering key health messages targeting women and girls as primary audience	# of BCC campaigns developed and launched with key prevention priority messages for FP, nutrition, malaria, and WASH within the IHP target areas	0	0	0	0	N/A	
IR 2.2: Minimum quality standards for health facilities (provincial hospitals and district health centers) and services developed and adopted								
74	***L+M+G: % of health centers meeting all nine FOSACOF minimum standards, disaggregated by type of health facility (Please create another row for hospitals with same indicator)	Numerator: # of health centers meeting all nine FOSACOF	605	639	649	649	1,300	50
		Denominator: Total # of facilities	1,398	1,398	1,398	1,398	1,398	
		Numerator/ Denominator (in percentage)	43%	46%	46%	46%	93%	
IR 2.3: Referral system for primary health care prevention, care and treatment between community structures and health facilities (district and provincial levels) institutionalized								

75	% of patients referred to HCs, disaggregated by gender, and age groups (< 5 years; 5-14 years; >15 years)	Numerator: # of patients (adults and children) referred to health	1,057	1,312	1,421	3,790	10,564	36
		Denominator: Total # of patients seen by a CHW	5,212	5,429	5,604	16,245	N/A	
		Numerator/ Denominator (in percentage)	20%	24%	25%	23%		
76	% of patients referred to GRHs, disaggregated by gender, and age groups (< 5 years; 5-14 years; >15 years)	Numerator: # of patients (adults and children) referred to GRHs by	17,272	16,934	16,977	51,183	11017	
		Denominator: Total number of patients seen by a CHW or health	465,403	459,450	438,559	1,363,412	837,007	
		Numerator/ Denominator (in percentage)	3.7%	3.7%	3.9%	4%	1.3%	
IR 3: Knowledge, attitudes, and practices to support health-seeking behaviors in target health zones increased (Component 1)								
IR 3.1: Evidence-based health sector-community outreach linkages –especially for women, youth and vulnerable populations– established								
77	***L+M+G: % of NGOs representing women, youth and vulnerable groups participating in coordination meetings	Numerator: # of NGOs representing women, youth, and	91	91	106	106	N/A	
		Denominator: # of NGOs representing women, youth and	239	239	268	268	N/A	
		Numerator/ Denominator (in percentage)	38%	38%	40%	40%	10%	
78	***L+M+G: # community champions selected and trained	# community champions completing capacity building program led by IHP community mobilizers	0	0	0	0	N/A	
79	***L+M+G: # community health action plans created	# community health action plans developed by community members and reviewed by IHP staff	26	26	26	26	16	163

80	***L+M+G: # youth organizations participating in youth education outreach strategy	# youth organizations conducting member outreach and health education as part of IHP youth health education strategy	106	106	106	106	N/A	
IR 3.3: Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched								
81	BCC: # of CODESAs supported by IHP and which have a "Communications action plan"	# of CODESAs supported by IHP within the IHP target area and which have a "Communications action plan" developed	1,139	1,119	1,080	1,113	1,038	107
82	BCC: # of educational SMS messages during BCC campaigns or mini campaigns on malaria, nutrition and/or family planning	Key messages targeted to select groups (mothers, caretakers, partners, etc.) sent via SMS in FP, nutrition, malaria, WASH, etc., within the IHP target areas (annual targets will be based on pilot studies in PY2 as included in the workplan)	32,097	24,706	53,509	110,312	120,000	92
IR 4: Health sector leadership and governance in target provinces improved (Component 2)								
IR 4.1: Provincial health sector policies and national level policies aligned								
83	***L+M+G: % of health zones with an annual operational plan based on National Development Plan ("PNDS")	Numerator: # of health zones with an annual operational plan based	53	51	51	51	80	64
		Denominator: Total # of health zones	78	78	78	78	80	
		Numerator/ Denominator (in percentage)	68%	65%	65%	65%	100%	
84	***L+M+G: % of health zone management teams with a performance management system that	Numerator: # of health zone management teams with a	49	44	43	43	80	54

	includes essential components	Denominator: Total # of health zones	78	78	78	78	80	
		Numerator/ Denominator (in percentage)	63%	56%	55%	55%	100%	
Project Management								
85	PM: Number of success stories developed	Number of success stories developed disaggregated by	2	2	4	8	8	107

Projet de Santé Intégré
en République Démocratique du Congo



**MEMORANDUM D'ENTENTE ENTRE MSH / PROSANI ET IMA / ASSP
POUR LE TRANSFERT DE RESPONSABILITE D'APPUI TECHNIQUE,
FINANCIER ET LOGISTIQUE AUX ACTIVITES DES SOINS DE SANTE
PRIMAIRES DANS LES ZONES DE SANTE DE BULAPE ET TSHIKAJI
AU KASAI OCCIDENTAL**

AVRIL 2014

A. CONTEXTE

Le présent protocole d'accord est conclu entre :

Management Sciences for Health, Inc (MSH), un organisme sans but lucratif constitué et existant en vertu des lois du Massachusetts, avec comme siège social au 200, Rivers Edge Drive, Medford, MA 02155, Etats-Unis, ayant un bureau en République démocratique du Congo situé au numéro 4, Avenue des citronniers, Commune de Gombe, Ville de Kinshasa en RD Congo en charge du Projet de Santé Intégré (PROSANI) financé par USAID et,

Interhurch Medical Assistance (IMA), sise au 14, Avenue Sergent MOKE, dans la Commune de Ngaliema, ville de Kinshasa en RD Congo en charge de la mise en œuvre du projet Accès aux Soins de Santé (ASSP) financé par DFID.

Ci-après dénommés "les parties"

MSH est représenté par Dr. Ousmane Faye, Directeur du Projet de Santé Intégré (PROSANI).
Tél : +243992006180 ; E-mail : ofaye@msh.org

IMA est représenté par Dr. Larry Strheshley, Directeur de projet Accès aux Soins de Santé Primaire (ASSP) Tél. : +243 ; E-mail : larrysthreshley@imaworldhealth.org

ATTENDU QUE, USAID a accordé à MSH un financement pour la mise en œuvre de PROSANI selon l'Accord de Coopération Associative No. AID-OAA-A-10-00054 pour appuyer le Ministère de la Santé Publique dans la mise en œuvre de son Programme National de Développement Sanitaire (PNDS).

ATTENDU QUE, les parties reconnaissent que leurs projets respectifs (PROSANI et ASSP) apportent aux zones de santé de Bulape et de Tshikaji les paquets d'intervention similaires pour le même objectif afin d'assurer l'amélioration des soins de santé, faisant de ces appuis une double intervention dans lesdites zones de santé ;

ATTENDU QUE, les parties reconnaissent que le projet ASSP ne réceptionnera la commande en intrants paludéens effectuée pour couvrir les besoins de ces deux zones de santé dans son volet d'appui aux activités de lutte contre le paludisme avant le 31 Juillet 2014;

ATTENDU QUE, les parties partagent une compréhension commune et un engagement envers les buts et les priorités énoncées dans la politique nationale en matière de santé publique et la législation à l'égard d'un appui des services de soins de santé aux populations démunies à travers le Plan National de Développement Sanitaire (PNDS).

ATTENDU QUE, les parties reconnaissent et s'engagent dans une collaboration synergique et de coopération entre elles dans les efforts de rendre les services de santé plus disponibles à la population nécessiteuse.

Les parties conviennent :

- L'appui global de PROSANI (cash et nature) dans les zones de santé de Bulape et de Tshikaji s'arrête à la date du 1^{er} Mai 2014 ;
- L'approvisionnement en intrants de lutte contre le paludisme dans les deux zones de santé sera assuré par PROSANI jusqu'au 31 Juillet 2014 date à partir de laquelle le projet ASSP prendra le relais.

B. OBJECTIF ET CHAMP D'APPLICATION DE L'ACCORD

L'objectif de cet accord est de conclure le transfert de la responsabilité d'appui technique, financier et logistique aux activités de soins de santé primaires dans les zones de santé de Bulape et Tshikaji qui était initialement assurée par PROSANI mis en œuvre par MSH au projet ASSP mis en œuvre par IMA en RDC. Ce transfert de responsabilité d'appui PROSANI au projet ASSP s'inscrit dans le cadre de la coordination des interventions des projets de santé dans la province du Kasai Occidental en vue d'éviter le double appui dans une même zone.

C. ENGAGEMENTS DES PARTIES

a) Engagement de MSH / PROSANI :

- PROSANI accepte de continuer à apporter son appui global aux zones de santé de Bulape et Tshikaji jusqu'au 30 avril 2014 ;
- PROSANI accepte de continuer à approvisionner les deux zones de santé en intrants de lutte contre le paludisme jusqu'au 31 Juillet 2014.

b) Engagements de IMA / ASSP

- ASSP accepte de poursuivre son appui global aux activités des soins de santé primaires dans les zones de santé de Bulape et Tshikaji après le désengagement de PROSANI à la date du 1^{er} Mai 2014 ;
- ASSP accepte d'assurer l'approvisionnement en intrants de lutte contre le paludisme dans ces deux zones de santé à partir du 1^{er} Aout 2014.

D. ROLE DU MINISTERE DE LA SANTE PUBLIQUE

Le Ministère de la Santé Publique au travers son Secrétariat Général et son Programme National de Lutte contre le Paludisme (PNLP) a la charge de réguler les actions des parties et d'assurer l'application et l'interprétation de cet accord.

La DPS du Kasai Occidental, à travers le Médecin Inspecteur Provincial, a la charge de coordonner les réunions de transfert de responsabilité d'appui entre partenaires en province dans le souci d'harmonisation et de coordination des interventions.

E. TERMES ET CONDITIONS

Le présent accord sera résilié en cas de non-respect des engagements ci-dessus. Les parties conviennent de recourir à la régulation du Ministère de la Santé Publique pour orienter leurs appuis.

F. DIFFERENDS

En cas de différend, les parties privilégient un règlement à l'amiable en faisant recours aux résolutions et décisions du Ministère de la Santé Publique.

G. DUREE

Cet accord prend effet dès la date de sa signature par les deux Parties et restera en vigueur jusqu'à la date de la conclusion du transfert de la responsabilité des appuis entre les parties conformément à leurs engagements.

H. ENSEMBLE DE L'ACCORD

Cet accord constitue l'intégralité des engagements et convention entre les parties quant à l'objet ici évoqué en foi de quoi les représentants dûment autorisés des parties signent en dates et lieux indiqués ci-dessous.

Fait à KINSHASA, le 30 avril 2014

Pour MSH / PROSANI
Dr. OUSMANE FAYE

Pour ASSP/IMA
Dr. Larry Strheshley

Pour le Ministère de la Santé Publique, le Secrétariat Général

Dr MUKENGESHAYI KUPA



Kalenda	207,366	43,547	3,629	11,016	0	452	10,564	28	0	0	28	2	0	2	0	82	0	63	19	53	0	2	51	3,770	0	603	3,167	1,585	0	98	1,487	5,924	0	4,408	1,516	206	0	39	167	110	0	15	95			
	100,730	21,153	1,763	11,082	0	122	10,960	13	0	0	13	71	0	0	71	307	0	57	250	337	0	233	104	706	0	66	640	3,877	3,88	0	40	37	8,178	0	3,635	4,543	453	0	88	365	221	0	13	208		
	236,343	49,632	4,136	14,688	0	350	14,338	30	0	0	30	72	0	0	72	315	0	40	275	1,648	0	1642	6	3,181	0	337	2,844	2,619	0	413	2,206	19,210	0	11,264	7,946	935	0	308	627	0	0	0	0			
	292,925	61,514	5,126	12,980	0	637	12,343	38	0	0	38	3	0	0	3	2,274	0	114	2,160	953	0	264	689	1,570	0	505	1,065	78	0	33	45	18,778	0	15,458	3,320	63	0	63	0	400	0	21	379			
	310,504	65,206	5,434	14,453	0	938	13,515	41	0	0	41	170	0	1	169	1,387	0	251	1,136	179	0	50	129	1,599	0	754	845	4,554	0	0	4,554	23,886	0	18,084	5,802	693	0	223	470	90	0	90	0			
	416,134	87,388	7,282	14,978	0	826	14,152	57	0	0	57	117	0	1	116	1,802	0	275	1,527	6,737	0	1,444	5,293	2,554	0	976	1,578	2,266	0	53	2,213	58,275	0	13,773	44,502	1,054	0	185	869	74	0	2	8,572			
	S/TOTAL 2	2,103,399	441,839	36,820	116,711	0	4,729	111,982	265	0	22	243	595	0	11	584	8,579	0	1,066	7,513	14,881	0	6,931	7,950	18,237	0	4,335	13,902	19,045	0	1,181	17,864	203,095	0	113,005	90,090	5,024	0	1,613	3,411	9,647	0	184	9,463		
LUIZA	BILO MBA	86,265	18,116	4,529	6,965	0	330	6,635	32	0	7	25	71	0	0	71	1,365	0	52	1,313	4,013	1235	2085	3,163	8,501	0	139	8,362	8,177	0	106	8,071	20,559	0	7786	12,773	318	8	0	0	318	9	0	67	552	
	BULA PE	157,567	33,089	8,282	3,645	0	318	3,327	40	0	27	13	97	0	0	97	1,375	0	21	1,354	4,554	0	30	4,524	7,700	0	202	7,498	308	8	0	0	308	16,207	0	0	16,207	29	0	29	0	0	0	0	0	0
	DEKES E	139,514	29,298	7,324	5,801	0	884	4,917	40	0	0	40	65	0	0	65	195	0	168	27	1,291	1997	1290	1,998	4,303	0	1175	3,128	6,505	0	0	6,505	49,636	0	0	49,636	976	6	0	0	976	6	0	0	536	
	DIBAYA	136,273	28,617	7,531	3,538	0	929	2,609	37	0	2	35	83	0	0	83	315	0	70	245	2,519	1951	1141	3,329	5,441	0	1499	3,942	31	1	0	20	291	6,365	0	5987	3788	14	0	138	10	86	0	57	29	
	KALO MBA	143,965	30,233	7,558	2,105	0	530	1,575	38	0	2	36	95	0	4	91	167	0	156	11	2,329	2061	980	3,410	8,756	0	25	8,731	2,273	0	391	1,882	7,797	0	5455	2,342	463	0	451	12	60	0	0	60		
	LUAMBO	268,088	56,298	14,075	5,984	0	1023	4,961	54	0	5	49	46	0	0	46	17	0	17	0	3,131	3837	848	6,120	3,181	0	1217	1,964	347	0	346	1	666	0	529	137	497	0	365	132	32	0	5	27		
	LUBONDAI E	153,294	32,192	8,048	1,726	0	1291	435	40	0	0	40	78	0	0	78	397	0	148	249	4,228	2194	796	5,626	5,298	0	1150	4,148	251	0	0	251	7,159	0	6960	1990	0	101	69	728	0	0	728			
	LUIZA	164,109	34,463	8,616	4,137	0	360	3,777	7	0	0	7	73	0	0	73	417	0	108	309	6,186	2349	1563	6,972	10,969	0	250	10,719	3,473	0	67	3,406	33,138	0	32520	618	3,009	0	212	2,797	2,055	0	0	2,055		
	NDEKESHA	152,747	32,077	8,019	3,656	0	516	3,140	40	0	0	40	77	0	0	77	752	0	119	633	1,354	2186	1490	2,050	10,918	0	0	10,918	1,853	0	508	1,345	2,760	0	1680	1,080	790	0	281	509	0	0	0	0		
	TSHIKAJI	111,716	23,460	5,865	6,966	0	135	6,831	13	0	13	0	11	6	0	115	306	0	29	277	70,185	0	1083	69,102	9,539	0	170	9,369	644	4	0	0	644	1,932	0	1904	2828	103	0	0	103	4	0	89	15	
YANGALA	153,057	32,142	8,035	13,648	0	566	13,082	83	0	18	65	176	0	3	173	4,248	0	234	4,014	1,316	2191	443	3,064	11,264	0	569	10,695	9,285	0	0	9,285	28,817	0	229	28,588	0	0	0	0	0	50	190				
S/TOTAL 4	1,666,595	349,985	87,495	58,171	0	6,882	51,289	424	0	74	350	977	0	8	969	9,554	0	1,122	8,432	101,106	20,001	11,749	109,358	85,870	0	6,396	79,474	33,427	0	1,438	31,989	175,036	0	63,050	111,986	6,503	0	1,577	4,926	4,460	0	268	4,192			
BUKAVU	Bagira-Kasha	97,499	20,475	1,706	2,807	0	635	2,172	28	0	5	23	78	0	0	78	642	0	38	604	3,240	0	775	4,015	1,834	0	48	1,786	256	6	0	0	256	82,409	0	15,909	66,500	271	0	0	0	0	0	0	0	
	Bunyakiri	151,205	31,753	2,646	1,335	0	139	1,196	27	0	15	12	56	0	0	56	1,279	0	23	1,256	3,170	0	316	2,854	6,283	0	646	5,637	426	0	391	35	11,564	0	4,536	7,028	141	0	911	-770	0	0	0	0	0	
	Ibanda	316,176	66,397	5,533	-261	0	200	-461	-25	0	111	136	-11	0	26	-37	12	0	40	-168	-57	0	7	-64	-230	0	117	-347	-77	0	329	-406	-26,092	0	17,796	-43,888	0	0	3	-3	0	0	0	0		
	Idjiwi	242,752	50,978	4,248	6,732	0	2208	8,940	371	0	174	545	88	0	0	88	4,232	0	107	124,125	30,985	0	34	30,951	10,497	0	3,456	7,041	0	0	0	0	0	13,138	26,451	2,468	0	0	-2,468	3,155	0	453	2,702			
	Kadutu	199,033	41,797	3,483	5,711	0	449	5,262	-33	0	4	-37	3	0	0	3	-77	0	659	-736	782	0	0	782	2,039	0	0	2,039	-45	0	0	-45	22,575	0	10,500	33,075	-66	0	132	-198	7,651	0	0	7,651		
	Kalole	103,482	21,731	1,811	579	0	99	480	152	0	0	152	100	0	0	100	672	0	18	654	17,982	0	166	17,816	3,760	0	162	3,598	-72	0	117	-189	33,362	0	2,481	30,881	826	0	381	445	1,419	0	171	1,248		
	Kalonge	182,345	38,292	3,191	-258	0	246	-504	34	0	4	30	0	0	0	0	-460	0	4	-464	3,002	0	1	3,001	311	0	232	79	-78	0	62	-140	19,972	0	3,340	16,632	1,842	0	30	1,812	19	0	0	19		
	Kamituga	157,091	32,989	2,749	703	0	216	487	7	0	0	7	7	0	0	7	3,359	0	41	3,318	3,839	0	60	3,779	3,825	0	677	3,148	0	0	0	0	17,230	0	6,108	11,122	56	0	0	56	0	0	0	0	0	
	Kaniola	174,515	36,648	3,054	3,390	0	233	3,157	0	0	3	-3	35	0	2	33	114	0	229	-343	2,899	0	1,062	1,837	606	0	549	1,155	0	0	30	-30	3,257	0	6,755	10,012	0	17	-17	0	0	0	0	500		
Katana	200,004	42,001	3,500	-3,3	0	3950	-7,3	-10	0	155	-165	95	0	46	-1,0	266	0	253	13	1,594	0	238	1,356	183,6	0	4,804	178,86	-30	0	18	-318	26,926	0	16,438	10,488	182,9	0	5,428	177,53	0	0	0	0	0		

Appendix 4: IHP FIELD OFFICES WORKPLAN FOR THE NEXT QUARTER (July-September 2014)

BUKAVU

	Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)
	IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased
2.1	Provide technical support for the implementation of pharmaceutical management procedures and lines of credit in 23 health zones
2.2	Provide technical support for the monitoring of the pharmaceutical management system in 453 health facilities serving the beneficiary communities
	IR1.2: Community-based health care services and products in target health zones increased
2.1	Provide monthly technical assistance for the supervision of 128 i-CCM sites by health center head nurses
3.1	Provide technical and finance support for the improvement of 40 water sources in 40 villages in the Katana (20) and Walungu (20) health zones
3.2	Provide technical and financial support for the establishment of 40 water and latrine committees
	Intermediate Result 2: Quality of key family health care services (MPA/CPA-plus) in target health zones increased (Component 1)
	IR 2.1: Minimum standards for physical infrastructure— at general reference hospitals and health centers in target zones achieved
2.4	Organize a one-day meeting to integrate FP with vaccination activities and at community care sites in 12 health zones
2.5	Support the implementation of the two priorities for 2014 identified by the December 2013 annual EPI Review: (1) improve data quality and (2) revitalize the RED approach (Reaching Every District – Reaching Every Zone – Reaching Every Child) with each of its 5 components in order to sensibly decrease the number of unimmunized children
3.3	Ensure preventive maintenance and repair for 176 pieces of cold chain equipment
4.6	Provide technical and financial support for the EPI micro-plans in the health areas of 22 health zones
4.7	Ensure financial and technical support for six supervisory/follow-up visits of KMC units (at least two visits per unit/quarter)
5	Finance the treatment of fistulas in the center of excellence (Kaziba)

8	Organize and finance 24 joint post-HBB training follow-up visits for 60 birth attendants in 12 health zones (two visits per health zone in Kalonge, Bunyakiri, Shabunda, Kalole, Lulingu, Mulungu, Mubumbano, Kaniola, Mwenga, Kitutu, Nyangezi, and Mwana)
8.5	Build 10 placenta pits in eight health zones (two in Walungu, two in Katana, one in Kaniola, one in Mwana, one in Mubumbano, one in Idjwi, one in Minova, and one in Mwenga)
10.1	Construct nine blocks of latrines and showers in six health zones (Bagira [GRH], Kaniola [HC Budodo], Minova [Kiniezire], Idjwi [Mfula], Katana [CSR Ihimbi, CS Lugendo, and Kabushwa] and Walungu [HC Kalole, Rukwende, and Mwendo])
10.3	Supply health facilities and 35 selected maternity wards with basic health equipment
IR 2.2: Minimum quality standards for health facilities (referral hospitals and health zone health centers) and services developed and adopted	
2	Organize and finance 15 post-training follow-up visits and the quarterly joint evaluation of the integration of the FOSACOF methodology by health centers in 10 health zones (Mwenga, Kitutu, Kamituga, Kalonge, Bunyakiri, Minova, Idjwi, Mubumbano, Nyangezi, and Kaziba) in five health facilities per health zone
2.5	Organize and finance a series of trainings on the integration of the FOSACOF methodology in 10 health zones (Mwenga, Kitutu, Kamituga, Kalonge, Bunyakiri, Minova, Idjwi, Mubumbano, Nyangezi, and Kaziba)
Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in target health zones (Component 1)	
IR 3.3: Health advocacy and community mobilization organizations strengthened	
2.1	Provide technical and finance support to the implementation of action plans for 5 Champion Communities in three health zones (Walungu, Mwana, and Katana)
Intermediate Result 4: Health sector leadership and governance in target provinces improved (Component 2)	
IR4.2: Evidence-based tools for strategic planning and management decision-making adopted	
3.4	Finance a monthly review for 23 health zones (support is provided to 23 HZMT)
3.5	Provide 23 health zones with modems and data credit for data collection
3.6	Finance monthly the baseline monitoring (425 monitoring meetings)
3.7	Finance monthly the meetings of CBOs (425 CBO meetings)
4.1	Contribute to the monthly operations of the Provincial Health Division (DPS) of Sud Kivu
4.2	Contribute to the monthly operations of the 4 health districts
4.3	Support the monthly operations of the 23 HZMT
M&E	
Organize monthly joint missions with the MOH M&E team to improve data quality with audits	
5.1	Contribute to the achievement of the supervisory visits of the DPS/programs/offices of the health zones (13 offices x 2 visits/office/year/23 health zones)
5.3	Contribute to the achievement of HZMT supervisions of the health facilities
4.2	Multiply formative supervision visits focused on M&E
6	Organize monthly data validation sessions
PM.1 Staff development to improve the quality of projects is reinforced	
1.1	Conduct work support sessions in different departments (program, administrative and finance) for the IHP coordination office: supervision to ensure conformity
1.2	Hold 52 monthly meetings for the management team

1.3	Hold 12 monthly meetings for all the coordination office staff
1.7	Participate in 52 monthly meetings for provincial coordinations of IRC projects
1.8	Elaborate and monitor 4 quarterly plans for the coordination office
3.2	Organize and/or support specific staff trainings according to identified need (MDF, AXYOM...)
3.3	Organize monthly scientific days for the coordination office staff
3.4	Participate in yearly staff meeting - Team building
3.6	Periodically orient the staff depending on responsibilities
PM.2 Coordination office operational	
4.1	Manage the Bukavu office daily
5.2	Reinforce the security of infrastructure and equipment to respond to the norms and regulations required for the Bukavu coordination and Shabunda antenna
5.3	Recycle the staff responsible for managing security as well as all the staff in security norms

KAMINA

Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)	
IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased	
1.5	Provide technical support for the monitoring of the pharmaceutical management system in 453 health facilities serving the beneficiary communities
2.1	Provide a monthly supply of essential medicines (MEG) to the 23 health zones
IR1.2: Community-based health care services and products in target health zones increased	
3.2	Provide monthly technical assistance for the supervision of 128 i-CCM sites by health center head nurses
5.4	Provide technical and finance support for the improvement of 40 water sources in 40 villages in the Katana (20) and Walungu (20) health zones
6.1	Provide technical and financial support for the establishment of 40 water and latrine committees
Intermediate Result 2: Quality of key family health care services (MPA/CPA-plus) in target health zones increased (Component 1)	
IR 2.1: Minimum standards for physical infrastructure—at general reference hospitals and health centers in target zones achieved	
1.1	Ensure preventive maintenance and repair for 176 pieces of cold chain equipment
4.1	Provide technical and financial support for the EPI micro-plans in the health areas of 22 health zones
6.1	Ensure financial and technical support for six supervisory/follow-up visits of KMC units (at least two visits per unit/quarter)
11.2	Finance the treatment of fistulas in the center of excellence (Kaziba)
11.3	Organize and finance 24 joint post-HBB training follow-up visits for 60 birth attendants in 12 health zones (two visits per health zone in Kalonge, Bunyakiri, Shabunda, Kalole, Lulingu, Mulungu,

	Mubumbano, Kaniola, Mwenga, Kitutu, Nyangezi, and Mwana)
	IR 2.2: Minimum quality standards for health facilities (referral hospitals and health zone health centers) and services developed and adopted
3.5	Organize and finance 15 post-training follow-up visits and the quarterly joint evaluation of the integration of the FOSACOF methodology by health centers in 10 health zones (Mwenga, Kitutu, Kamituga, Kalonge, Bunyakiri, Minova, Idjwi, Mubumbano, Nyangezi, and Kaziba) in five health facilities per health zone
3.7	Organize and finance a series of trainings on the integration of the FOSACOF methodology in 10 health zones (Mwenga, Kitutu, Kamituga, Kalonge, Bunyakiri, Minova, Idjwi, Mubumbano, Nyangezi, and Kaziba)
	Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in target health zones (Component 1)
	IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched
2.1	Provide technical and finance support to the implementation of action plans for 5 Champion Communities in three health zones (Walungu, Mwana, and Katana)
	Intermediate Result 4: Health sector leadership and governance in target provinces improved (Component 2)
	IR 4.2: Provincial health sector policies and national level policies aligned
1.1	Provide the health zones with data collection and transmission tools
1.2	Finance and organize a quarterly validation and SNIS data analysis meeting with the provincial SNIS committee
1.3	Support the operational focal points in each central health zone office (BCZ) in charge of data collection and transmission
1.4	Finance and organize joint formative supervisory visits geared towards M&E
3.1	Provide financial and technical support to the M&E unit at the provincial level
3.2	Finance the monitoring and evaluation system through fixed grants (an annual provincial review, eight quarterly reviews in the four health districts, 276 monthly reviews in the 22 central health zone offices, and 425 CBO meetings)
4.1	Finance the functionality of state MOH institutions (provincial health management unit (DPS), four health districts, and 22 health zones) in Sud Kivu through fixed grants
4.2	Provide financial and technical assistance for DPS, health district (four), and health zone (22) supervisions in Sud Kivu through fixed grants
	M&E
	Organize monthly joint missions with the MOH M&E team to improve data quality with audits
1.2	Conduct an evaluation/monitoring of the evolution of indicators in the 9 health zones (from 2012)
1.3	Organize a quarterly consultative meeting with 9 health zones and the health district for a situational analysis of the project
1.4	Participate in the mid-term evaluations of in the 9 supported health zones
	PM.1 Staff development to improve the quality of projects is reinforced
1.1	Determine the needs in IHP staff development and elaborate the training plan

1.4	Hold quarterly meetings with staff to ensure their comprehension of MSH administrative and financial procedures
1.5	Conduct monthly follow-up missions on funding provided by the project
1.6	Elaborate and expedite monthly budgetary forecasts for operations and activities
1.7	Elaborate monthly the financial report and expedite vouchers to Kinshasa
PM.2 Coordination office operational	
2.1	Monitor the office daily
2.2	Participate in the meetings organized at the health district and provincial levels
2.4	Develop quarterly/monthly coordination office workplan
2.5	Monitor quarterly/monthly the workplan
2.6	Ensure reporting in accordance with the norms (monthly reports, quarterly reports and success stories)
2.7	Provide monthly support to follow-up missions by staff in the supported health zones
3.1	Reinforce means of communication between staff and other partners
3.2	Secure infrastructure and equipment to comply with security standards and regulations of MSH (fleet tracking, alarm system, set up office to have one "safe haven")
3.3	Reinforce the visibility of the project in the 9 supported health zones (IHP signs, stickers...)

KOLE

Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)	
IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased	
2.3	Renovate eight health facilities in four target health zones in the coordination of IHP Lodja (Lomela, Dibebe, Lodja, and Vangakete)
3.1	Support the quarterly provisioning of 8 health zones with essential medicine, with transport from the FODESA regional distribution center (CDR) to the health zones
4	Equip 59 maternity wards with maternal, newborn, and child health (MNCH) kits (55 health centers and 4 GRHs)
5.1	Provide the health facilities with management tools for medicines, supplies, and equipment
5.2	Organize 16 supervisory visits every quarter with the health district (PID) on management of medicines in the health facilities
5.3	Organize 48 joint monthly supervisory visits with health zones on the management of medicines management in the health facilities
6.3	Organize quarterly follow-up for lines of credit and IHP stock in the regional distribution centers (CDR), 4 health zone central offices, and 59 health facilities with the health district
IR1.2: Community-based health care services and products in target health zones increased	
4.4	Provide supplies and materials for management to 61 community care sites: health record books, medical purchase order forms, case recording forms, supervision check list, community care sites, health centers, health zone central offices, and job aids
4.5	Develop 53 new community care sites by conducting a 2-day training in the community-level management of malaria, diarrhea, flu and cough, pneumonia, and malnutrition for 53 community health workers and 53 head nurses from the community care sites in the health zones of Kole, Dibebe, Lomela,

	and Ototo (intra-zonal)
4.6	Organize 3 training follow-ups for 106 people including 53 head nurses and 53 community health workers on IMCI-c in Kole, Dibebe, Lomela, and Ototo at the health zone central office level by district
5.4	Provide supplies and materials for management to 61 community care sites: health record books, medical purchase order forms, case recording forms, supervision check list, community care sites, health centers, health zone central offices, and job aids
IR 1.3 Provincial management more effectively engaged with health zones and facilities to improve service delivery	
1.5	Provide technical and financial support for the construction of five incinerators for one GRH and four health centers in the health zone of Lomela
3.1	Provide technical support for the construction of five placenta pits for one GRH and four health areas in the health zones of Kole and Dibebe
Intermediate Result 2: Quality of key family health care services (MPA/CPA-plus) in target health zones increased (Component 1)	
IR 2.1: Minimum standards for physical infrastructure—at general reference hospitals and health centers in target zones achieved	
3.2	Supervise EPI activities in the eight health zones during field visits with the health zone management teams
7.2	Provide the 8 health zones with EPI supplies (wicks, oil) every quarter
8.1	Strengthen providers' abilities to correctly manage newborn issues (asphyxiation, low birth weight, minor and major infections)
10.1	Train 12 health care providers from 6 GRHs in emergency obstetric and neonatal care (EmONC)/Misgav-Ladach method for the health zones of Tshudi Loto, Bena Dibebe, Lodja, Vangakete, Omendjadi, and Ototo in Lodja
15.1	Conduct a six-day training in urogenital fistula case management for 16 GRH health care providers from eight health zones (two providers per GRH)
IR 2.2: Minimum quality standards for health facilities (referral hospitals and health zone health centers) and services developed and adopted	
1.2	Finalize the preparatory phase of RBF implementation
2.1	Organize a 2-day preparatory workshop at the IHP coordination office level to establish performance targets with representatives from the provincial health management unit and the health district to propose to health centers, GRH, zonal management committees, and IHP coordination offices
2.5	Organize a 5-day workshop for performance target negotiation, contract signing, and the development of first quarter workplans for RBF implementation for the 19 health centers, 1 GRH, and 1 health zone management team in the health zone of Lomela
2.6	Provide the 19 CS, 1 GRH and 1 central health zone office with management tools for the implementation of the RBF program (\$400/health center, \$100/GRH, \$100/health zone management team)
2.9	Organize a three-day training to support either 5 staff per community-based organization (CBO) or 10 staff from the CBOs/health zones in community verification, as well as to sign contracts with the CBOs in

	the RBF health zones
	IR 2.3 Referral system for primary health care prevention, care and treatment between community and health facilities (district and provincial levels) institutionalized
3.1	Support the 8 health zone management teams in assisting head nurses in the supervision of the community care sites
	Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in target health zones (Component 1)
	IR 3.1: Evidence-based health sector-community outreach linkages—especially for women, youth, and vulnerable populations—established
1.2	Provide technical and financial support to 42 Education Through Listening (ETL) sessions in 42 villages located in eight supported health zones on various health domains of project intervention (FP, MNCH, malaria, TB)
1.3	Provide CHWs/ETL agents in the 8 supported health zones with management tools each quarter
1.4	Brief 16 youth association members on ETL during a one-day session in Lodja
1.7	Organize four ETL sessions with youth on family planning, malaria, MNCH, and gender/GBV
1.8	Establish and strengthen Champion Communities
2.3	Certify the four Community Champion pilot committees in the Kole coordination
	IR 3.2: Health advocacy and community mobilization organizations strengthened
1.1	Provide technical and financial support for the organization of a one-day workshop for the review of the implementation guide for BCC and community mobilization activities and at the health district level (30 participants)
	IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched
1.3	Provide technical and financial support for the organization of a one-day workshop for the review of the implementation guide for BCC and community mobilization activities and at the health district level (30 participants)
2.13	Organize 6 mini-campaign SMS on maternal, newborn, and child health (MNCH), family planning, and malaria, nutrition (exclusive breastfeeding), and toilets in 8 target health zones (including World Toilet Day)
3.2	Provide the 2 CPCCs with supplies each month (cash registers, pens, cases, drills, staplers, etc.)
	IR4.2: Evidence-based tools for strategic planning and management decision-making adopted
1.1	Support the monitoring and evaluation system
1.2	Organize four one-day quarterly 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 eight IHP staff)
1.3	Strengthen functioning of the MOH's public institutions
	M&E
	Organize monthly joint missions with the MOH M&E team to improve data quality with audits

5	Provide technical and financial assistance to the health district team in organizing quarterly meetings to validate data with 16 members of the health zone management teams
8.1	Provide the 8 health zone management teams with anti virus CDs for the maintenance of their computer operations tools
1.1	Brief the 32 members of the 8 health zone management teams in advanced Excel and computer operations (2 people per health zone) during 2 days during field supervision missions
1.2	Provide the 8 health zones with management tools each quarter: 3,120 HMIS (health management information systems), health center templates, 648 GRH templates, 288 HMIS central health zone offices templates, and other tools according to the project's list of retained tools
PM.2 Coordination office operational	
1.3	Manage daily office operations
1.4	Ensure the monthly follow-up of activities and time management of staff in the field according to project objectives (verification and analysis of timesheets)
1.5	Hold 4 weekly meetings and 1 meeting to analyze problems and to plan each month
1.6	Participate in the monthly CCIA meeting in Lodja (2 staff from Lodja will participate each month)
1.8	Develop monthly provisional budgets for activities
1.9	Develop monthly the financial report and send the justifications to Kinshasa
1.10	Present the project in different meetings with political health authorities and partners
2.1	Recruit new positions under the supervision of Human Resources in Kinshasa in case of need
2.2	Orient new employees
3.6	Work with Kinshasa to ensure that the budget is followed, with QuickBooks
3.7	Ensure staff vacations
3.8	Ensure that timesheets are completed and sent on time
PM.5 Manage security of staff in all offices	
5.1	Strengthen communication between staff and all project partners
5.2	Secure infrastructure and equipment to comply with security standards and regulations of MSH (fleet tracking, alarm system, set up office to have one "safe haven")
PM.6 All offices are equipped with proper technology and communication commodities according to needs	
6.1	Provide and equip all staff with adequate equipment package (computers, software)

KOLWEZI

	Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)
	IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased

1.2	Construct four placenta pits in four rehabilitated maternity wards in the health zones of Kanzenze (two) and Mutshatsha (two)
2	Provide rehabilitated maternity wards with materials and equipment
3	Provide medicines, medical supplies and basic medical equipment to health facilities through the Centrale de Distribution des Médicaments Essentiels de Kolwezi (CDMEK)
3.1	Provide health facilities with medical equipment
3.2	Collect, analyze, and produce monthly reports on the pharmaceutical management
4.2	Ensure quarterly supervision at the CDMEK level and in health zones with the support of SIAPS
IR1.2: Community-based health care services and products in target health zones increased	
2.4	Provide a two-day training for 166 CODESA members in six health zones, two members/health area (36 in Fungurume, 28 in Lualaba, 26 in Mutshatsha, in 30 Kanzenze, 14 in Bunkeya, 32 in Lubudi)
3.2	Provide technical support to CODESA members trained in communication plans development and implementation
3.5	Scale-up Community-based Integrated Management of Childhood Illness (i-CCM)
5.1	Provide 40 community care sites with medical cabinets, one per care site in the seven health zones (not including Manika)
IR 1.3 Provincial management more effectively engaged with health zones and facilities to improve service delivery	
1.4	Organize two bi-annual meetings to share results, experiences, and the implementation of new LDP projects (2 people/health zone management team)
1.6	Provide technical support for the monitoring of various LDP projects in the 8 health zones and health districts
Intermediate Result 2: Quality of key family health care services (MPA/CPA-plus) in target health zones increased (Component 1)	
IR 2.1: Minimum standards for physical infrastructure—at general reference hospitals and health centers in target zones achieved	
1.7	Organize a two-day family planning training for 14 CHWs and CDs (two per health area) and seven head nurses (one per health area) in the Bunkeya health zone
1.8	Provide a six-day training on inserting long duration methods (IUD and implants) for 54 care providers from 27 referral health facilities in the eight health zones
1.9	Distribute 212 kits to CBDs trained in the eight health zones
1.10	Provide health facilities with commodities and supplies for long-duration contraceptive methods
2.1	Organize a two-day post-training follow-up for 212 trained CBD/CHWs (from Year 3) in seven health zones, excluding Bunkeya

2.2	Reproduce data management tools for family planning for health facilities and CBDs
2.3	Support the implementation of the two priorities for 2014 identified by the December 2013 annual EPI Review: (1) improve data quality and (2) revitalize the RED approach (Reaching Every District – Reaching Every Zone – Reaching Every Child) with each of its 5 components in order to sensibly decrease the number of unimmunized children
2.4	Organize with EPI refresher trainings for 50 health care providers in low-performing health zones in EPI management (15 in Mutshatsha, 16 in Kanzenze, 19 in Lubudi)
2.7	Provide technical and financial support for EPI through a 45-day missions to repair refrigerators in the Mutshatsha, Lubudi, Kanzenze, and Lualaba health zones
2.8	Organize with EPI five data quality audit missions in five health zones (Manika, Dilala, Kanzenze, Mutshatsha, Lubudi)
IR 2.2: Minimum quality standards for health facilities (referral hospitals and health zone health centers) and services developed and adopted	
1.1	Organize three-day trainings in the FOSACOF approach for health care providers in five health zones (Lubudi, Fungurume, Bunkeya, Mutshatsha, Dilala) , five health areas per health zone, three people/health area for a total of 75 care providers
2.8	Organize a two-day training in the FOSACOF approach in the community in five health zones, five health areas per health zone, and two CODESA members for a total of 50 people
2.9	Support FOSACOF evaluations each quarter in health facilities that have integrated the FOSACOF approach in eight health zones
2.10	Finalize the preparatory phase for RBF implementation
3.2	Organize a preparatory three-day workshop at the coordination office level to identify, along with the provincial and district health management teams, performance targets and qualitative and quantitative indicators to propose to the health centers, GRHs, and health zone management teams
IR 2.3 Referral system for primary health care prevention, care and treatment between community and health facilities (district and provincial levels) institutionalized	
1.2	Work with CODESAs to strengthen the two-way community referral networks from community to health facility
2.1	Strengthen the referral system for survivors of sexual assault in the community
Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in target health zones (Component 1)	
IR 3.1: Evidence-based health sector-community outreach linkages—especially for women, youth, and vulnerable populations—established	
5.2	Implement the Education Through Listening (ETL) approach
1.3	Provide technical support to the health zone management team to monitor the implementation of targeted NGOs communication workplans during field visits
IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched	

1.1	Accompany the health zone management team in establishing and monitoring the listening group activities (men, women, young women and young men) in two health zones (Dilala and Kanzenze)
1.2	Provide listening groups in the health zones of Kanzenze and Dilala with 16 solar radios
2.4	Scale up the Tuendeni-Kumpala Campaign
4.1	Support the certification ceremony for the "malaria free" villages in the health zones of Fungurume and Dilala
5.1	Support global days for different health domains
6.4	Provide technical, logistic, and financial support to celebrate World Malaria Day in the Bunkeya health zone; World Breastfeeding Week in Lualaba; World TB Day, World AIDS Day, Global Hand-washing Day and World Toilet Day, International Women's Day and World Blood Donor Day in Kanzenze
7.3	Implement BCC campaigns
7.4	Organize an awareness-raising campaign on family planning in the Bunkeya health zone during World Contraception Day
Intermediate Result 4: Health sector leadership and governance in target provinces improved (Component 2)	
IR 4.1: Provincial health sector policies and national level policies aligned	
2.5	Provide technical and financial support at the health zone level in the development of AOP 2014
1.3	Provide technical and financial support at the health zone level in the development of AOP 2014 in eight health zones for seven days/health zone
IR4.2: Evidence-based tools for strategic planning and management decision-making adopted	
1.4	Provide technical and financial support for monthly monitoring and evaluation systems in the eight health zones and at the community level; and biannual monitoring and evaluation reviews at the district and provincial levels
1.5	Provide technical and financial support for DPS, health district, and health zone operations, in conformity with the sub grants provided by the project
2.1	Provide technical and financial support for supervision in the DPS, health district, and health zone operations, in conformity with the sub grants provided by the project
M&E	
Organize monthly joint missions with the MOH M&E team to improve data quality with audits	
3	Train 8 health zone management teams onsite in Health Information System Management (GESIS)
3.2	Train, in collaboration with the DPS, the health district and the eight health zone management teams, including 212 health providers, on the new regulatory framework for the SNIS (Manika 26; Dilala 20; Lubudi 32; Mutshatsha 26; Bunkeya 14; Kanzenze 30; Fungurume 36; Lualaba 28)
4.1	Supply the 8 health zones with the tools for collecting and transmitting data in the SNIS format
5.1	Provide five central health zone offices with information kits (Dilala, Lualaba, Lubudi, Fungurume, Kanzenze)

5.2	Provide technical and financial support to a health zone management team member to ensure that health zone data is sent in a timely manner
6.1	Organize quarterly joint missions with the health district assess data quality

LUIZA

	Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)
	IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased
1.5	Rehabilitate two maternity wards: General Referral Hospitals (GRHs) in Dekese and Yangala
2.1	Rehabilitate 2 health facilities in the health zones of Lubondaie and Luambo
2.3	Pay for the labor to renovate facilities in Kalomba (maternity ward and health center) and maternity wards in Ndekesha
2.5	Construct seven incinerators, seven hand-washing stations, and seven ventilated improved pit (VIP) latrines in rehabilitated structures
2.6	Construct seven placenta pits in rehabilitated structures
2.8	Pay the cost of labor to rehabilitate health blocs for health facilities rehabilitated in Year Three
3.7	Provide health facilities with drug management tools, commodities and materials
4.1	Quantify and order essential medicine (including the list of 13 priority medicines for MNCH activities) for Yea Four with support from the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program
4.2	Provide 11 health zones with essential medicines (MEG) each month
5.2	Each month/quarter/semester, provide the health facilities and community care sites in the 11 health zones with specific commodities (FP commodities, President's Malaria Initiative (PMI) products, Prevention of Mother-to-Child Transmission (PMTCT) commodities, Antenatal Care (ANC), Tuberculosis (TB), Expanded Program on Immunization (EPI), Oral Rehydration Solution (ORS), zinc, vitamin A, post-exposure prophylaxis (PEP) kit
	IR1.2: Community-based health care services and products in target health zones increased
2.4	Provide technical support for 58 monthly supervisory visits carried out by head nurses in community care sites
4.4	Provide technical support each quarter to 116 CHWs (18 in Bilomba, 22 in Bulape, 22 in Lubondaie, 14 in Tshikaji, 20 in Kalomba and 20 in Luiza) and 55 head nurses (8 in Bilomba, 10 in Luiza, 10 in Kalomba, 11 in Lubondaie, 5 in Tshikaji and 11 in Bulape)
5.3	Provide 20 new community care sites with materials and equipment (essential medicine cabinets cubs, binders, spoons)

	IR 1.3 Provincial management more effectively engaged with health zones and facilities to improve service delivery
1.4	Provide financial and technical support for a three-day meeting to share LDP experiences and to implement new LDP projects
	Intermediate Result 2: Quality of key family health care services (MPA/CPA-plus) in target health zones increased (Component 1)
	IR 2.1: Minimum standards for physical infrastructure—at general reference hospitals and health centers in target zones achieved
3.1	Provide follow-up family planning trainings for 354 care providers in 10 health zones (with the exception of Luambo) over the course of two days (two people per health facility: Bilomba: 28 providers, Bulape: 30, Dekese: 36, Dibaya: 32, Kalomba: 30, Lubondaie: 40, Luiza: 36, Ndekesha: 38, Tshikaji: 24, and Yangala: 58)
3.2	Provide financial and technical support for a four-day family planning follow-up training led by a trainer from the national reproductive health program in Luambo
3.3	Provide financial and technical support for a two-day meeting between the Expanded Program on Immunization and the National Reproductive Health Program to advocate that family planning services be coupled with vaccination services
3.4	Provide financial and technical support to the national program on reproductive health to organize a campaign to promote family planning during world contraception days
3.6	Organize briefing for certified nurses on EPI technical briefs during two supplemental meetings
	IR 2.3 Referral system for primary health care prevention, care and treatment between community and health facilities (district and provincial levels) institutionalized
4	Collaborate with community health development committees (CODESA in the French acronym) in strengthening the referral networks in the community and the health facilities (for referral and counter-referral)
5	Strengthen the referral system for sexual assault survivors in the community
6	Improve the family planning referral system for community-based distribution (CBD) agents to increase use of family planning methods in the health facilities of the 11 health zones
	Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in target health zones (Component 1)
	IR 3.1: Evidence-based health sector-community outreach linkages—especially for women, youth, and vulnerable populations—established
1.1	Initiate the Education through Listening (ETL) approach
1.2	Provide financial and technical support for the reproduction of communication management tools (reporting frameworks for Champion Communities, referral tokens and Education Through Listening tools)
	IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched
2.1	Provide technical and financial support for four mini-campaigns (BCC) for Ndekesha (family planning), Bilomba (WASH), Bulape (TB) and Lubondaie (four antenatal care visits)
3.1	Provide financial and technical support for four awareness raising campaigns on HIV, TB, and sexual violence, for youth and adolescents in schools in Luiza, Dibaya, Luambo and Bulape, 20 students per

	school per health zone
5.1	Conduct pilot information campaign by telephone
4.1	Send 60,000 short message service (SMS) messages on different IHP interventions
IR4.2: Evidence-based tools for strategic planning and management decision-making adopted	
4.2	Provide the health zones with data collection and distribution tools at all levels (provincial, district, health zone)
4.3	Provide technical and financial support to monthly management committee evaluation meetings in the health zones
4.4	Fund monthly management committee evaluation meetings for health zone management teams in the 11 health zones
4.5	Provide technical and financial support to the SNIS
4.6	Provide financial and technical support to the monitoring and evaluation systems at all levels
5.1	Support the health facilities at different levels (provincial health division, health district, EPI branches, health zone central offices)
5.2	Provide technical and financial support for supervision activities
M&E	
Organize monthly joint missions with the MOH M&E team to improve data quality with audits	
1.1	Organize joint 6-day data audit missions to one health zone per month with the health zone central office, the GRH and 4 health centers in 11 health zones (DQS, RDQA, Tanahashi model to assess health system bottlenecks and develop strategies): 1 health zone/month
1.3	Orient IHP staff and health zone management teams on the IHP PMP
1.4	Reproduce Performance Indicators Reference Sheets for 208 health facilities, 4 health districts, 4 EPI branches and the provincial health division in all health zones
5.1	Duplicate and supply health facilities with data collection tools
5.2	Duplicate and supply health facilities with data transfer tools
Project management	
PM.1 Follow standards and norms of administrative and financial management for all departments in the IHP coordination office (program, administration and finance)	
1.1	Conduct quarterly staff meetings to ensure understanding of MSH administrative and financial procedures
1.2	Develop and transmit monthly operating budget and planning
1.3	Develop monthly financial report and transmit supporting documents to Kinshasa
1.4	Represent the project in at least 70% of meetings with health and political authorities as well as partners meetings
4.3	Produce quarterly/monthly office work plans
4.4	Evaluate the workplans quarterly/monthly
4.5	Ensure standard reporting (weekly, monthly, quarterly and annual reports as well as success stories, etc.)
4.6	Provide monthly support to the monitoring visits of the staff in the 11 health zones

6.4	Ensure monthly preventive maintenance of the two generators in Luiza and Kananga
6.5	Ensure monthly preventive maintenance of the motorcycles (11 in the health zones and 4 in Luiza and Kananga)
6.6	Ensure monthly preventive maintenance of the three vehicles in Luiza and Kananga
6.7	Ensure quarterly complete preventive maintenance of the two vehicles in Luiza and Kananga
6.8	Supply diesel quarterly to the Luiza office for the cold chain
6.9	Supply gas quarterly to the Kananga office for the cold chain
6.10	Supply motor oil quarterly to the Luiza and Kananga offices for the cold chain, vehicle and motorcycles
6.11	Pay monthly bills for coordination office security in Luiza and Kananga
6.12	Provide the coordination offices of Luiza and Kananga with office supplies monthly
6.13	Provide the coordination offices of Luiza and Kananga with water and cleaning supplies
6.14	Purchase monthly cell phone units for the 5 modems

MWENE DITU

	Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)
	IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased
2.1	Rehabilitate four health facilities (two per health zone), including maternity wards providing Maternal Neonatal and Child Health (MNCH) related care in the health zones of Dibindi, Wikong, Mwene Ditu and Bibanga
3.1	Rehabilitate four maternity clinics in the Luputa, Wikong, and Kalenda health zones
4.1	Rehabilitate one Kangaroo Care Unit in the Dibindi health zone
	IR1.2: Community-based health care services and products in target health zones increased
4.2	Train 40 WASH committee members in the Wikong health zone
5.2	Finance one joint supervisory mission with the MOH and the Provincial Committee on Water and Sanitation (CPAEA) for the monitoring and accompaniment of WASH activities in Wikong
5.3	Finance 9 monthly missions to accompany the community in monitoring WASH activities in the central health zone office and in the health areas
8.2	Provide 200 liters of gas to the health zone of Wikong each quarter
	Intermediate Result 2: Quality of key family health care services (MPA/CPA-plus) in target health zones increased (Component 1)
	IR 2.1: Minimum standards for physical infrastructure—at general reference hospitals and health centers in target zones achieved
1.3	Organize a monitoring mission for CHWs trained in the health zones of Wikong, Kalenda, Bibanga, and Luputa

1.4	Provide technical support to monthly supervision visits by head nurses to 60 community care sites in the health zones of Bibanga, Kalenda, Wikong, Kanda Kanda, Kamiji, and Luputa
1.5	Brief 158 head nurses on the use of care flow charts in the nine health zones, one head nurse/health centers; 30 in Luputa, 27 in Kalenda, 18 in Kanda Kanda, 16 in Wikong, 23 in Mwene Ditu, 12 in Kamiji, 15 in Mpokolo, 13 in Dibindi and 17 in Bibanga
1.6	Ensure monthly monitoring on the correct use of flow charts during supervisory visits in the nine health zones
3.1	Support maternal health
3.2	Equip 18 maternity clinics with lighting (12 clinics were rehabilitated in year three, and six will be rehabilitated in year four)
5.4	Train 24 care providers in supportive supervision over six days (two health zone management teams/health zone, one health district National Reproductive Health Program coordinator, one head nurse, three supervisors)
6.1	Support for newborn health
7.1	Train 15 health care providers in maternity clinics in Kangaroo Mother Care, over six days in the health zone of Dibindi
8.1	Carry out one post-training supervision visit for health care providers trained in Kangaroo Mother Care in the Dibindi health zone
9.1	Carry out one post-training monitoring visit for Misgav Ladach in three health zones
9.5	Carry out one post-training monitoring for 27 care providers in Helping Babies Breathe (HBB) methods in nine health zones (three people/health zone)
10.3	Organize a monitoring mission for CHWs trained in the health zones of Wikong, Kalenda, Bibanga, and Luputa
11.1	Provide technical support to monthly supervision visits by head nurses to 60 community care sites in the health zones of Bibanga, Kalenda, Wikong, Kanda Kanda, Kamiji, and Luputa
Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in target health zones (Component 1)	
IR 3.1: Evidence-based health sector-community outreach linkages—especially for women, youth, and vulnerable populations—established	
2.2	Conduct a one-day training for 50 people (four Health Areas, six NGO staff, and 40 community leaders in five health zones (Luputa, Kalenda) on ETL
1	Organize a post training ETL follow-up mission in the health zones
IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched	
1.2	Provide a two-day training for 50 people on the Champion Community model, 25 people in Bibango and 25 in Kalenda
3.4	Provide post-training follow-up for two new Champion Communities

4.1	Evaluate four Champion Communities with the health district in the two health zones
5.4	Celebration the certification of four Champion Communities
IR 4.1: Provincial health sector policies and national level policies aligned	
4.1	Provide technical and financial support for two steering committee meetings
4.3	Organize 6 meetings of the CPP commissions in the province
M&E	
1.1	Organize monthly reviews in 11 health zones to analyze transmitted data
1.2	Organize monthly reviews in 11 health zones to analyze data from 194 health centers
1.3	Provide technical and financial support for the monthly monitoring at the CBO level for 194 health areas
Provide technical and financial support to the SNIS	
2.1	Contribute to province monitoring meetings which take place on a biannual basis
3.1	Provide support for the monthly operations of the provincial health division
3.2	Finance the monthly operations of 3 health districts
3.3	Finance the monthly operations of 2 EPI branches
3.4	Finance the monthly operations of 11 health zone central offices
3.5	Finance the monthly operations of the GRH in the 11 health zones
4.1	Organize the supervisions of the provincial health division of the coordination office
4.2	Contribute to the supervision of the 3 health districts to the health zones
4.3	Contribute to the supervision visits of the health zone central offices to the health centers
4.4	Contribute to the monthly maintenance of motorcycles in health zones
4.5	Provide fuel to the district and health zones for supervision
4.6	Provide health zones with fuel for supervisions
4.7	Provide health zones with motor oil for supervision visits
4.10	Supply diesel fuel to provincial health division for supervision visits
4.1	Ensure daily management of the office
4.2	Hold monthly planning meetings with the staff
Equip health facilities with management tools (data collection and coverage monitoring)	
4.3	Develop on a quarterly/monthly basis office workplans
4.4	Evaluate on a quarterly/monthly basis office workplans
4.5	Ensure the transmission of reports in line with fixed due dates
6.5	Ensure on a monthly basis the maintenance of equipment in line with the maintenance plan
6.6	Provide diesel oil to the coordination office to ensure the functioning of the vehicles and generator

TSHUMBE

	Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)
	IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased
2.1	Renovate four maternity wards in two health centers (Owango in the Dikungu health zone and Ombeka in the Djalo health zone) and the general referral hospitals of Djalo and Dikungu
2.3	Construct three ventilated improved pit (VIP) latrines, one per facility, in the health centers of Ombeka (health zone Djalo), Owango (health zone Dikungu), and the maternity ward of the Djalo general referral hospital
2.4	Construct one incinerator in the maternity ward of the Djalo general referral hospital
2.5	Construct a placenta pit in the renovated maternity ward of the Djalo general referral hospital
2.6	Provide one solar lighting kit each to the renovated maternity wards of Djalo, Dikungu, Owango and Ombeka
	IR1.2: Community-based health care services and products in target health zones increased
1.3	On a quarterly basis, provide pharmaceutical and medical commodities management tools to 129 health facilities
2.1	On a quarterly basis, carry out 10 joint supervision visits to disseminate a systematic collection, analysis and production of management reports on pharmaceutical and medical commodities in health facilities in eighth health zones
2.3	On a quarterly basis, ensure the transport of essential medicine and other commodities from the regional distribution center FODESA in Lodja to the eight health zones
2.5	Scale up Community Integrated Management of Childhood Illness (C-IMCI)
3.2	Brief 53 health providers during a two-day training on the utilization of health care flowcharts in health centers in the health zones of Minga (19 head nurses), Dikungu (19 head nurses) and Tshumbe (15 head nurses)
3.3	Supply medicine cabinets to 30 community care sites (one each) across the health zones of Djalo, Tshumbe, and Minga
3.4	Scale up integrated community case management (i-CCM) of childhood diseases (malaria, diarrhea, and pneumonia)
	Intermediate Result 2: Quality of key family health care services (MPA/CPA-plus) in target health zones increased (Component 1)
	IR 2.1: Minimum standards for physical infrastructure at general reference hospitals and health centers in target zones achieved
2.3	Supply 118 health centers with necessary tools (reference sheets, booklets, template for data summary, data collection sheets) to manage activities of community-based distributors (CBD) of FP products

1.2	Provide technical assistance to head nurses on monitoring and evaluating CBD activities
1.3	Hold a two-day meeting with staff from the Expanded Program on Immunization (EPI) and national program for reproductive health (PNSR in French) to discuss integration of FP activities
2.1	Ensure Malaria prevention (Distribute Sulfadoxine-Pyrimethamine (SP) for Intermittent Preventive Treatment of Malaria in Pregnant Women (IPTp) and long-lasting insecticide-treated (LLIN) nets) and Effective management of malaria cases in the health facilities through training, monitoring, and distribution of pharmaceuticals and other commodities: artemisinin combination therapy (ACT) and rapid diagnosis tests (RDT)
2.3	On a quarterly basis, distribute 9,201 LLIN during antenatal care consultation in seven health zones that are not supported by the Global Fund (Djalo, Katako, Dikungu, Tshumbe, Minga, Lusambo, and Pania Mutombo)
4.2	Organize a 3-day refresher training for 160 care providers (20 care providers per health zone for the 8 health zones)
6.1	Strengthen fight against Tuberculosis (TB), co-infection HIV/TB, and multi-drug resistant TB (MDR-TB)
7.1	Train 39 health providers (doctors, nurses, and laboratory technicians) of three health center for diagnosis and treatment of TB (CSDT in French) and 15 health center and treatment for TB (CST) on PATI-4 during a two-day workshop
IR 2.2: Minimum quality standards for health facilities (referral hospitals and health zone health centers) and services developed and adopted	
2.1	Train 27 health providers (one from 15 health centers, two staff from general referral hospitals, four individuals from central health zone offices, and two representatives from the district health office) on RBF during a three-day workshop; four additional IHP staff will also be trained to implement RBF in the health zone of Wembonyama
IR 2.3 Referral system for primary health care prevention, care and treatment between community and health facilities (district and provincial levels) institutionalized	
14.3	Work with CODESA to reinforce network of two-way referral between community and health facilities
1.2	Strengthen referral system for survivors of sexual violence in the communities
2.2	Strengthen family planning referral system for CBD agents to increase use of FP methods in health facilities
Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in target health zones (Component 1)	
IR 3.2: Health advocacy and community mobilization organizations strengthened	
1.4	Provide technical assistance to 29 CODESA in two health zones (14 in Tshumbe, 15 in Wembonyama) while considering the balance between men, women, and children on the development of the annual BCC action plan
1.2	Supply 43 CODESA in three health zones (14 in Ndjalo-Djeka, 14 in Tshumbe, and in 15 in Wembonyama) office supplies and equipment
IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched	

2.1	Distribute promotional materials (picture flipcharts, T-shirts, and calendars) with key health messages to CHWs in the health zones
6.1	Distribute 25 solar radios to 12 listening groups in the health zones of Tshumbe, Wembonyama, and Katako
IR4.2: Evidence-based tools for strategic planning and management decision-making adopted	
2.2	Financially and technically support the monthly review of monitoring of eight health zones managed by the Tshumbe coordination office
4.2	Provide technical and financial support for monthly monitoring at the base level (2,028 monitoring meetings in the 169 health areas)
4.3	Provide technical and financial support to monthly meetings of CBOs (2,028 CBO meetings in the 169 health areas)
4.4	Provide technical and financial assistance to the health district office of Sankuru to develop 2014 AOP
5.1	In collaboration with partners, provide technical and financial assistance to the health district office of Sankuru to develop 2014 AOP
5.2	Provide technical and financial support to several pilot programs, such as the InterAgency Coordination Committee (CCIA)
6.1	Provide technical and financial support to two CCIA meetings in the district of Sankuru
6.2	On a quarterly basis, provide health zones with tools for data collection, management and transmission on the zonal and district levels
6.3	Financially and technically support the monthly review of monitoring of eight health zones managed by the Tshumbe coordination office
6.4	Provide technical and financial support for monthly monitoring at the base level (2,028 monitoring meetings in the 169 health areas)
M&E	
1.5	Represent the project in at least 70% of the meetings with political and health authorities and partners
3.2	Participate in 2 biannual consolidation meetings of data and reports with the other coordination offices and Kinshasa
3.4	Monitor staff holidays
3.5	Monitor the completion and submission of timesheets
4.1	Ensure daily management of the office
4.2	Hold monthly planning meetings with the staff
4.3	Develop on a quarterly/monthly basis office workplans
4.4	Evaluate on a quarterly/monthly basis office workplans
4.5	Ensure the transmission of reports in line with fixed due dates
6.5	Ensure on a monthly basis the maintenance of equipment in line with the maintenance plan
6.6	Provide diesel oil to the coordination office to ensure the functioning of the vehicles and generator

UVIRA

	Intermediate Result 1: Access to and availability of MPA-plus and CPA-plus services and products in target health zones increased (Component 1)
	IR 1.1 Facility-based health care services and products (zonal hospitals and health centers) in target health zones increased
2.1	Provide financial support to the rehabilitation of maternity wards in Mulenge and Lemera health zones
2.2	Provide technical and financial support renovate health centers in Ruzizi and Nundu
3.10	Support financially and technically the construction of five latrines et double-door shower stalls combined with placenta pits in three health facilities in four supported health zones
	IR1.2: Community-based health care services and products in target health zones increased
2.1	Build 50 water sources stations in the Ruzizi health zone
3.2	Train 60 members of WASH committees in the health zone of Ruzizi during a two-day workshop on the Community-led Total Sanitation (CLTS) approach for the construction of family latrines
3.3	In a three-day workshop, train 24 masons from eight health areas in the Ruzizi health zone (three per health area)
3.13	Carry out two joint supervision with B9 unit at the Ministry of Health (MOH) and WASH pilot committees for follow-up of activities
4.6	Brief 60 CHWs/Champion Community pilot committee members on communication techniques on the Community-Led Total Sanitation (CLTS) approach to raise awareness of community-led construction of 4,000 family latrines in the households in the health zone of Ruzizi
5.1	Carry out two follow-up missions to see check in with CHWs in their work to raise awareness in the community regarding the construction of family latrines
	IR 1.3 Provincial management more effectively engaged with health zones and facilities to improve service delivery
1.3	Carry out quarterly joint supervision missions to audit data quality in Expanded Program on Immunization (EPI) satellite health facilities in the supported five health zones using the RDQA tool
1.4	Organize two joint supervision missions to health facilities in all the supported health zones with staff from the national program for reproductive health (PNSR in French)
	Intermediate Result 2: Quality of key family health care services (MPA/CPA-plus) in target health zones increased (Component 1)
	IR 2.1: Minimum standards for physical infrastructure—at general reference hospitals and health centers in target zones achieved
4.4	Conduct a seven-day training for 35 health providers from Ruzizi and Lemera health centers in modern family planning methods
7.1	Conduct a two-day training for 30 CBD (unemployed nurses and nursing students) to provide injectable contraceptive (Depo-Provera) in 10 health areas of Ruzizi health zone

7.2	Supply health facilities and community-based distributor (CBD) with management tools (registry, forms, CBD report)
8.5	Organize joint quarterly supervision of IHP and MOH to CBDs gathered at the central health zone office
11.3	Hold regular meetings at a satellite site with staff from EPI, PNSR, the district, and the health zone management team to discuss integration of FP activities in routine EPI activities
12.1	Support the functioning of the cold room of an EPI satellite
15.1	Supply 50 refrigerators to five health zones and five to an EPI satellite to monitor temperature in 10 health zones
15.2	Supply the health zones of Ruzizi and Nundu solar refrigerators
IR 2.2: Minimum quality standards for health facilities (referral hospitals and health zone health centers) and services developed and adopted	
1.5	Train 60 health providers on the FOSACOF approach in the health zones of Haut-Plateaux (12), Lemera (16), Ruzizi (14), and Uvira (18) during a three-day workshop
2.4	Train 90 members of the community on the FOSACOF approach in the health zones de santé of Haut-Plateaux (18), Lemera (24), Ruzizi (21), and Uvira (27) during a two-day workshop
IR 2.3 Referral system for primary health care prevention, care and treatment between community and health facilities (district and provincial levels) institutionalized	
2.2	Work with health development committees (CODESA in the French acronym) to reinforce the network of two-way referral between community and health facilities
4.1	Organize two meetings to evaluate activities of 84 CODESA members on the referral of cases to health centers and community care sites in the health zones of Lemera, Nundu, Ruzizi and Uvira
Intermediate Result 3: Knowledge, attitudes, and practices to support health-seeking behaviors increased in target health zones (Component 1)	
IR 3.1: Evidence-based health sector-community outreach linkages—especially for women, youth, and vulnerable populations—established	
1.2	Organize 3 post-training follow-up visits
IR 3.3 Behavior change campaigns involving opinion leaders and cultural influences (people and technologies) launched	
1.2	Train 40 members of two new Champion Community pilot committees in the health zones of Lemera and Nundu
2.1	Organize quarterly follow-up on the implementation of Champion Communities' communication action plans in order to evaluate objectives of the Champion Community with the district and provincial health offices
2.2	Certify Champion Communities that have reached their objectives and provide grants on a quarterly basis to their micro projects
2.5	Integrate the Champion Man initiative in five old Champion Community pilot committees
3.2	Technically support seven Community Champion pilot committees in developing internal bylaws and statutes and obtaining legal status

3.3	Conduct pilot telephone-based information campaigns
1.1	Ensure monthly follow up of Short Message Service (SMS) messaging in communities of health topics chosen by software Frontline in each health zone
Intermediate Result 4: Health sector leadership and governance in target provinces improved (Component 2)	
IR 4.1: Provincial health sector policies and national level policies aligned	
1.2	Provide technical and financial support to the various coordination organizations at the province level (provincial pilot committees--National Steering Committee (CPP), Provincial Steering Committee, Inter-Agency Coordination Committee (CCIA), advisory board and working groups)
IR4.2: Evidence-based tools for strategic planning and management decision-making adopted	
2.1	Provide technical and financial assistance to ensure meetings are held with management teams at the district level
2.2	Provide technical and financial assistance to ensure four meetings are held with technical teams at the district level
2.3	Provide technical and financial support for the monitoring and evaluation systems
3.1	Provide technical assistance to organize 60 monitoring meetings (including data analysis with head nurses and CODESA members) at the central health zone office
3.2	Finance operations of the district health office and five health zones
3.3	Strengthen support to health facilities regarding collection and reporting of data in collaboration with health zone management teams, district and project personnel
3.4	Provide information technology packages to the health zones of Ruzizi and Uvira
4.1	Provide technical and financial assistance to ensure meetings are held with management teams at the district level
4.2	Provide technical and financial assistance to ensure four meetings are held with technical teams at the district level
1	Provide technical and financial support for the monitoring and evaluation systems
2	Provide technical assistance to organize 60 monitoring meetings (including data analysis with head nurses and CODESA members) at the central health zone office
M&E	
1.2	Reinforce support to health facilities reporting data through joint assistance from the health zone management team, district teams, and project staff
1.3	Align data collection and transmission tools
2.1	Provide the SNIS template and other necessary documents to ensure efficient transmission of data related to specific activities in the health facilities
2.2	Finance the transport of SNIS focal points involved in active data collection, compilation and storage of

	validated data that will be sent to the coordination office
	PM.1 Achieve the standards and norms of administrative and financial management for all departments in the IHP coordination office (program, administration and finance)
1.4	Develop the financial report on a monthly basis and expedite vouchers
3.4	Monitor staff leave time
3.5	Monitor the completion and submission of timesheets
4.1	Ensure daily management of the office
4.2	Hold monthly planning meetings with the staff
4.3	Develop on a quarterly/monthly basis office workplans
4.4	Evaluate on a quarterly/monthly basis office workplans

Appendix 5: DRC-IHP International Travel/STTA Plan

Integrated Health Project (IHP) Year 4 International Travel and STTA Plan Oct 2013 - Sept 2014								
#	TECHNICAL AREA	SUGGESTED PERSON	ORG	TRAVEL DATES	INDICATIVE SCOPE OF WORK	ORIGIN/DESTINATION	LENGTH OF TRIP (DAYS)	STATUS
STTA/PROJECT MANAGEMENT AND MONITORING								
Quarter 1 Oct-Dec 2013								
1	BCC	Amelie Sow-Dia	OSC	October- November, 2013	Evaluate the implementation of the ETL approach, and will focus on the RACJ youth association network in Mwene Ditu. The consultant will also update the M&E guidelines and tool for subsequent evaluations.	Baltimore/Kinshasa	8	Moved to August 16-23, 2014
Quarter 2 Jan-Mar 2014								
2	MNCH	Ciro Franco	MSH	January 15-30, 2014	Provide technical support for MNCH components.	Boston/Kinshasa	15	Completed
3	HIV and AIDS	Erik Schouten	MSH	January 15-30, 2014	Provide technical and management support to IHP HIV Advisor and visit project supported PMTCT sites.	Malawi/Kinshasa	15	Cancelled
4	RBF	Alfred Antoine	Consultant	January 15-30, 2014	Provide technical support for RBF activities.	Kigali/Kinshasa	15	Completed
5	RBF	Jean Kagubare	MSH	January 15-30, 2014	Provide technical support for RBF activities.	Boston/Kinshasa	15	New dates TBD
6	Program Management	Elena Chopyak	MSH	February 1-15, 2014	Provide technical and management support during quarterly reporting period.	Boston/Kinshasa	15	Cancelled
7	Program Management	Kristin Cooney	MSH	February 1-13, 2014	Provide technical and management support and visit project sites.	Boston/Kinshasa	15	Completed
8	Program Management	Steve Morgan	MSH	February 13-March 6, 2014	Provide financial and administrative assistance.	Kabul/Kinshasa	22	Completed
9	Monitoring & Evaluation	TBD	MSH	March 1-15, 2014	Provide technical and capacity building support to local M&E staff.	Boston/Kinshasa	15	Moved to July 20-29, 2014
10	Supply Chain Management	Atanas Stoilov	MSH	March 26-April 27, 2014	Provide technical support and capacity building support on supply chain management.	Boston/Kinshasa	30	Completed
Quarter 3 Apr-Jun 2013								

11	Program Management	Elena Chopyak	MSH	May 1-15, 2014	Provide technical and management support during quarterly reporting period.	Boston/Kinshasa	15	Cancelled
12	Program Management	Kristin Cooney	MSH	May 1-15, 2014	Provide technical and management support and visit project sites.	Boston/Kinshasa	15	Cancelled
13	Communications	Elizabeth Walsh	MSH	May 1-15, 2014	Provide technical and management support to communications team.	Boston/Kinshasa	15	Moved to May 25-June 8, 2014 Completed
14	BCC	Paul Neely	OSC	June 15, 2014-June 28, 2014	Conduct research and explore options for a low-cost, potentially community-based hotline system that could eventually be established across all of IHP's health zones with CUGs.	Montreal/Kinshasa	16	Completed
Quarter 4 Jul-Sep 2014								
15	BCC	Vololoniana Razaka	OSC	July 15-30, 2014	Assess the progress made by IHP's certified Champion Communities in becoming self-sufficient. Training modules will be adjusted and developed as needed in order to adapt the sustainability plan.	Antananarivo/Kinshasa	15	Moved to PY5
16	Workplanning	Amy Daffe (replacing Andrea Spakauskas)	OSC	July 13-July 27, 2014	Provide technical and management support during the workplanning workshop for PY5 and continued assistance with finalizing the work plan post-workshop.	Philadelphia/Kinshasa	8	Completed
17	Workplanning	Elena Chopyak	MSH	September 1-15, 2014	Provide technical and management support during workplanning workshop for PY5.	Boston/Kinshasa	16	Cancelled
18	M&E	Nancy Nolan	Consultant	July 20-August 9, 2014	Provide technical and capacity building support to local M&E staff.	Boston/Kinshasa	19	Completed
19	Workplanning	Kristin Cooney	MSH	July 5-July 19, 2014	Provide technical and management support during workplanning workshop for PY5.	Boston/Kinshasa	15	Completed
20	Workplanning	Joan Marshall-Missiye	MSH	July 13-27, 2014	Provide technical and management support during workplanning workshop for PY5.	Boston/Kinshasa	15	Completed
21	Workplanning	Aboubakar Mama Sambo	MSH	September 15-30, 2014	Provide technical and financial support during workplanning workshop for PY5.	Boston/Kinshasa	15	Moved to April 6-28, 2014
22	Workplanning	Christelle Celestin	MSH	July 19-August 3, 2014	Provide technical and financial support during workplanning workshop for PY5.	Boston/Kinshasa	16	Planned
23	RBF	Alfred Antoine	Consultant	September 15-30, 2014	Provide technical support for RBF activities.	Kigali/Kinshasa	15	Cancelled

24	Workplanning	Jean Kagubare	MSH	September 1-15, 2014	Provide technical support for RBF activities and during workplanning workshop for PY5.	Boston/Kinshasa	15	Cancelled
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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 05/19/2014.

Integrated Health Project (IHP) Year 4 International Travel and STTA Plan Oct 2013 - Sept 2014								
#	TECHNICAL AREA	SUGGESTED PERSON	ORG	TRAVEL DATES	INDICATIVE SCOPE OF WORK	ORIGIN/DESTINATION	LENGTH OF TRIP (DAYS)	STATUS
INTERNATIONAL TRAVEL IHP LOCAL STAFF AND PARTNERS								
Quarter 1 Oct-Dec 2013								
1	i-CCM	Narcisse Embeke	MSH	October 4-12, 2013	Participate in and present during Diarrhea and Pneumonia Working group, and to present IHP i-CCM work to the Cambridge office	Kinshasa/Washington DC	8	Completed
2	Family Planning	Ousmane Faye	MSH	November 12-15, 2013	Present IHP abstract on community based distributors at the 2013 International Family Planning Conference	Kinshasa/Addis Ababa	5	Cancelled
3	RBF	TBD	MSH	November	Study trip to exchange RBF lessons learned and experience	Kinshasa/Burundi		Cancelled
Quarter 2 Jan-March 2014								
4	Primary Health Care	Local Staff IHP/ TBD	MSH	March 2014	Conference participation if an abstract is accepted	Kinshasa/TBD	7	Planned
5	Child Health	Narcisse Embeke	MSH	March 1-6, 2014	Participate in an international symposium on Integrated Community Case Management (i-CCM) of childhood illnesses.	Kinshasa/Accra	5	Completed
6	RBF	TBD	MSH	March 2014	To share RBF experiences and lessons learned	Kinshasa/Haiti	10	Cancelled
Quarter 3 April-June 2014								
7	Primary Health Care	TBD	MSH	TBD	Conference participation if an abstract is accepted	Kinshasa/TBD	7	Planned
8	M&E	Alidor Kwamba	MSH	May 20-23, 2014	Attend MSH-led Monitoring & Evaluation workshop.	Kinshasa/Ethiopia	4	Cancelled
9	M&E	Sam Mbuyamba	MSH	May 26-29, 2014	Attend MSH-led Monitoring & Evaluation workshop.	Kinshasa/South Africa	4	Cancelled
10	BCC	Jean-Baptiste Mputu	OSC	April 7-10, 2014	Present a poster at the Fourth International Conference on M4D Mobile Communication for Development in Dakar, Senegal.	Kinshasa/Dakar	4	Completed
11	i-CCM	TBD	MSH	TBD	Conference participation if an abstract is accepted	Kinshasa/Nairobi	7	Cancelled

12	RBF	TBD	MSH	TBD	To share RBF experiences and lessons learned	Kinshasa/Europe	10	Cancelled
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Quarter 4 Jul-Sep 2014

13	Primary Health Care	TBD	MSH	TBD	Conference participation if an abstract is accepted	Kinshasa/TBD	7	Planned
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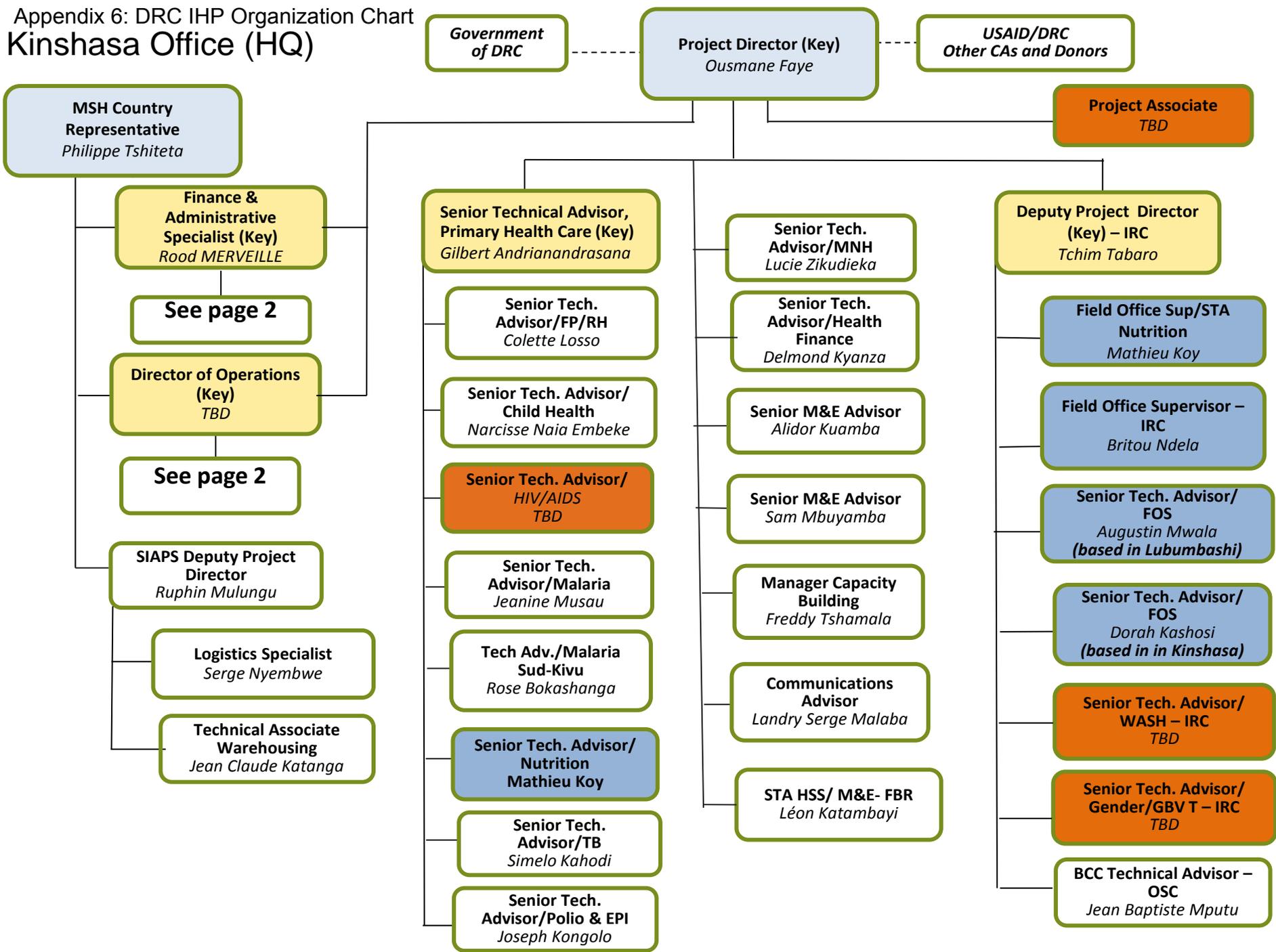
New trips requiring approval are indicated in olive green (these trips have been added or more precise details provided since the version of the STTA plan submitted on 05/12/2014.

Integrated Health Project (IHP) Year 4 International Travel Oct 2013 - Sept 2014

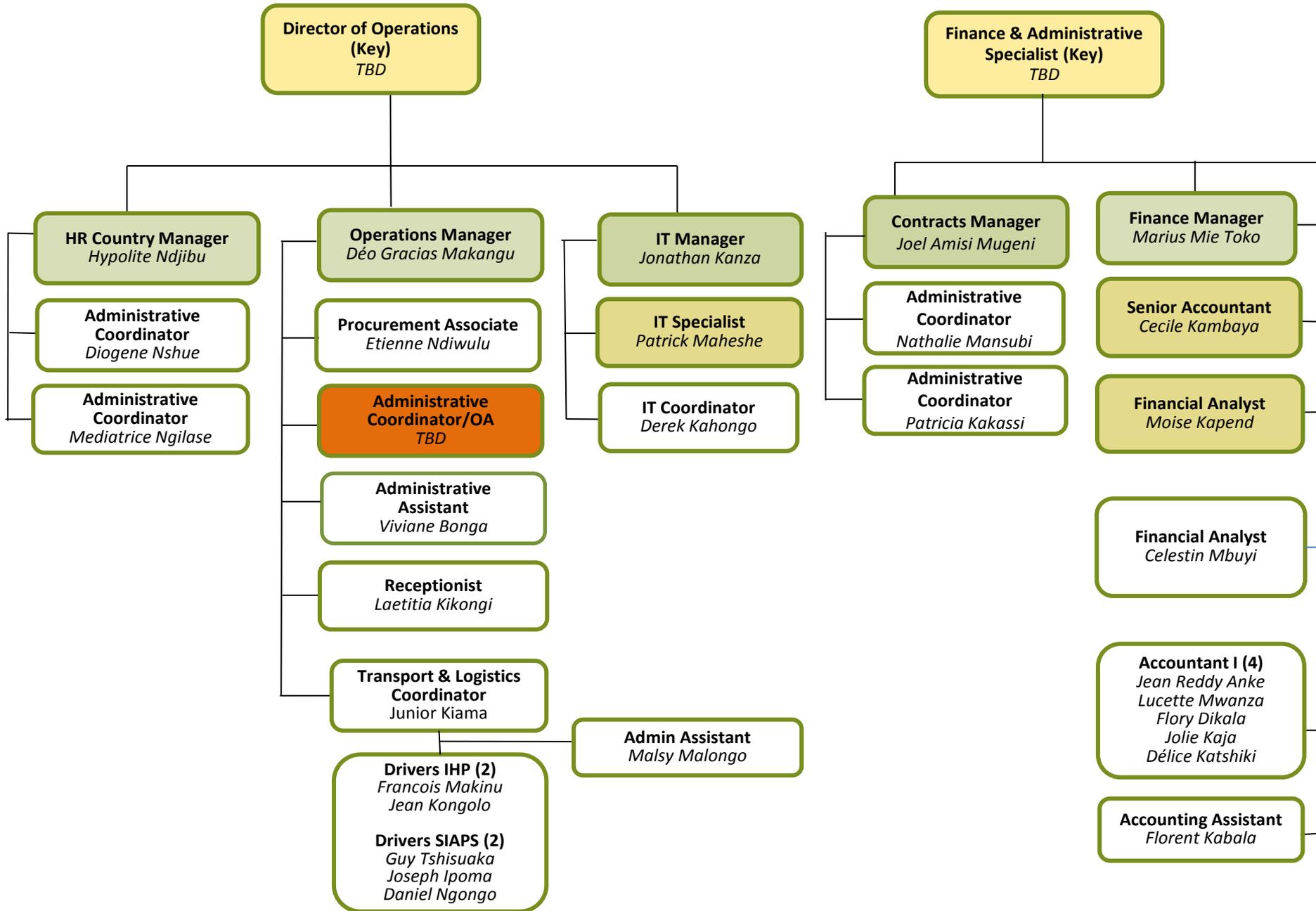
#	TECHNICAL AREA	SUGGESTED PERSON	ORG	TRAVEL DATES	INDICATIVE SCOPE OF WORK	ORIGIN/DESTINATION	LENGTH OF TRIP (DAYS)	STATUS
ALLOWANCES TRAVEL								
Quarter 1 Oct-Dec 2013								
Quarter 2 Jan-March 2014								
Quarter 3 April-June 2014								
1	Program Management (COP)	Ousmane Faye dependent	MSH	June 2014	Education travel	DC/Kinshasa		Planned
2	Program Management (COP)	Ousmane Faye dependent	MSH	June 2014	Education travel	DC/Kinshasa		Planned
Quarter 4 Jul-Sep 2014								
3	Program Management (Principal Technical Advisor)	Gilbert Andrianandrasana	MSH	July 2014	R&R	Kinshasa/Antananarivo	23	Planned
4	PTA	Gilbert Andrianandrasana dependent	MSH	July 2014	R&R	Kinshasa/Antananarivo	23	Planned
5	PTA	Gilbert Andrianandrasana dependent	MSH	July 2014	R&R	Kinshasa/Antananarivo	23	Planned
6	Program Management (COP)	Ousmane Faye	MSH	August 2014	R&R	Kinshasa/Dakar	23	Planned
7	COP	Ousmane Faye dependent	MSH	August 2014	R&R	Kinshasa/Dakar	23	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 05/12/2014.

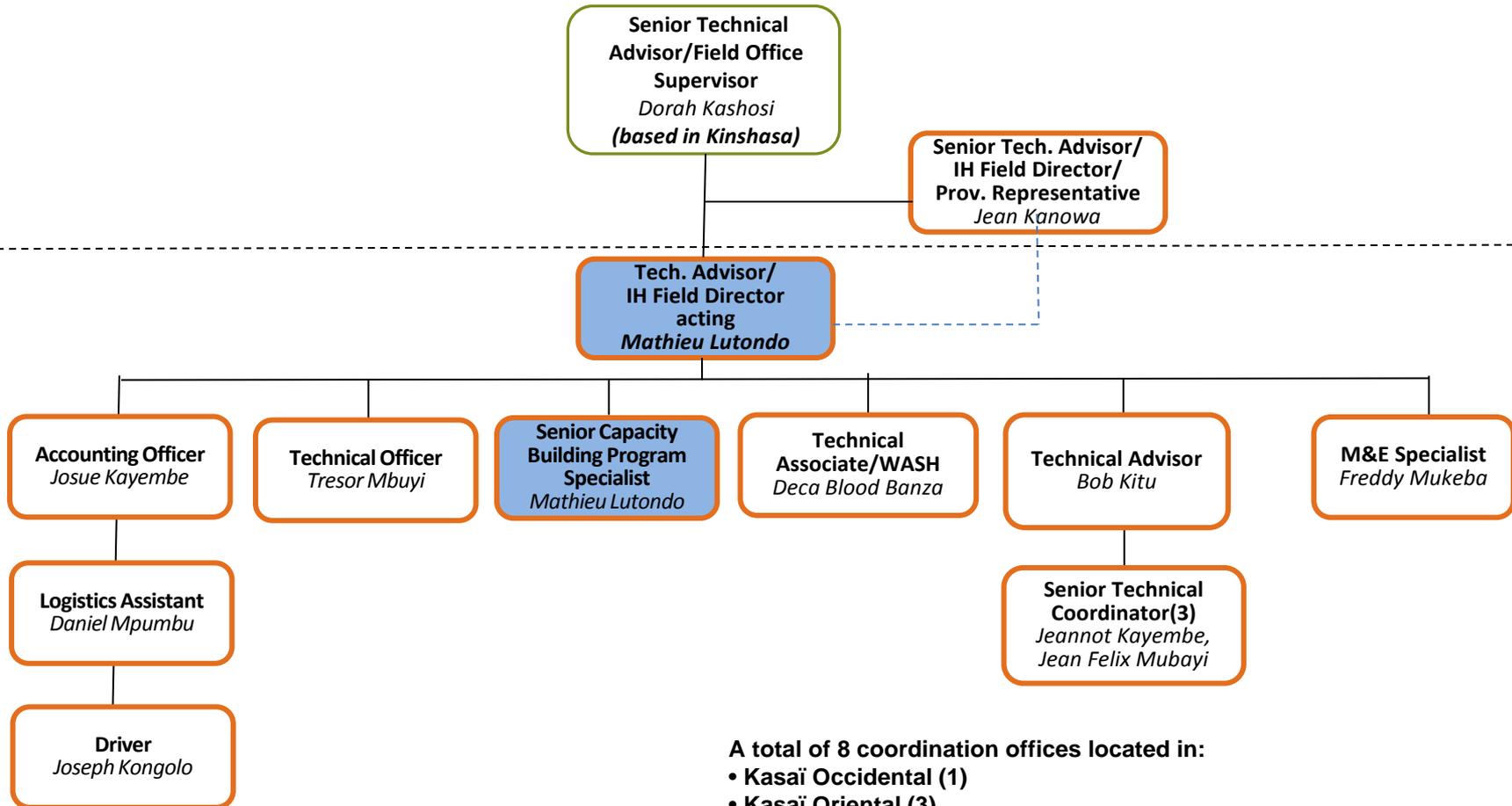
Appendix 6: DRC IHP Organization Chart Kinshasa Office (HQ)



Kinshasa Office (HQ – page 2)



IHP Field Office: Luiza, Kasai Occidental



A total of 8 coordination offices located in:

- Kasai Occidental (1)
- Kasai Oriental (3)
- Katanga (2)
- Sud Kivu (2)

Three satellite offices are located in Mbuji Mayi, Kananga and Lubumbashi, mainly for provincial representation purposes. The Bukavu field office also hosts the provincial representation for Sud Kivu.

IHP Field Office: Kananga, Kasai Occidental

**Senior Technical
Advisor/Field Office
Supervisor**
Dorah Kashosi
(based in Kinshasa)

**Senior Tech. Advisor/
IH Field Director/
Prov. Representative**
Jean Kanowa

**Operations
Coordinator**
Annict Balendeke

**Accounting
Coordinator**
Alphonse Lokonga

**Senior Capacity
Building Program
Specialist**
Merveille Kombo

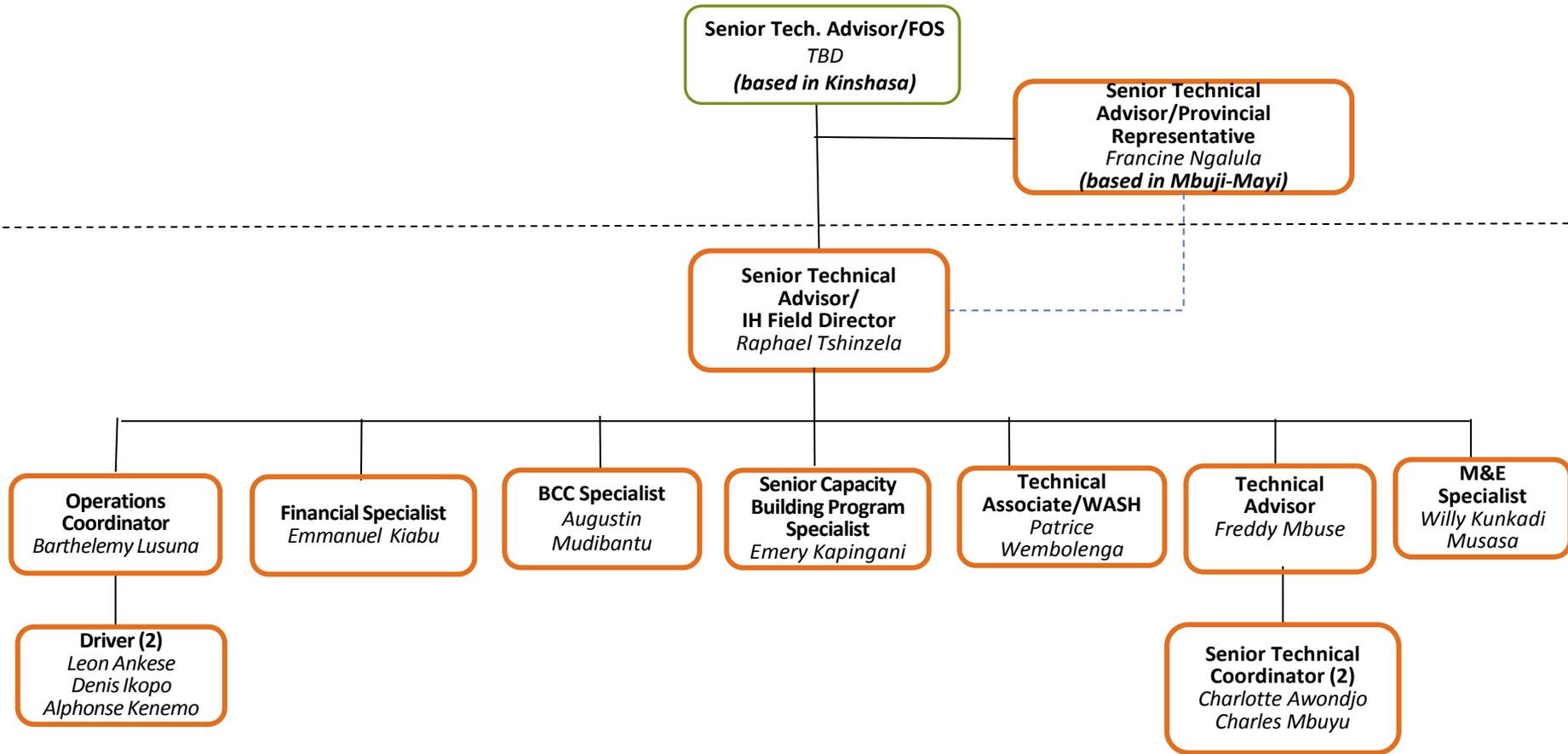
Technical Advisor
Joseph Ekandji

BCC Expert
Anny Kaja

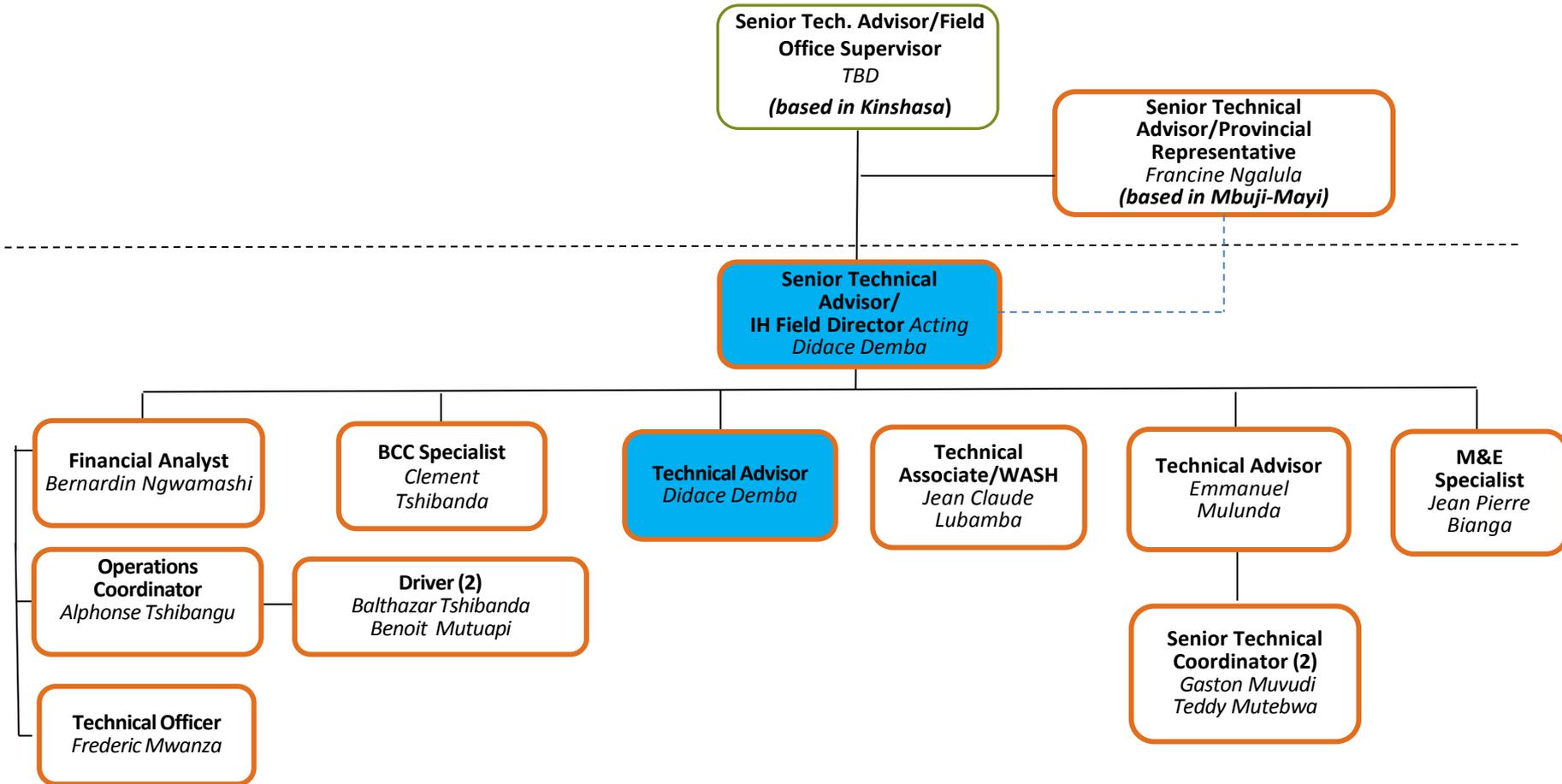
Driver
TBD

**Senior Technical
Coordinator (1)**
Francois Tukumbane
Severin Bushiri

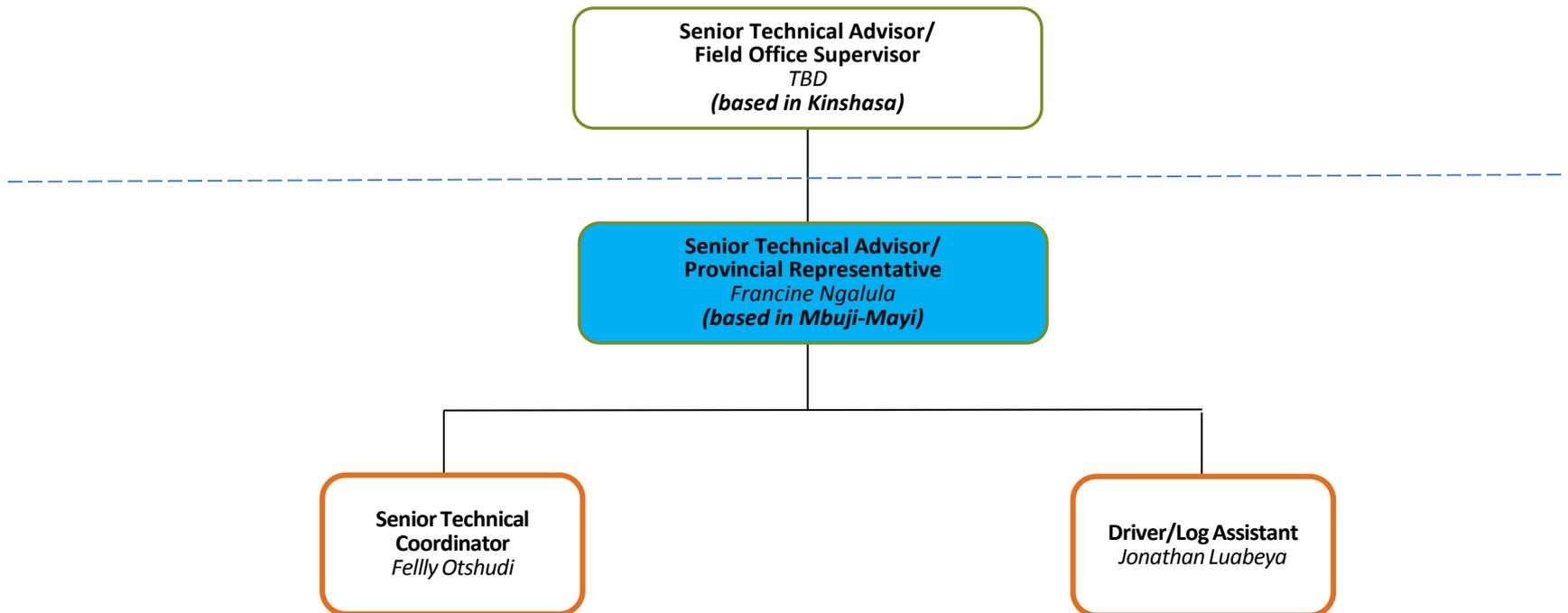
IHP Field Office: Kole (Lodja), Kasai Oriental



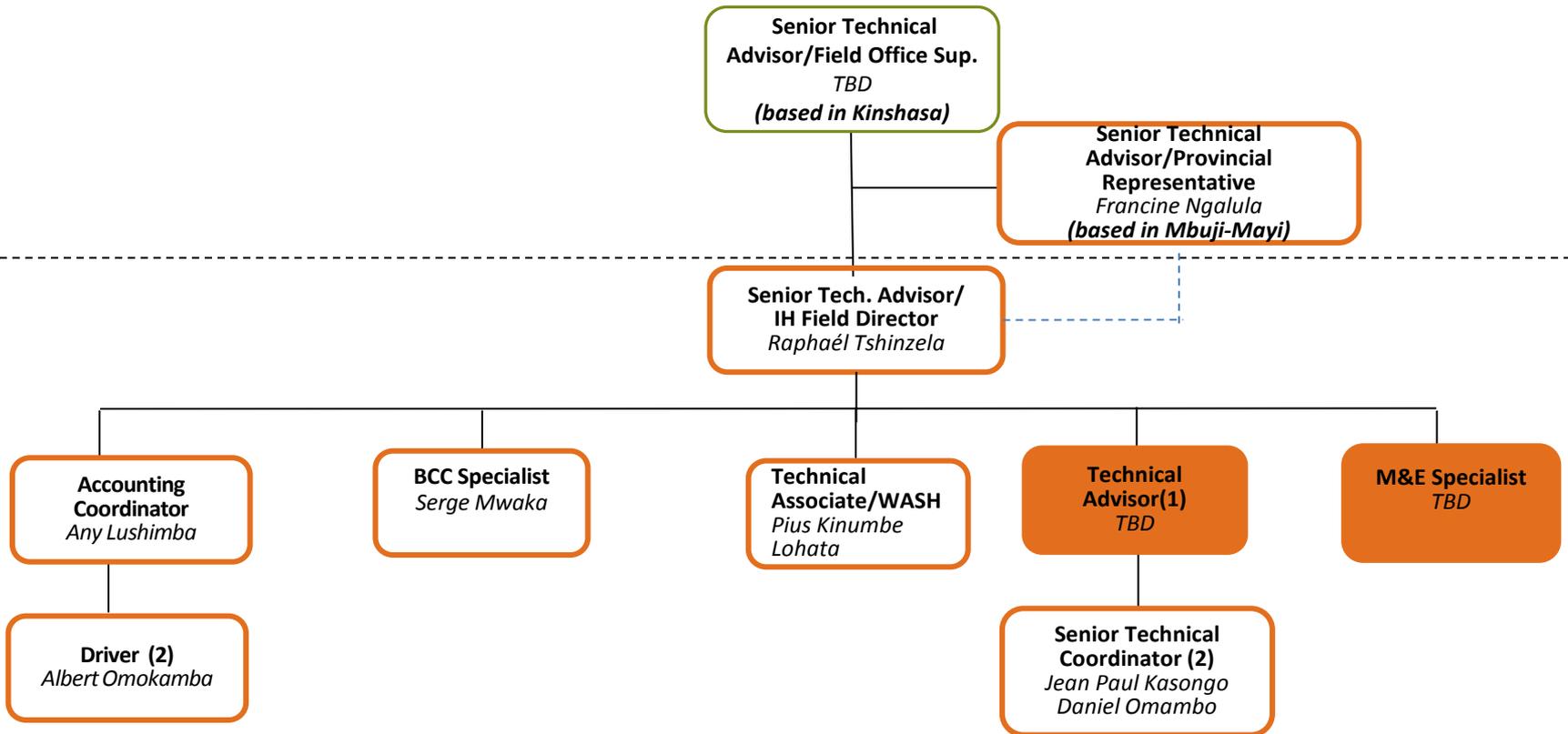
IHP Field Office: Mwene-Ditu, Kasai Oriental



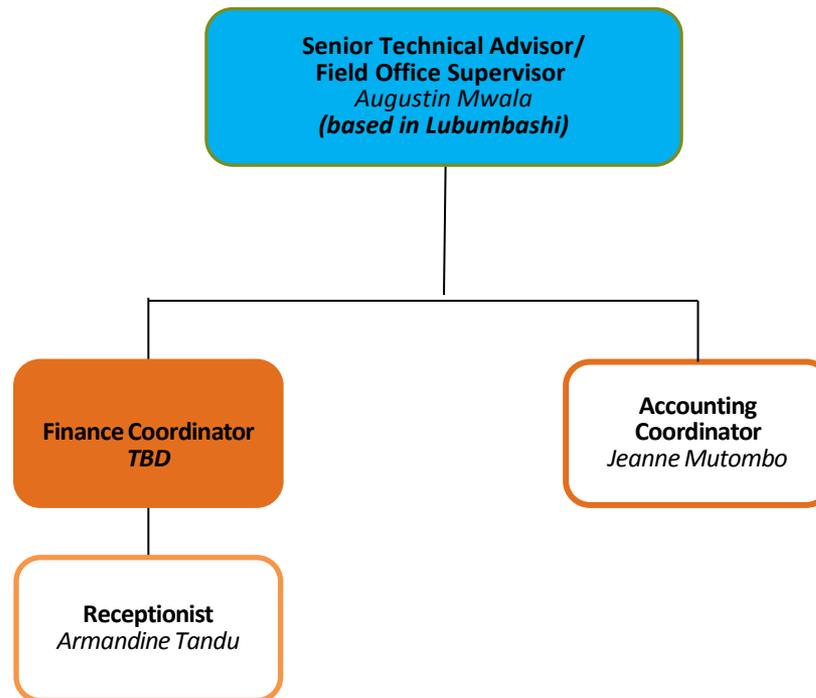
IHP Field Satellite Office: Mbuji-Mayi, Kasai-Oriental



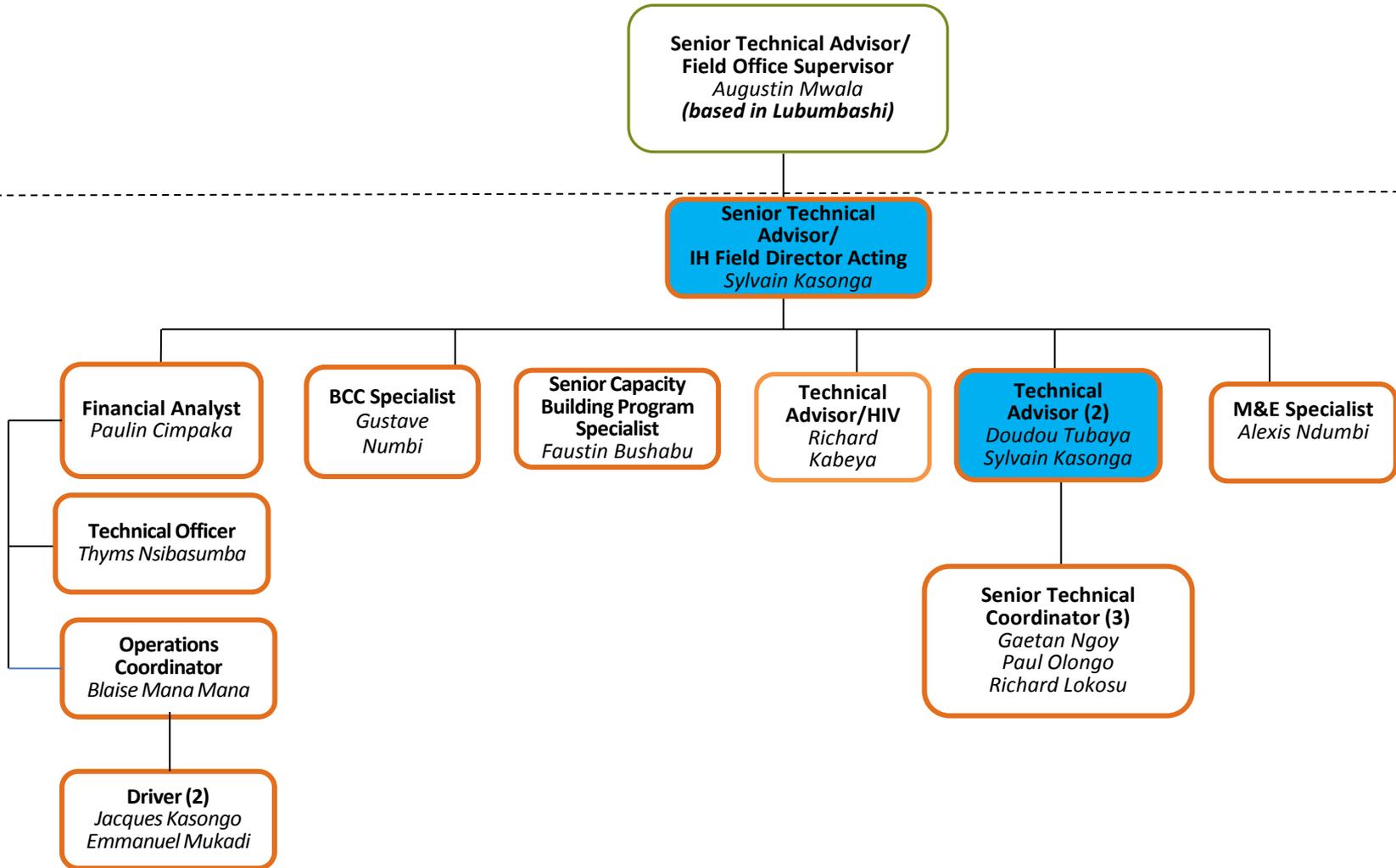
IHP Field Office: Tshumbe, Kasai Oriental



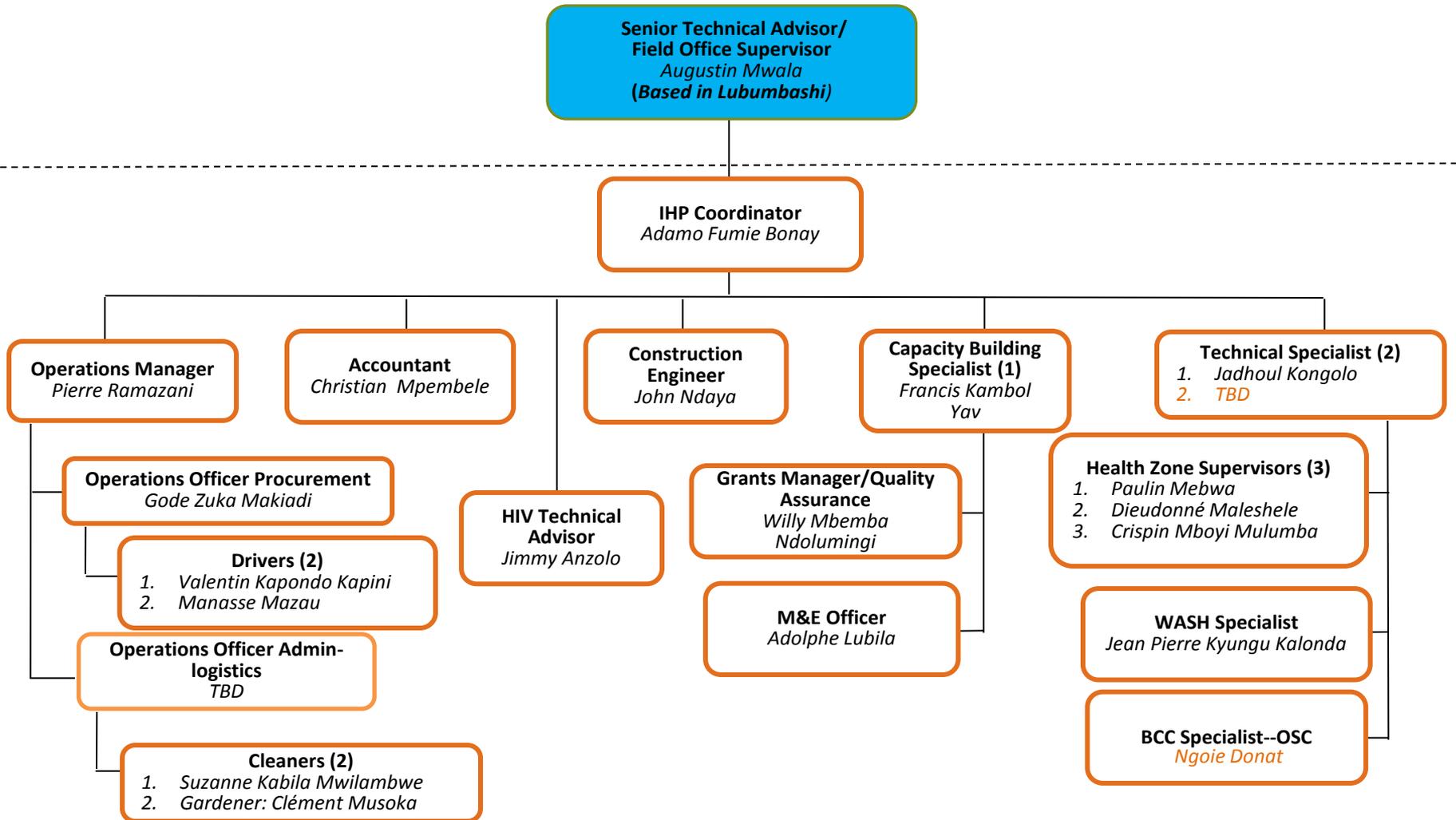
IHP Field Satellite Office: Lubumbashi, Katanga



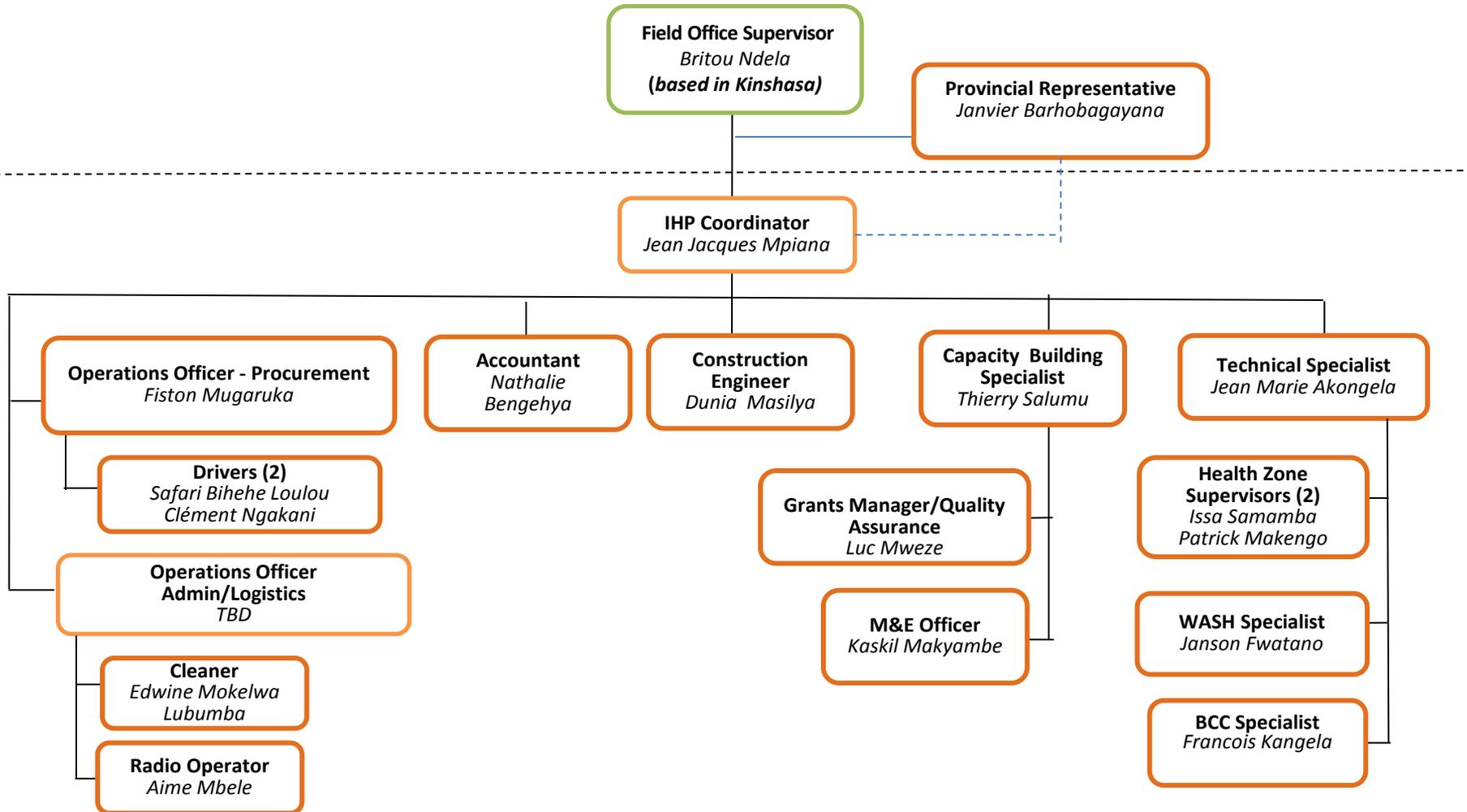
IHP Field Office: Kamina, Katanga



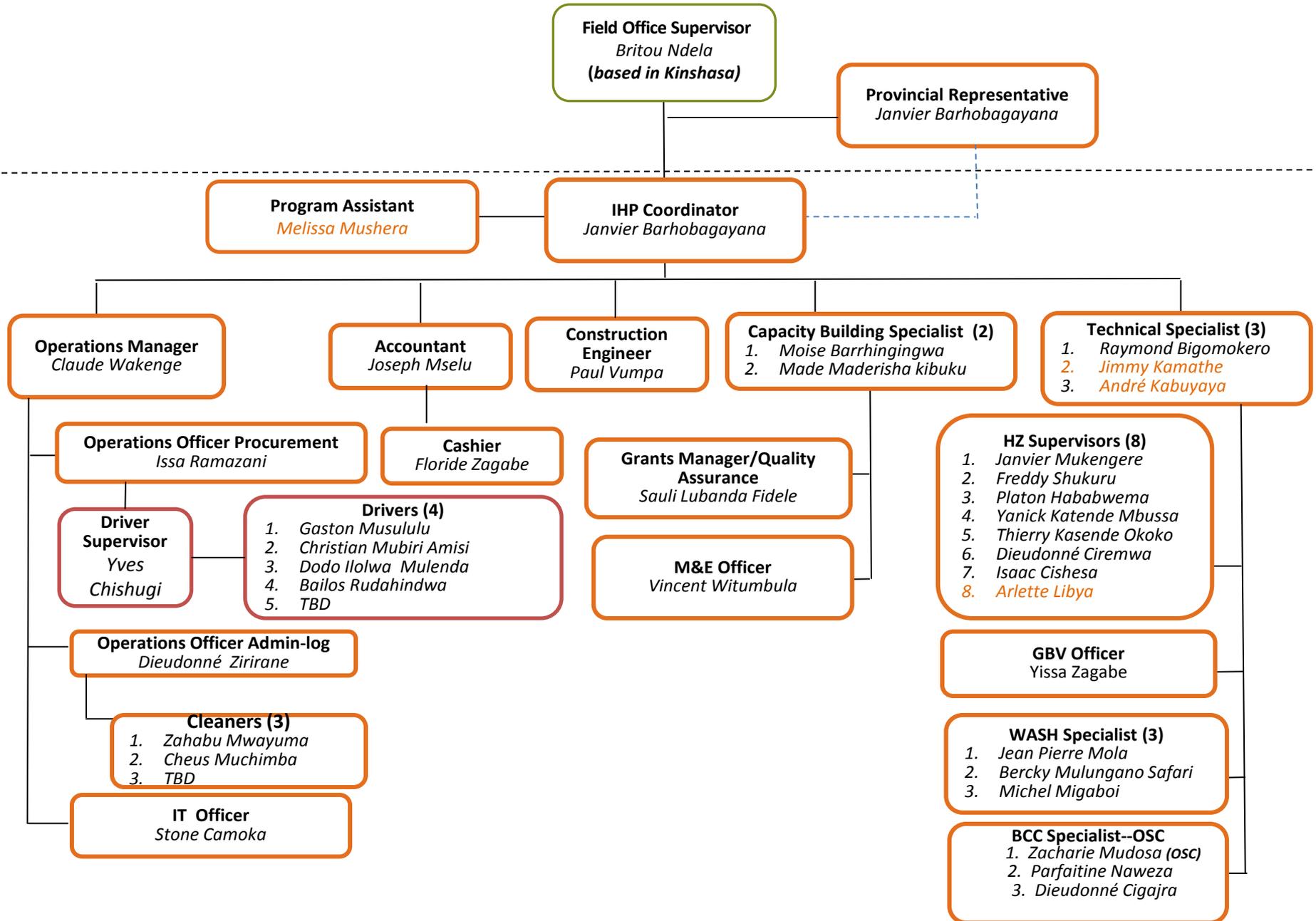
IHP Field Office: Kolwezi, Katanga



IHP Field Office: Uvira, Sud Kivu



IHP Field Office: Bukavu, Sud Kivu





USAID
FROM THE AMERICAN PEOPLE

DEMOCRATIC REPUBLIC OF CONGO

SUCCESS STORY

Introducing complementary feeding to improve babies' health

The consequences of chronic malnutrition are irreversible, but thanks to training and support groups, mothers are learning how to better nourish their children



Lucienne Misenga feeds her daughter.

“My first seven children suffered from malnutrition but my last child is in good health...”

***- Lucienne Misenga,
Participant in a mothers’
nutritional support group***

Photo: Management Sciences for Health

In the Democratic Republic of Congo (DRC), three out of five children under age five suffer from chronic malnutrition. In the health zone of Luiza, in Kasai Occidental Province, the prevalence rate of chronic malnutrition is 16%, which is partly due to a lack of knowledge on how to transition children from breastfeeding to family foods, a process known as complementary feeding. The consequences of chronic malnutrition are irreversible, and educating families about complementary feeding is one way to ensure that they can give their babies a healthy start in life.

The USAID-funded DRC-Integrated Health Project (DRC-IHP) is supporting the Congolese Ministry of Public Health in the fight against various forms of malnutrition in four provinces. In March 2014, DRC-IHP supported a training in feeding newborns and young children for 30 people in Luiza, including two members of the health zone management team, six service providers, and 22 health workers.

Salomé Nambombo, a community health worker who provides a great deal of care within the local health area of Kabamba, took part in this training. To remedy the chronic malnutrition in her health area, Salomé took the initiative to form a support group for mothers of children from birth to age five, where they can share their experiences about nutrition. In addition, she leads group discussions on complementary feeding that highlight locally grown and available foods, such as cornmeal, peanuts, caterpillars, palm oil and iodized salt, that families can use as they start adding complementary feeding to their children’s diets.

Lucienne Misenga, mother of 8, is part of the support group. “My first seven children suffered from malnutrition, but my last child is in good health,” she says. “This is thanks to including local foods to supplement her diet, which I did not do before. I follow the community volunteer’s advice about the number of meals and the quality of food. These foods have always been available here, but I did not know how to use them to keep my children from being malnourished. I thank the community volunteers for helping me to keep my daughter healthy.”

Led by Management Sciences for Health with partners the International Rescue Committee and Overseas Strategic Consulting, Ltd., DRC-IHP is working to improve the basic health conditions of the Congolese people in 78 health zones in four provinces.