

**USAID FINAL REPORT
 Sept 2010 - Dec 2014 FINAL Report**

ACTIVITY SUMMARY
Implementing Partners: New Venture Fund, Grantee. Eastern Congo Initiative (ECI), Lead implementing partner. IMA World Health (IMA), Sub-grantee.
Grant Name: Landscape Analysis of Community Based Organizations in the Eastern Democratic Republic of Congo Program & An Advisory Council on Maternal and Child Mortality Reduction and Dissemination of Landscape Analysis with Focus on Maternal and Child Survival
<p>Activity Objective:</p> <p>SOW 1: Research and document a landscape analysis detailing local Congolese organizations in the eastern region of DRC with the capacity to receive international funding.</p> <p>SOW 2: Disseminating the landscape analysis and creating an online database for convenient access to potential donors throughout the DRC to gain addition due diligence information on local organizations.</p> <p>SOW 3:</p> <ul style="list-style-type: none"> • Provide advocacy and donor engagement support for the effective implementation of maternal and child mortality reduction -related activities as per the “Framework”; • Provide recommendations and guidelines for enhanced involvement of the Civil Society Organizations (CSOs) to implement/operationalize the “Framework” and to create an enabling environment for improved integration of CSOs and the private sector in maternal and child mortality reduction -related activities; • Enhance the collaboration/coordination between entities working in the maternal and child mortality reduction sector; • Support the SMNE Task Force at national and provincial levels to operationalize the “Framework”
USAID SO: AID-OAA-A-10-00074
Reporting Period (start and end dates): September 30, 2010 – December 31, 2014

SOW 1 & 2

I. Background

Sept 2010 – Sept 2012

- **Background:**

The eastern region of the Democratic Republic of the Congo exists in an indeterminate space between war and peace. There has been considerable progress on the security front, especially compared to a decade ago, when foreign armies and domestic armed groups occupied and plundered eastern DRC. Yet the path to peace has been incomplete, and many promises about development and democratization have gone unfulfilled.

One positive development in the past few years has been the resurgence of community-based organizations (CBOs), many of which had been forced to scale back their work during the most intense years of war. In a country with historically weak state institutions and virtually nonexistent public services, CBOs have provided important health and education services, promoted social equity and economic development, and protected the environment and the interests of DRC's most vulnerable populations. The international community has supported the growth in the size and scope of eastern DRC's community groups, enabling them to help meet vital social needs, but many challenges remain.

Community-based organizations in eastern DRC are incredibly skillful at accomplishing a lot with a little, but with external assistance they can do even more to help the Congolese people. Most CBOs in eastern DRC have two basic needs in common:

- **Capacity building:** To achieve greater effectiveness in their work, many groups need stronger internal systems and controls. This includes better procedures for administrative, project, and financial management to ensure money is well spent, and to guarantee project goals are accomplished and in accordance with a long-term strategic plan.
- **Financing:** Many groups have great passion and numerous demands for services from their local communities, but they lack the funding to make those needs become a reality.

In addition to these needs, interviews with CBOs and officials from governmental and international agencies identified poor transportation infrastructure, inadequate communication infrastructure, lack of security, and lack of power to address the institutionalized corruption that exists at all levels of government as major factors affecting the abilities of even the best-organized CBOs to accomplish their work.

In DRC, one of the largest obstacles in delivering effective funding to community-based organizations (CBOs) is the lack of knowledge of real needs, capable organizations to create and implement development programs and monitoring and evaluation of project funding and achievements.

- **Abbreviated calendar:**

- **Y1:** In the first quarter of funding, ECI hired a four-person research team consisting of one American and three Congolese citizens. During the second quarter, this team refined the project's research methods, organizational evaluation framework, and expense reporting. This team also conducted field research in North Kivu, South Kivu, and Orientale provinces to obtain WASH sector information and identify strong local groups working in the WASH sector. During the third quarter, the team conducted field research in Maniema, North Kivu, Orientale, and South Kivu provinces to obtain sector information and interview organizations. The team also compiled and analyzed its data, and produced Full and Summary reports.
- **Y2:** During the fourth quarter of implementation (third quarter for USG Fiscal Calendar Year), ECI focused on planning and releasing the Landscape Analysis reports. This entailed completing final edits of the Full and Summary reports; developing a the report as the center resource point of its local grant making based on evaluations and sector

analysis in the report. During the fourth quarter of implementation (third quarter for USG Fiscal Calendar Year), ECI focused on planning and releasing the Landscape Analysis reports. This entailed completing final edits of the Full and Summary reports; developing a distribution list of individuals, institutions, agencies, and libraries in eastern DRC and the US; publishing the report via print copy and online; and planning its release launch in the US and the DRC. The Landscape Analysis was finalized in the fifth quarter and the US and DRC offices of ECI began to distribute the report online, in print and to key international stakeholders interested in exploring partnership with local Congolese organizations.

II. Final Progress Summary

Final Progress Summary:

With the generous support of USAID, Eastern Congo Initiative (ECI) conducted a landscape analysis in eastern DRC to fill this knowledge gap. The mandate of this project was to evaluate the status of ten humanitarian and development sectors, and to identify capable community-based organizations working in those sectors. Between January and May 2011, ECI deployed researchers to Maniema, North Kivu, Orientale, and South Kivu provinces to study development activities and to identify and assess CBOs.

The researchers interviewed representatives from 292 Congolese organizations and visited 63 towns. The objective of the project was to provide much-needed insight and context to project partners about current conditions in eastern DRC, and to facilitate partnerships between funders and CBOs. This report is not a complete survey of all CBOs in eastern DRC; however, it profiles organizations with complementing financial, administrative and programmatic due diligence. Organizations were only included if they met a set of criteria, ensuring the validity of the organization.

In conjunction with publishing the report, ECI produced a series of videos released August 12, 2013 highlighting the findings of the report and drawing attention to the launch of a searchable database of Congolese community-based organizations. The database aims to decrease the knowledge gap between donors and community-based organizations to facilitate connections and better address the needs of the Congolese people.

Since 2010, ECI has provided 80 grants to 34 Congolese community-based organizations totaling over \$5 million, to implement programs to develop an eastern Congo vibrant with abundant opportunities for economic and social growth, where a robust civil society can flourish.

ECI has utilized the landscape analysis report extensively as the resource point for local grant-making based on evaluations and sector analysis in the report, which are then further analyzed through ECI's competitive grant-making process. Since publishing the report, ECI approved new round of grants in fall 2012, 2013, and 2014 based on the research in the Landscape Analysis and on the Global call to Action.

Following the recommendations of the landscape analysis, ECI takes a participatory approach to grant-making, helping to build the capacity and technical capabilities of the organizations we support. ECI partners with grantees in program design, implementation, and monitoring and evaluation. We support

innovative programs that address local needs with locally identified solutions. Our grant-making is driven by research, accelerated through public-private partnerships, and made sustainable through capacity building and technical support.

In addition, through SOW 2, ECI disseminated the landscape analysis among the UN, international NGOs and the DRC government as well as established an online database on www.easterncongo.org reflecting organizations detailed in the landscape analysis for an easily accessible resource for potential funders to go to directly to learn about the variety of local organizations operating in the eastern region of DRC. In addition presentations were made with the World Bank, MONUSCO, the Canadian Development Agency (SIDA), Cooperation Technique Belge, Carter Center, OSISA, DFID, USAID, GiZ and UN OCHA to further explain the landscape analysis and distribute the resource document for the institutions to utilize.

IV. Challenges and Opportunities

Opportunities

- ECI highlighted competent, capable locally-led organizations in a clear reference document completed with defined due diligence standards that has been utilized by development professionals, academics and governments alike. This is the only database of its kind to date. As it was released in May 2011, this information needs to be updated in 2015. There is a further opportunity to perform research for an updated landscape analysis to reflect the realities in 2015. This is significantly relevant given the USAID Forward strategy, aiming to direct an increasing amount of funding to local organizations and through public-private partnerships.

Challenges

- The vast majority of regions in eastern DRC were visited, though certain territories, due to insecurity and poor infrastructure were inaccessible. The report is an extensive landscape analysis of local organization in the region, but not all organizations existing in the region were interviewed.

V. Activity Changes

- None.

VI. Success Stories:

Informed by this report, ECI directly funded over \$5 million, with its own resources, to 34 Congolese organizations working in economic development, access to justice, access to education and maternal and child health.

SOW 3

I. Background

Sept 2013 – Dec 2014

- **Background:**

Subsequent to the approved budget/scope of work modifications by USAID at the end of November 2013, the issuance of a sub-grant to IMA World Health in January of 2014 and later a No-Cost Extension (NCE) for Q5, the ECI-IMA approach was as follows:

ECI and IMA reinforced two existing high impact Ministry of Health (MOH) initiatives: the Maternal and Child Health Advisory Council/“Commission Technique Mixte” (CTM) and the Maternal and Child Health Task Force (Task Force). Both initiatives were in need of technical support to bolster coordination of actors, mobilization of resources and involvement of the private sector, as well as civil society, in order to attain their objectives on the National and Provincial levels. It is the CTM that is tasked with overseeing the implementation of the national strategy for accelerated reduction of maternal and child mortality (CAO 4 & 5) on the National and Provincial levels to obtain Millennium Development targets 4 & 5.

The approach of working directly with the DRC Government (GDRC) was selected to ensure that the project was relevant to the national health efforts and actors, and complemented the work of the Ministry of Health and key international players by taking the extensive work already done by existing technical bodies to a higher political level and facilitating the possibility of implementation of the many stalled MOH initiatives. This approach was also selected for higher sustainability, rather than creating a new initiative.

The No-Cost Extension granted by USAID for Q5 provided additional time to allow the project to consolidate its' gains, plan for 2015 and close-out, as well as to continue to push other donors and partners to assure sustainability after the end of Q5.

- **Abbreviated calendar:**

- **Q1** – The partnership between ECI and IMA was developed and the project scope of work was finalized with MOH, key stakeholders and Mission support. The 12-month NCE and the budget modification were approved by USAID. During this period the Executive Advisory (Consultant) Coordinator was recruited and selected and the IMA subcontract was developed.
- **Q2** - ECI and IMA began direct capacity building with two existing technical bodies, the Commission Technique Mixte (CTM) and the Task Force SNME beginning with the project start-up workshop, and ending with a capacity building workshop at MOH DEP to elaborate the CTM Terms of Reference and Annual Workplan. The CTM defined clear goals and objectives, developed measurable outcomes, delineated roles and responsibilities for members, and diversified stakeholder representation. During this time ECI-IMA began to co-convene regular CTM meetings.
ECI and IMA also leveraged partnerships with other civil society organizations (CSO) to support events that gave direct publicity to the CAO 4 & 5 through the presentations, printed information, and the media (radio/television). These events were organized by different professional health worker associations, service and training institutions.
- **Q3** – ECI-IMA continued to convene regular CTM meetings as well as high-profile events to disseminate CAO 4 & 5 key messages in collaboration with political and technical government agents, CSO and iNGO partners. Our capacity building work focused on refining draft versions of key CTM operating documents including the development of an advocacy strategy for the CAO 4 & 5. We also selected provinces of South Kivu and Kasai Occidental to pilot rollout of the CAO 4 & 5, and initiated activities in the target province of South Kivu, leveraging ECI existing CSO partnerships there to highlight promising practices and to raise up local community level perspectives. We also met

with the Provincial Medical Inspector (MIP) and held discussions with his team regarding the initiation of MNCH Task Force activities in Kasai Occidental.

- **Q4** – Our work included finalization and approval of the three key operating documents for the CTM (TOR’s, Budgeted 2014 workplan and Advocacy Strategy). We also coordinated with key stakeholders and the MOH to develop the guide for CAO 4 & 5 roll-out on the Provincial level. We began discussion with private sector companies and representatives as well as advocacy workshops with Churches. Work commenced in South Kivu and Kasai Occidental with major weeklong events in both locations to support high impact maternal and child health interventions.
- **Q5** – Our work focused on finalizing CAO 4 & 5 roll-out activities already underway and planning for sustainability in the future after the project draws to a close. The CTM drafted a 2015 budgeted work plan and an annual report on CAO 4 & 5 activities with progress made, lessons learned, challenges, recommendations, action items, and next steps. We also continued to focus on direct engagement with mortality reduction efforts through advocacy and coordination events on both National and Provincial levels. We conducted our landscape analysis of private sector social investments in DRC, which culminated in a debriefing event with private sector leaders, key stakeholders, and the MOH.

II. Final Progress Summary

Final Progress Summary

Table 1

<i>Strategic Objective: Accelerate the reduction of maternal and child mortality via creation and implementation of an Advisory Council for MNCH</i>			
Objective	Achievements for the Year: <i>Sept 2013 - Dec 2014</i>		Reason for variance
	Targeted Activities	Achieved Activities	
Intermediate Result 1: Establishment of national advisory council consistent with applicable DRC Laws, Policies, Processes and Procedures			
Output 1.1 All core staff are hired			
Activity 1.1 Job postings developed and circulated	X	Q1	
Activity 1.2 EAC and MNCH Officer hired	X	Q1	
Output 1.2: Updated DIP, draft TOR to reinforce prior existing Advisory Council, the Commission Technique Mixte			

(CTM)			
Activity 1.2.1 Review of all laws, policies, procedures related to the AC/commission technique mixte (CTM)	X	Q2	
Activity 1.2.2 MNCH Officer conducts secondary research for potential SMNE project interventions and for TOR	X	Concluded in Q5	
Activity 1.2.3 CSO and private partners identified for AC (CTM)	X	Concluded in Q5	
Activity 1.2.4 AC (CTM) partners recommended	X	Q4	
Activity 1.2.5 AC (CTM) members selected	X	Q4	
Activity 1.2.6 Draft and circulate planning documents and TOR to AC (CTM)	X	Q4	
Activity 1.2.7 Draft of additional planning documents prepared and distributed for AC (CTM) review	X	Q5	
Output 1.3: Advisory Council (Commission Technique Mixte) reinforced			
Activity 1.3.1 Convene AC (CTM) meetings (incl. review of planning documents and TOR)	X	Concluded in Q5	
Activity 1.3.2 Identify Roles Responsibilities of AC (CTM) Members	X	Q4	
Activity 1.3.3 AC (CTM) adopts planning documents	X	Q4	
Output 1.4 Collaboration enhanced between entities working in Maternal and Child Mortality Reduction			
Activity 1.4.1 Identify potential funding opportunities (bi-lateral and other donors) that support MNCH	X	Concluded in Q5	
Activity 1.4.2 Assist CTM members in development of an advocacy strategy and action plan	X	Q3	
Activity 1.4.3 Host stakeholder discussions with key leaders	X		

from each sector (private/CSO/gov)		Concluded in Q5	
Activity 1.4.4 Selection of target province based on above activities	X	Q3	
Activity 1.4.5 Update Planning Documents each quarter	X	Concluded in Q5	
Activity 1.4.6 Develop recommendations for civil society support and engagement in implementation of CARMME (CAO 4 & 5)	X	Concluded in Q5	
Activity 1.4.7 Identify and share modes and mechanisms to support implication of civil society in the operationalization of the CAO 4/5.	X	Concluded in Q5	
Activity 1.4.8 Organize campaign days for MNCH with private sector actors (telecommunications, starts, international days, etc.)	X		We did support a variety of campaigns including World Contraception Day in Kinshasa, Breastfeeding Week in Kasai Occidental and others detailed above but we were not able to coordinate this with private sector actors.
Activity 1.4.9 End-year report finalized and disseminated among key stakeholders	X	Q5	
IR 2: GDRC operationalizes select key interventions from the «Cadre d'Accelération de la réduction de la mortalité maternelle, néonatale et infantile»			
Output 2.1: Provide direct support through AC (CTM) to GDRC on implementation of "CARMME"(CAO 4/5)			
Activity 2.1.1 AC (CTM) meets with Ministry of Health and relevant government officials	X	Concluded in Q5	
Activity 2.1.2 AC (CTM) meets with National Task Force SNME (MNCH)	X	Concluded in Q5	

Activity 2.1.3 Support certain key activities of SMNE Task Force at Provincial and National levels	X	Concluded in Q5	
IR 3: Community Service Organizations are galvanized to support the «Cadre d'Accelération de la réduction de la mortalité maternelle, néonatale et infantile»			
Output 3.1: Dissemination CARMME (CAO 4/5) and recommendations on CSO involvement			
Activity 3.1.1 Make CSO participation in CARMME (CAO 4/5) recommendations available in print and online.	X	Q5	
Activity 3.1.2 Advocacy to civil society and the private sector for the operationalization of the CARMME (CAO 4/5)	X	Concluded in Q5	
Output 3.2 Increase representation of community level perspectives at SMNE national and provincial task force			
Activity 3.2.1 Use of media to publicize CARMME (CAO 4/5) and disseminate CARMME (CAO 4/5) information to CSO's	X	Concluded in Q5	
Activity 3.2.2 Encourage participation of additional local organizations in SMNE task force	X	Concluded in Q5	

Project Outcome Narrative:

Intermediate Result 1: Establishment of national advisory council consistent with applicable DRC Laws, Policies, Processes and Procedures

Output 1.1: Output 1.1 All core staff are hired

Activity 1.1 Job postings developed and circulated

Activity 1.2 EAC and MNCH Officer hired

After finalization, the job description for the Executive Advisory Coordinator (EAC) was advertised by IMA for a period of ten working days on Mediacongo.net and circulated among informal networks. An interview panel was convened on December 2nd in Kinshasa at IMA offices to interview short-listed candidates. Dr. Marie Louise Mbo emerged clearly above the other candidates. ECI leadership conducted a separate phone interview and confirmed her selection for the position. Claire Espey, MNCH Officer at ECI was already recruited and hired in Q4 of M03 on August 6th, 2013. Note that Nancy Bolan (Advisor), Nancy Allan (Finance Officer) and Charles Yongo (Finance and Admin) were hired previously by IMA.

Output 1.2: Updated DIP, draft TOR to reinforce prior existing Advisory Council, the Commission Technique Mixte (CTM)

Activity 1.2.1 Review of all laws, policies, procedures related to the AC/commission technique mixte (CTM)

Activity 1.2.2 MNCH Officer conducts secondary research for potential SMNE project interventions and for TOR

Activity 1.2.3 CSO and private partners identified for AC (CTM)

Activity 1.2.4 AC (CTM) partners recommended

Activity 1.2.5 AC (CTM) members selected

Activity 1.2.6 Draft and circulate planning documents and TOR to AC

Activity 1.2.7 Draft of additional planning documents prepared for AC (CTM) review

Leadership from the MOH Planning Division (DEP) and MOH Division tasked with Maternal & Child Health (D10) provided ECI and IMA with legal documentation for **the Commission Technique Mixte (CTM) and the Task Force MNCH (SMNE)**, the primary pre-existing mechanisms to address maternal and child mortality in the DRC and explained how they fit within existing laws, policies and procedures under the national health plan (PNDS), and the Comité National de Pilotage (CNP-SS). (The CNP-SS has a provincial level arm (CPP-SS) that acts in concert with the CNP to support health service and health infrastructure development on the Provincial level.) The CTM is a special commission of the CNP, charged with the elaboration and execution of a framework to accelerate achievement of MDG 4 & 5 objectives with a focus on maternal and child health (CARMME/CAO 4&5).

ECI and IMA held many stakeholder meetings with over 20 different CSO organizations during the course of the project and documented the knowledge gained in the key stakeholder analysis. We also developed relationships with various private sector partners including Federation of Congolese Businesses (FEC), Rawbank, Nestle, Zenofar, Vodacom and others, culminating in the landscape analysis with over 20 companies to assess private sector investment in social services and MNCH (see below).

CTM partners have been progressively recommended to the leadership of the CTM through a multi-party consultative process and in Q4, the leadership finalised the list of CTM members and the list was validated by the full CTM in late September. This does not mean, however, that this process is final or static, as the members considered continued to grow in Q5 and will continue to do so in the future.

Over the months of March – September, CTM experts and members, working with ECI and IMA in a series of supported workshops, drafted and finalised three key documents: **the TOR and annual workplan for the CTM as well as the Advocacy Strategy**. All documents were adopted and operationalized early in the year and presented to the larger CTM group in September for approval.

In Q5, ECI-IMA supported a series of workshops that allowed the development of an Annual Report for the CTM for 2014. This is the CTM's first Annual Report. The planning meetings also resulted in the drafting of a 2015 annual workplan with budget, which is now being finalized and validated by the full CTM membership. Both documents will be distributed subsequent to approval.

Output 1.3: Advisory Council (Commission Technique Mixte) reinforced

Activity 1.3.1 Convene AC (CTM) meetings (incl. review of planning documents)

Activity 1.3.2 Identify Roles/Responsibilities of AC (CTM) Members

Activity 1.3.3 AC (CTM) adopts planning documents

ECI-IMA co-convened regular CTM meetings and meetings of the technical working group were held monthly at a minimum, as detailed in previous reports with agendas, presentations and meeting summaries circulated. The September meeting of the CTM in Q4 included the validation of all three key CTM documents (Terms of Reference, 2014 annual workplan, and advocacy strategy). Also in Q4, the CTM technical working group clarified the roles and responsibilities of CTM members, in collaboration with ECI-IMA. Through the project we were able to engage nine additional partners from civil society and government who were invited and participated in CTM meetings including those from churches, donors, local NGOs, Ministry Cabinet representatives. ECI-IMA also co-convened the MNCH Task Force meeting during Q4.

The CTM is now recognized by all major stakeholders among donors, implementing partners and ministry in the DRC as the lead coordinating body for efforts to accelerate the CAO 4/5, and ECI/IMA have increased capacity of the CTM to leverage international attention and funding opportunities. Additional capacity building included operational support to the CTM, including computer and Internet access equipment and office supplies, which were essential to improve the organizational capacity of the CTM/Task Force.

Output 1.4: Collaboration enhanced between entities working in Maternal and Child Mortality Reduction

Activity 1.4.1 Identify potential funding opportunities (bi-lateral and other donors) that support MNCH

Activity 1.4.2 Assist CTM members in development of an advocacy strategy and action plan

Activity 1.4.3 Host stakeholder discussions with key leaders from each sector (private/CSO/gov)

Activity 1.4.4 Selection of target province based on above activities

Activity 1.4.5 Update Planning Documents each quarter

Activity 1.4.6 Develop recommendations for civil society support and engagement in implementation of CARMME (CAO 4/5)

Activity 1.4.7 Identify and share modes and mechanisms to support implication of civil society in the operationalization of the CAO 4/5.

Activity 1.4.8 Organize campaign days for MNCH with private sector actors (telecommunications, starts, international days, etc.)

Activity 1.4.9 End-year report finalized and disseminated among key stakeholders

Over the course of 2014 we had many fruitful meetings with potential donors for funding opportunities for the CTM, notably with the USAID, DFID, Embassy of Canada/CIDA, the Canadian Red Cross, the World

Bank, UNICEF, H4+, Sanru and Pathfinder. The CTM will continue to follow up on these funding leads in 2015.

ECI-IMA continued to coordinate and collaborate closely with other partners supporting the CAO 4 & 5 rollout, including the H4+ on their initiative to obtain donor alignment and cover funding gaps for the CAO 4/5, and UNICEF who are actively funding CAO 4 & 5 activities both on the central level and increasingly on the provincial level (Kasai Occidental, Katanga, Equateur, Bandundu). ECI-IMA also facilitated CTM collaboration and coordination with the MOH Office for Technical and Management Support (CAG) working with the European Union and World Bank on CAO 4 & 5 rollout activities. Through partnerships built with these actors, ECI and IMA were able to identify and share mechanisms for stakeholders to mobilize their constituencies in the fight to accelerate reduction of maternal and child mortality.

In the target province of Kasai Occidental, ECI-IMA have equipped partners at SANRU and Pathfinder (through IMA and DFID) with tools to advocate for MNCH coordination activities and have funds available to increase these activities when the Province is ready to begin. We have engaged in multiple discussions with the Provincial Minister of Health and key Provincial partners to determine what structure will best fit their interest to improve coordination of CAO 4 & 5 activities. They have now inserted a Provincial level MNCH coordination body into their DPS logframe, which will enable the MOH to coordinate with other partners such as MSH (through USAID) and UNICEF who are also funding CAO 4 & 5 activities in Kasai Occidental.

The Provincial Ministry of Health in South Kivu is leading MNCH coordination efforts with support from existing partners. They have actively engaged diverse actors from political and technical ministry staff as well as implementing and financial partners such as UNICEF, MSH, IRC, Cordaid, GIZ, BDOM, World Bank, and the Suisse Development Agency in CAO 4 & 5 planning and rollout activities, and are working with them to integrate CAO 4 & 5 priority activities into existing projects. ECI-IMA have supported South Kivu Provincial Task Force activities beginning in June, and during this time reinforced and sustained a strong relationship between the national CTM and Provincial Task Force leadership in South Kivu, through in-depth learning and exchange trips, and co-facilitated workshops for CAO 4 & 5 orientation and advocacy.

In terms of private sector funding opportunities, the project conducted the landscape analysis of over 20 companies in eight different sectors to determine private sector investment in social services and MNCH (actual and potential) and the CTM has created a commission that includes ECI, the WHO, Nestle, Rawbank, Zenofar, and other private sector companies to follow up on private sector engagement in MNCH that is aligned with the MOH strategy.

As previously detailed, our project resulted in the drafting and approval of an advocacy strategy and action plan for advocacy for the CTM. This strategy, which was the fruit of a three-part participatory workshop and many discussions between the CTM, advocacy and communication experts, partners and donors, clearly delineates recommendations for the engagement and implication of the DRC Government, civil society, implementing and financial partners, and other stakeholders in the operationalization of the CAO 4/5. This advocacy strategy has been approved and distributed electronically to CTM members.

Based on the recommendations in this adopted strategy, the ECI-IMA project, together with our CTM and Task Force partners, engaged with various stakeholders within the private, CSO, INGO and

government sectors throughout the year in Kinshasa and South Kivu to orient decision-makers within these groups to the CAO 4 & 5, explaining the MNCH situation in context, the MOH response to it, and making specific requests for their increased engagement and alignment. Targeted one-on-one advocacy sessions held with iNGOs, donors, and DRC government resulting in more than 20 discrete collaborations to leverage resources for MNCH promotion. Notably we held in depth orientation and advocacy workshops at the national level with eight of the major religious orders in DRC and health professional associations in the DRC, such as at the National Nurses Association (ANIC) electoral general assembly, and SCOGO (National Society for Obstetricians and Gynecologists) meetings, as well as UNAAC (National Midwives Association), and the League of Francophone Nurses (LIEF) to celebrate key MNCH-related events.

In the public sector, IMA-ECI reinforced communication between the CTM and the Secretary General and Minister's Cabinet of the MOH. ECI-IMA convened Provincial health authorities in South Kivu and Kasai Occidental (including the Provincial Ministers of Health, Provincial Minister of Plan, the Provincial Health Inspectors (MIPs) and their staff) to develop action plans aligned with the CAO 4 & 5 to accelerating reduction of maternal and child mortality. ECI-IMA leveraged relationships with MOH leadership to include CTM presentation and discussion of the CAO 4 & 5 at the Secretary General's Provincial DPS Reform meeting held on Dec 10 – 12 at Caritas. There were over 100 high level participants at this meeting, which was chaired by the Secretary General. The information presented was summarized in the annual National Health Coordination (CNP) meeting the following day.

In South Kivu, ECI-IMA convened CTM experts and Provincial TF members to meet with implementing partners, ministry of health technicians, civil society groups and private sector actors during their week-long visit to Bukavu for orientation and advocacy in that Province. During this workshop they presented the CAO 4 & 5 to members of various iNGOs, donor agencies, Ministry of Health staff, and civil society groups, responded to questions and solicited feedback from participants on how to improve CAO 4 & 5 rollout, particularly from communications and community-level perspectives. The workshop split into groups to map CAO 4 & 5 key health indicators and interventions in South Kivu, and developed a draft action plan for Provincial rollout. The ministry also provided templates for each civil society organization and private sector company to develop their own action plan for CAO 4 & 5 activities and solicited each organization's responses during follow up.

The first CTM Annual Report and 2015 CTM workplan were drafted with technical support from ECI-IMA and will be finalized, adopted and distributed in the coming weeks.

Intermediate Result 2: GDRC operationalizes select key interventions from the «Cadre d'Acceleration de la réduction de la mortalité maternelle, néonatale et infantile»

Output 2.1: Provide direct support through AC (CTM) to GDRC on implementation of "CARMME"(CAO 4/5)

Activity 2.1.1 AC (CTM) meets with Ministry of Health and relevant government officials

Activity 2.1.2 AC (CTM) meets with National Task Force SNME (MNCH)

Activity 2.1.3 Support certain key activities of SMNE Task Force at Provincial and National levels

At the National level we have supported a number of activities detailed above and in previous reports, notably CAO 4 & 5 information/advocacy events with significant media coverage (International Nurses Day, World Contraception Day, Vaccine Day, Repositioning Family Planning Conference) with television

and radio interviews widely broadcast. We have done extensive advocacy with eight of the major Church groups in DRC and with over 20 private companies as discussed previously to identify activities and existing resources that these groups can allocate to support the DRC MNCH strategy.

With direct support from ECI-IMA and other implementing partners, the CTM has initiated, coordinated and is evaluating CAO 4 & 5 roll out activities in targeted health zones within 9 of 26 DPS (over one third of the country).

Provincial level activities supported in South Kivu and Kasai Occidental are detailed above and in previous reports.

After the CTM Orientation and Advocacy mission to Bukavu and the South Kivu Immersion Mission to Mbanza Ngungu, the South Kivu MNCH Task Force is well equipped to plan and execute accelerated efforts to reduce maternal and child mortality in 2015.

Kasai Occidental is poised to increase their Provincial level MNCH coordination mechanisms with support from partners that our project was able to mobilize. Events during Breastfeeding Promotion Week throughout Kasai Occidental received a great deal of local media attention.

Intermediate Result 3: Community Service Organizations are galvanized to support the «Cadre d'Accelération de la réduction de la mortalité maternelle, néonatale et infantile»

Output 3.1: Dissemination CARMME (CAO 4/5) and recommendations on CSO involvement

Activity 3.1.1 Make CSO participation in CARMME (CAO 4/5) recommendations available in print and online.

Activity 3.1.2 Advocacy to civil society and the private sector for the operationalization of the CARMME (CAO 4/5)

As mentioned above, our project resulted in the drafting and approval of an advocacy strategy and action plan for advocacy for the CTM. The participatory process that ECI-IMA used, as well as the resulting strategy document, enabled the CTM to make concrete recommendations for the engagement and implication of civil society and other partners in the operationalization of the CAO 4/5. This advocacy strategy has been approved and distributed electronically.

The CAO 4/5 was distributed in hard copy at all events detailed above and shared with all partners, and Dr. Marie Louise Mbo, as the spokeswoman for the initiative, capitalized on many opportunities to speak with representatives from the church, professional associations, and local organizations on the high impact interventions identified by the GDRC to accelerate reduction of mortality among mothers and children. Over the course of the year, thousands of copies of MNCH communications materials were reproduced and distributed to target audiences (including flyers, buttons, videos, strategy briefs, and implementation guides). Through the landscape analysis of private sector companies and the resulting debrief, we communicated with over twenty companies from eight different sectors, informed them of the MNCH situation and challenge, the MOH response, and made requests and suggestions for how they can be more involved. Through these meetings, presentations of activities implemented demonstrate to other member organizations how the GDRC has implemented the CAO 4/5 and has contributed to build momentum and build the identity of the CTM as a group.

This advocacy has also been carried out at the Provincial level. Through the ECI-IMA project the advocacy is being done in South Kivu and Kasai Occidental. Through H4+, UNICEF and other partners such as the MSH Prosani project, the work is being done in Bas Congo, Equateur, Bandundu and Katanga, as well as Kasai Occidental. Through the European Union and World Bank, the work will be done in N Kivu, Orientale and potentially other locations.

Output 3.2 Increase representation of community level perspectives at SMNE national and provincial task force

Activity 3.2.1 Use of media to publicize CAO 4/5 and disseminate CAO 4/5 information to CSO's

Activity 3.2.2 Encourage participation of additional local organizations in SMNE task force

ECI-IMA have encouraged participation of local organizations in CTM and MNCH Task Force activities at both the national and provincial levels. Particularly in South Kivu, where CTM experts and Provincial TF members met with civil society groups during orientation and advocacy events in that Province convened in Q3, Q4 and Q5. At these events, the CTM presented the CAO 4 & 5 to members of various civil society groups, responded to questions and solicited feedback from participants on how to improve CAO 4 & 5 rollout, particularly from communications and community-level perspectives. The ministry provided templates for each organization to develop their own action plan for CAO 4 & 5 activities and solicited each organization's responses during follow up.

ECI and IMA have met with civil society leadership nationally and provincially to understand best practices from implementers on the ground that can be elevated to national level and influence policy. Presenting the CAO 4 & 5 to the major churches and to professional health worker associations at events and facilitating their participation have given their perspective voice. And meetings with local innovators for example at HEAL Africa and BDOM in South Kivu, have identified promising practices related to health insurance that could be held as models and replicated elsewhere in the DRC. ECI-IMA have also advocated to the CTM leadership of the added value of these perspectives, facilitated meetings between MOH leadership and civil society leadership, and provided logistical support to ensure these partners are included in discussions, meetings, and events. Through activities initiated by ECI-IMA, CTM leadership have gained a greater appreciation for the potential contribution of faith-based organizations and CSO's such as ANIC, REGED, HEAL Africa, Panzi, for example, as key actors with great influence over both supply and demand of maternal and child health services. Moreover, the CTM now has direct experience working with these groups – they have established the rapport, they have identified common interests, and they have developed methods to increase their engagement in the fight against maternal and child health.

IV. Challenges and Opportunities

Challenges

- Throughout the project, coordinating schedules between partners, donors and the Ministry of Health (MOH) to plan the appropriate meetings of the CTM and Task Force were often delayed by frequent travel and field visits related to CAO 4/5 supervision and dissemination among MOH partners in particular. It was critical to solicit designated, delegated personnel within the Ministry directions and programs on the central level to avoid slowing down planned activities. With these measures and through careful documentation, ECI and IMA managed to improve CTM timing with respect to meeting invitations and follow-up on activities related to implementation of CAO 4/5.
- Coordination with the MOH related to activities financed by the H4+ consortium and UNICEF on occasion produced friction where UNICEF funding was more significant as compared to ECI-IMA funding and was thus prioritized. We worked to improve coordination with these partners by including these stakeholders in CTM meetings, discussions, and events, attending events and participating in discussions that they organized, and building the capacity of the CTM to coordinate and streamline management of CAO 4 & 5-related activities.
- In Kasai Occidental, we were not able to complete the creation of the Task Force SNME despite interest from the province (Minister, MIP, B5), other partners such as Sanru, Pathfinder and the D10 in Kinshasa. A plethora of demands on the provincial and central personnel resulted in delays and ultimately the inability to carry out the activity before the end of the grant period as anticipated.
- Despite the NCE, the project period was still quite condensed given the grandeur of the objectives, thus requiring intensive demands on project staff as well as CTM and Task Force staff.

Opportunities

- The 2014 CTM Annual Report and 2015 CTM workplan provide the opportunity for sustainability of CTM activities in the future with the on-going support of USAID, H4+, Canadian Embassy, UNICEF, EU, World Bank and new potential donors. The CTM advocacy strategy developed with project support in Q2 – 4 lays the groundwork for on-going CAO 4 & 5 advocacy.
- The DRC Minister of Health has demonstrated renewed interest and prioritization of MNCH among health needs in the DRC as part of recent policy dialogue around universal coverage. In December 2014 the MOH hosted a follow-up meeting to a major workshop on health finance that was held earlier in Matadi. CTM leadership is actively engaged in follow-up discussions and is well placed to contribute to the conversation on which interventions should be targeted for universal coverage in the context of a limited budget. CTM will be integrating activities into its 2015 workplan to collaborate with the Minister's cabinet and contribute to the road map for universal coverage in Q1.
- Together with H4+, and notably UNICEF support, the CTM has produced a draft guide to extend the CAO activities to the provinces and they have begun to expand these targeted activities in Bandundu, Equateur, Katanga, Kasai Occidental and other locations.

- After the CTM Orientation and Advocacy mission to Bukavu and the South Kivu Immersion Mission to Mbanza Ngungu, the South Kivu MNCH Task Force is well equipped to plan and execute accelerated efforts to reduce maternal and child mortality in 2015. They are working with implementing partners UNICEF, WHO, and GIZ to plan CAO 4 & 5 activities for target health zones in 2015.
- ECI and IMA hired a consultant to carry out private sector landscape analysis for private sector companies in the DRC to determine current levels of involvement and interest in social investment. In Q5 we used the results of the aforementioned work to further engage the private sector in a debriefing event held on December 19 in Kinshasa.

V. Activity Changes

- None.

VI. Success Stories:

- The CTM reorganized the structure of this MOH initiative in Q4 and thus consolidated the management of the technical working group of the CTM. This change improved the day-to-day operations of the CTM, making it more productive in Q5 and for the future.
- The CTM has become the widely recognized principal body coordinating efforts to implement the CAO 4/5 and is working with donors and partners such as the H4+ initiative and others to translate the CAO 4 & 5 into operational actions.
- The CTM technical working group was able to develop a first “Annual Report” for the CTM as well as a budgeted 2015 CTM workplan. These documents were presented to the larger CTM on January 15 and will be finalized and validated in upcoming CTM meetings.
- ECI-IMA work in South Kivu greatly advanced the implementation of the CAO 4 & 5 in South Kivu Province with several missions for orientation and advocacy for the CAO 4 & 5 with Provincial authorities, CSOs and partners. Additionally the project facilitated the immersion visit of the South Kivu delegation to Mbanza Ngungu, the pilot Health Zone in Bas Congo. The project also facilitated immersion visits, in partnership with H4+ partners, of the Equateur and Bandundu delegations for their immersion visit to facilitate peer learning and exchange.
- ECI and IMA have engaged a large number of leaders within eight major churches in DRC to galvanize support for the CAO 4 & 5, diffusion to their respective leadership and congregations.
- The CTM has created a commission together with private sector partners that includes the WHO, Nestle, Rawbank, Zenofar and other private sector companies to capitalize on overlapping interests and follow up on private sector involvement in MNCH that is aligned with Ministry strategy.
- Through the multitude of events that ECI-IMA have sponsored with various target audiences, the CAO 4 & 5 has been widely publicized outside typical health ministry audiences. ECI and IMA have worked with decision-makers in donor, implementing partner, and government institutions to build the case for the need for coordination, monitoring and evaluation and advocacy for the framework. Through partnerships built with these actors, ECI and IMA have shared mechanisms for stakeholders to mobilize their constituencies in the fight to accelerate reduction of maternal and child mortality.