

**USAID/Democratic Republic of the Congo**  
**ANNUAL REPORT FY 2003**

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## **A. Program Level Narrative**

### **Program Performance Summary:**

#### Background

The DRC is moving - albeit in a nonlinear fashion - towards a transition to reunification of the country, national elections, and the end of conflicts involving both external and internal parties. Despite continuing humanitarian emergencies in eastern Congo, most of the country is peaceful. With the recent withdrawal of the Rwandan and other foreign armies, suspension of some senior government officials accused of large-scale corruption, and a Global Accord signed in December 2002 aimed at reuniting the country under a transitional government (which would incorporate members of opposing Congolese groups), the DRC continues to move in a positive direction. Once this transitional government is installed, perhaps in 2003, a timetable leading to elections in 2005 is likely.

Inflation is low, and for the first time in many years, economic growth was positive in 2002. The World Bank and IMF have re-engaged and are supporting structural reforms of the Congolese economy and economic governance structures. The suspension of corrupt government officials in November 2002 sends a strong signal that President Kabila is interested in continued improvements in economic performance and management.

Despite these signs of progress, the depth of poverty and the scale of need in the DRC remain enormous. Congo with a population of 55 million remains one of the poorest countries in the world. The UN Human Development 2002 Report ranks Congo 155 out of 173 countries. The per capita gross domestic product is \$107. Infant mortality is 126/1,000, and under five mortality is 213/1,000. Congo's maternal mortality rate is 1,289 per 1000,000 live births, the highest in Africa. Life expectancy for men is 51 and 47 for women. The gross primary school enrollment rate is 55%. Only 25% of students attending school complete five years of primary school. In 1999, only 47% of the population had access to safe water. Roughly two-thirds of the population remains rural and ensnared by desperate poverty. This poverty manifests itself in extremely low incomes and purchasing power, abysmal access to and availability of fundamental health services, and near total lack of basic education. The capital, Kinshasa, with an estimated eight million people, already is dangerously overcrowded, with most people lacking access to basic services.

#### U.S. Interests and Goals

USAID's strategy for the DRC is fully consistent with the following strategic goals of the U.S., as articulated in the Mission Performance Plan of the U.S. Mission to the DRC: Promoting Democratic Systems and Practices; Resolving Regional Conflicts; Assisting Refugees and Victims; Promoting Economic Growth in Developing and Transitional Economies; and Promoting International Health. These goals are present in USAID's one overarching strategic objective (SO) which focuses on supporting activities in the health, democracy and governance, and economic growth sectors.

Despite the problems and constraints in the DRC, USAID can continue to contribute to substantial progress in the health, economic growth, and democracy and governance sectors. USAID's manageable interest lies in increasing the use of key health services. Although USAID will be working towards reductions in mortality and fertility, these will be considered higher-level goals unless measurable progress is achieved in addressing the structural constraints in the sector. USAID is increasing its engagement with the government where legislation permits and is taking concrete steps to help the GDRC improve its support of the health sector. On a macro and policy level, USAID is working with other partners and the GDRC to increase the proportion of the budget spent on the health sector. USAID is strengthening its support of HIV/AIDS activities within high-risk groups and at high-risk geographic sites as well as incorporating basic HIV prevention messages into the primary health care system. Growth monitoring and promotion activities, exclusive breastfeeding, and continued feeding of children with diarrhea are being promoted. Iron folate and vitamin A supplement provision is being expanded.

To maximize the effectiveness of USAID interventions in the DRC, USAID is fully integrating its already strong health interventions into a livelihoods approach that includes an agriculture program, communications, micro-financing, and potentially other economic growth activities. For example, USAID will promote a variety of food security and nutrition interventions within USAID-assisted health zones, including home gardening and improved seed multiplication activities.

Because prospects for peace and stability are better than they have been for years, USAID's democracy and governance program is well positioned to prove effective in preparing for and holding credible elections and support key governance and anti-corruption interventions. USAID's emergency activities are fully integrated into the Mission's development activities to maximize the use of USAID resources in the country. With two USAID emergency field representatives based in the country, USAID is well positioned to continue to monitor, report and respond to any emergency in the Congo.

#### Donor Relations

USAID's strategy in the DRC is designed to mesh with plans of other donors, including the World Bank and the International Monetary Fund, and takes into account plans prepared by the Government of the Democratic Republic of the Congo (GDRC), including the Emergency Multi-sector Rehabilitation and Reconstruction Program (EMRRP) and the Interim Poverty Reduction Strategy Paper (I-PRSP). The World Bank argues that recent "developments give ground for a measured optimism on DRC's political and economic prospects" and has prepared with the government a \$1.7 billion Emergency Multi-sector Rehabilitation and Reconstruction Program (EMRRP) to run from 2002-2005. The World Bank is providing \$454 towards this program. Other donors also have deepened and expanded their engagement in the Congo since early 2001, with a number of donors renewing direct cooperation with the government.

Donor activity in the DRC is in a state of transition as many agencies review their programs in light of political developments. Official data reports an increase in the DRC's net Official Development Assistance (ODA) receipts from \$132 to \$184 million between 1999 and 2000; the recent return of large donors such as the World Bank, and other reported increases suggest the acceleration of this trend. With the exception of large infrastructure projects (addressed by the World Bank and the European Commission - EC) the sectors in which other donors are engaged roughly mirror USAID's current portfolio: namely health, democracy and governance, agriculture/livelihoods, environment, and education.

Health is one of the largest sectors for donors, with activities ranging from basic support to health zones, to vaccinations, HIV/AIDS, tuberculosis, malaria, and family planning programs. The largest actors are the European Commission, Belgium, and the World Bank. Canada, Italy, Germany, UNICEF, and other donors also have programs. Democracy and governance activities fall into two categories: government capacity building (EC, World Bank, France, and Canada) and support to civil society (Belgium, Canada, Sweden and the UK). Programs directed at income generation are often linked to agriculture/food security; this is field of engagement for many donors, including the Food and Agriculture Organization (FAO), Belgium, Canada, the EC, France, and Germany. A limited number of donors (including France, the EC, Germany, the IBRD and UNESCO) are involved in work related to the environment, including development of government capacity and direct protection of natural resources. Relatively few donors (World Bank, UNICEF, and Belgium) are working in education.

#### Challenges

USAID was faced with two significant challenges (one external and one internal) during FY 2002. During the year, the DRC gradually started to emerge from a decade of political instability and conflict but the pace was slow and peace remains elusive. Despite numerous ceasefires and several peace agreements, instability, large-scale human rights abuses, and multiple humanitarian emergencies continued throughout the year, and have not yet fully subsided. With limited access to certain geographic areas, several USAID-funded programs could not be started in their intended location and some USAID partners suspended operations. The lack of a stable political/military environment meant and continues to mean

that there is little development space for USAID's democracy and governance program to be fully effective.

Implementing USAID's program under current circumstances requires a full staff complement assigned to the Mission, however USAID/DRC was sorely short-staffed for most of 2002. It was not until July when the first of three key positions (Supervisory Program Officer) was filled. By September, two other key positions, the Supervisory General Development Officer and Executive Officer, were filled. The two remaining U.S. Direct Hire positions will be filled by late Spring 2003. The Mission is also recruiting a Personal Service Contractor to manage USAID's education/vulnerable children activities and another to serve as the monitoring and evaluation officer. Without adequate staff, USAID/DRC completed critical tasks (e.g., FY 2002 Annual Report, congressional notifications, VIP visits, consultative group meetings, concept paper) but was unable to carry out as effectively as needed certain more routine tasks such as activity monitoring and evaluation, mentoring new staff, and activity design.

### Key Achievements

Despite the challenges, USAID had significant achievements in several sectors.

**Health.** In FY 2002, USAID obligated approximately \$27.8 million in CSH and IDA funds in the health sector to support activities in 91 health zones and selected national initiatives. CSH resources were used to support 81 of these zones, with the principal focus of USAID interventions on improving drug supply systems, management, supervision, and provider performance. USAID emergency funds supported 10 health zones. Insecurity and population displacement in these 10 zones had resulted in high levels of malnutrition and mortality requiring a focus on programs of therapeutic and supplemental feeding and/or basic primary health care. Beneficiaries of USAID's health program were Congolese living in the 91 targeted health zones.

At the national level, support has been provided for routine immunization, polio eradication, and measles mortality reduction activities. To address the enormous malaria problem, help was provided to develop and begin implementation of a revised national malaria policy, including improvements in case management and intermittent preventive treatment and the introduction of insecticide treated materials (bed nets) in several pilot health zones.

USAID-funded HIV/AIDS activities include prevention efforts emphasizing behavior change and condom social marketing targeted at high-risk groups, such as commercial sex workers, military, police, and truckers. At the national and health zone levels, assistance is also provided to the National Tuberculosis (TB) Program, family planning, nutrition policy development, and disease surveillance and response activities.

**Democracy and Human Rights.** Since 1997, USAID has been a major external force supporting political dialogue, reconciliation, and good governance in the DRC. Besides contributing \$1.5 million to support the Inter-Congolese Dialogue (ICD), USAID partners were critical in preparing civil society and political parties to play a positive role at the ICD. In addition, USAID provided internet connectivity to 110 sites. As a result, civil society organizations and citizens throughout the DRC benefited from USAID resources by being informed on governance, human rights, national laws, democratic processes, the rights of women, and how to promote dialogue and reconciliation. Over 1,000 human rights activities were trained in the proper methods to research, monitor and document human rights violations; protect confidentiality; address women victims of sexual and gender based violence; and address women's inheritance rights. 1,350 schoolgirls in the poorest areas of Kinshasa remained in school and improved their English skills because of the EDDI program. USAID also led the effort to promote communications throughout the DRC by supporting the U.N. radio network, Radio Okapi, and implementation of a small grants program enhance civil society participation in the transition.

**Economic Growth.** USAID supported a project focused on community-based cassava multiplication and distribution in two provinces. A total of 52 hectares of multiplication plots were established in FY 2002 and produced over two million meters of healthy cuttings. Agro-forestry activities were targeted to private

companies and farmers' associations in the same regions. Palm oil seedlings were sold to farmer at production cost to help local community growers. In-kind credit (bicycles) was provided to women's associations to help haul foodstuffs to market in two provinces. Lines of credit were established for 39 rural credit unions, and other micro-finance programs were supported. The private sector and grassroots farmer's associations were the targeted beneficiaries of the micro-finance, agriculture and environmental projects.

Humanitarian Assistance. In response to the volcanic eruption in Goma in January 2002, USAID funded two grants to provide a transitional shelter program and two airlifts of relief commodities consisting of 40,000 wool blankets, 35,200 water jugs, 20 10,000-liter water bladders, 300 rolls of plastic sheeting for shelter and 5,000 dust masks. USAID also used International Disaster Funds to support emergency market infrastructure rehabilitation, especially feeder road and bridge rehabilitation, agricultural programs, emergency feeding programs and an aircraft to provide transport for humanitarians in areas outside of government control. Beneficiaries of USAID's emergency non-food assistance were war-affected and vulnerable populations, and internally displaced persons (IDPs.) USAID also provided 19,510 MT of P.L. 480 Title II emergency food assistance through the World Food Program which benefited over 800,000 food insecure IDPs, refugees and other vulnerable populations.

#### Gender implications

Women and children are the most deprived members of the Congolese population. This is both an injustice and a waste of a tremendous resource, as women's role in economic life, the health and wellbeing of the family and governance has been well documented. It is estimated that outside of Kinshasa less than 15% of girls remain in school until grade five and women's illiteracy is estimated at over 65% (1995 statistics). Moreover, women have no leadership role in the DRC.

Increasing the role of and benefits to women in all aspects of life is a key crosscutting issue for USAID. To address this situation, USAID trained over 1,000 human rights activists to address women victims of sexual and gender based violence, and address women's inheritance rights. A needs assessment of community access to justice was conducted in several communities in Kinshasa. Sessions were provided on international humanitarian law, women's rights, and international human rights standards. Campaigns were held to raise awareness of men and women's equality under the law. Through EDDI, USAID provided material and financial assistance to over 1,350 primary school girls in the poorest areas of Kinshasa. EDDI also provided scholarships to 45 secondary school girls.

USAID's health programs in the Congo are largely focused on children under the age of five years with certain key interventions that target women directly as care givers and service consumers. Women are the primary health care providers and to the extent that program interventions are designed to improve availability, quality and access to preventive and curative health care services, this role is supported in a meaningful way. Services such as tetanus toxoid immunizations, prenatal services including provision of insecticide treated nets and preventive treatment for malaria and reproductive health programs directly address the needs of women in a country with one of the highest maternal mortality rates in the world.

USAID recognizes that improving public health care with an increased role for women as providers and managers will support and improve the availability, access and quality of those services. Therefore, a primary focus of USAID's program that supports the Kinshasa School of Public Health is the enrolment of women and increasing the number of female staff particularly at the professor level.

USAID also recognizes that micro-finance helps mobilize women's productive capacity to alleviate poverty and maximize economic output. USAID micro-finance programs have played a major role in gender and development strategies due to the direct relationship between poverty alleviation and women. USAID provided in-kind (e.g., bicycles, corn-mills, kernel crushers) and cash credits to help women associations transport foodstuffs to the market and acquire cash to produce and trade high-valued products.

#### Trade capacity

USAID programs do not include trade capacity building. Poor market infrastructure and inadequate market information are key constraints to increased production and productivity. Increasing productivity will require competitive market development by farmers and rural-based enterprises. Marketing strategies based on consumer demand and diversified products, and linkages of producers to markets will be key elements to ensure that the production of agriculture and environmental goods and services is sustainable and profitable. Since the DRC is under Brooke Alexander restrictions and USAID cannot work directly with the government on this issue, this provision will does not affect current USAID programs.

**Environmental Compliance:** In February 2002, the REDSO Regional Environmental Officer (REO) and the AFR/SD Environmental Advisor assisted the Mission in reviewing the entire USAID/DRC portfolio and preparing the first environmental compliance report. The report summarizes the status of Initial Environmental Examinations (IEEs) completed by Intermediate Result, per Reg. 216 requirements and procedures. Subsequently, IEEs were completed and approved for all Mission activities under the current Strategic Objective. Therefore, at this time, there are no activities or sets of activities requiring a new or amended IEE. However the Mission plans to receive in FY 03 proposals for four additional activities which will require IEEs. To date, the Mission has not yet received these proposals; however the mission in its workplan has allotted time to prepare, review, and process the IEEs.

To determine whether activities are in compliance with their approved IEE, USAID/DRC has undertaken several important steps. USAID/DRC generated and distributed activity screening and mitigation forms to its partners. The activity screening form is used to evaluate the environmental impact of its activities. The mitigation form, which is also used for monitoring and evaluation purposes, is used to identify the impact management program to be developed and implemented by the implementing agencies. USAID/DRC's partners have been requested to submit their mitigation plan no later than January 30, 2003. For activities that are not be in compliance, USAID/DRC's Environmental Specialist will recommend corrective action to bring the SO into compliance as soon possible. Also, the USAID/DRC Environmental Specialist is applying and sharing lessons learned from an ENCAP workshop in Abuja, Nigeria.

To underscore the seriousness of having activities be in compliance with the environment regulations, USAID/DRC plans to conduct an ENCAP training workshop during the summer of 2003 for its partners. This training will strengthen the capacity of partners to better understand USAID environmental requirements and procedures set forth in 22 CFR 216.

**Country Closeout & Graduation:** Not Applicable

#### **D. Results Framework**

##### **660-001 The Congolese people are assisted to solve national, provincial and community problems through participatory processes that involve the public, privat**

- IR 1.1 Enhanced child and maternal health status in target health zones
  - IR 1.1.2 Reduced health outcomes of key infectious Diseases in targaret health
  - IR 1.1.3 Reduced transmission of HIV/STIs in targeted populations
  - IR 1.1.4 Increased access to adequate Environmental Health services in targeted sites
- IR 1.2 Reduced health outcomes of key infectious diseases in targeted health zones
  - IR 1.2.1 Rule of Law and respect for human rights of women as well as men strengthened
  - IR 1.2.2 Credible and competitive political process encouraged
  - IR 1.2.3 The development of politically active civil society promoted
  - IR 1.2.4 Support protection of vulnerable and war affected children
- IR 1.3 Reduced transmission of HIV/STIs in targeted populations
  - IR 1.3.1 Critical Food Needs of Targeted Groups are Met
  - IR 1.3.2 Sustainable Agricultural Production is Increased
  - IR 1.3.3 Increased Access to Economic Opportunities

IR 1.3.4 Productivity and Quality of Life is Increased through Human Capacity Development  
IR 1.4 Increased access to adequate environmental health services in targeted sites

**Discussion:**

## Selected Performance Measures - Democratic Republic of the Congo

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| Indicator (all data should pertain to FY or CY 02)   | OU Response | Significant Result: Description of the significant result for a strategic objective | Data Quality Factors: Information relevant to the collection of this indicator data, e.g. "this data was not collected last year because it is only collected every five years." |
|--|-------------|---|--|
| <b>Pillar I: Global Development Alliance</b>   |             |   |  |
| Did your operating unit achieve a significant result working in alliance with the private sector or NGOs?  |             |   |  |
| 660-001 The Congolese people are assisted to solve national, provincial and community problems through participatory processes that involve the public, privat   | No          |   |  |
| a. How many alliances did you implement in 2002? (list partners)   | 0           |   | USAID/DRC planned alliance with UNILEVER was not implemented due to delays in the submission of final proposal. This alliance will be implemented in FY 2003.                    |
| b. How many alliances do you plan to implement in FY 2003?   | 1           |   | The alliance with UNILIVER planned in FY 2002 will be implemented during this FY.  |
| What amount of funds has been leveraged by the alliances in relationship to USAID's contribution?  |             |   | The amount leveraged by the alliance will be determined during the review of the final proposal  |
| <b>Pillar II: Economic Growth, Agriculture and Trade</b>   |             |   |  |
| <b>USAID Objective 1: Critical, private markets expanded and strengthened</b>  |             |   |  |
| Did your program achieve a significant result in the past year that is likely to contribute to this objective?   |             |   |  |
| <b>USAID Objective 2: More rapid and enhanced agricultural development and food security encouraged</b>  |             |   |  |
| Did your program achieve a significant result in the past year that is likely to contribute to this objective?   |             |   |  |
| <b>USAID Objective 3: Access to economic opportunity for the rural and urban poor expanded and made more equitable</b>   |             |   |  |
| Did your program achieve a significant result in the past year that is likely to contribute to this objective?   |             |   |  |
| <b>USAID Objective 4: Access to quality basic education for under-served populations, especially for girls and women, expanded</b>   |             |   |  |
| Did your program achieve a significant result in the past year that is likely to contribute to this objective?   |             |   |  |
| a. Number of children enrolled in primary schools affected by USAID basic education programs (2002 actual)   | 0 Male      | 1,350 Female  | 1,350 Total  |
| b. Number of children enrolled in primary schools affected by USAID basic education programs (2003 target)   | 0 Male      | 0 Female  | 0 Total  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Only primary school girls are assisted under current program. Source: USAID-funded grantee FODESA</p> <p>With planned program expansion, 5,000 primary school students will be assisted in FY 2003</p> </div> <div style="width: 35%;"></div> </div> |             |   |  |
| <b>USAID Objective 5: World's environment protected by emphasizing policies and practices ensuring environmentally sound and efficient energy use, sustainable urbanization,</b>   |             |   |  |
| Did your program achieve a significant result in the past year that is likely to contribute to this objective?   |             |   |  |
| a. Hectares under Approved Management Plans (2002 actual)  |             |   |  |
| b. Hectares under Approved Management Plans (2003 target)  |             |   |  |
| <b>Pillar III: Global Health</b>   |             |   |  |

**USAID Objective 1: Reducing the number of unintended pregnancies**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

|  |   |  |  |  |
|--|---|--|--|--|
| Percentage of in-union women age 15-49 using, or whose partner is using, a modern method of contraception at the time of the survey. (DHS/RHS) | % |  |  |  |
|--|---|--|--|--|

**USAID Objective 2: Reducing infant and child mortality**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

|  |      |        |       |  |   |   |
|--|------|--------|-------|--|---|---|
| Percentage of children age 12 months or less who have received their third dose of DPT (DHS/RHS)                   | Male | Female | Total |  | 36.7%, data not segregated by sex. Source: MOH National Immunization Program, data was cross-checked with UNICEF 2001 MICS 2 Survey |   |
| Percentage of children age 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS) | Male | Female | Total |  |   |   |
| Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS)       | Male | Female | Total |  |   | 94.8%, Data not segregated by sex; Source: 2002 National Immunization Days Report |
| Were there any confirmed cases of wild-strain polio transmission in your country?                                  | No   |        |       |  |   | No confirmed case since 2001  |

**USAID Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

|  |   |  |  |  |
|--|---|--|--|--|
| Percentage of births attended by medically-trained personnel (DHS/RHS) | % |  |  |  |
|--|---|--|--|--|

**USAID Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

|   |          |        |       |  |                                     |
|---|----------|--------|-------|--|-------------------------------------|
| a. Total condom sales (2002 actual)   | 19175354 |        |       |  | Source: USAID-funded contractor PSI |
| b. Total condom sales (2003 target)   | 20020000 |        |       |  | Source: USAID-funded contractor PSI |
| National HIV Seroprevalence Rates reported annually (Source: National Sentinel Surveillance System)   | 5.1%     |        |       |  | Source: UNAIDS                      |
| Number of sex partners in past year (Source: national survey/conducted every 3-5 years)per DHS or other survey)   |          |        |       |  |                                     |
| Median age at first sex among young men and women (age of sexual debut) ages 15-24 (Source: national survey/conducted every 3-5 years) per DHS or other survey) | Male     | Female | Total |  |                                     |
| Condom use with last non-regular partner (Source: national survey/conducted every 3-5 years)per DHS or other survey)  | %        |        |       |  |                                     |
| Number of Clients provided services at STI clinics  |          |        |       |  |                                     |

|   |        |          |         |  |  |
|---|--------|----------|---------|--|--|
| Number of STI clinics with USAID assistance   |        |          |         |  |  |
| Number of orphans and other vulnerable children receiving care/support  |        |          |         |  |  |
| Number of Orphans and Vulnerable Children programs with USAID assistance  |        |          |         |  |  |
| Number of community initiatives or community organizations receiving support to care for orphans and other vulnerable children  |        |          |         |  |  |
| Number of USAID-supported health facilities offering PMTCT services   |        |          |         |  |  |
| Number of women who attended PMTCT sites for a new pregnancy in the past 12 months  |        |          |         |  |  |
| Number of women with known HIV infection among those seen at PMTCT sites within the past year.  |        |          |         |  |  |
| Number of HIV-positive women attending antenatal clinics receiving a complete course of ARV therapy to prevent MTCT (UNGASS National Programme & Behavior Indicator #4) |        |          |         |  |  |
| Number of individuals reached by community and home-based care programs in the past 12 months   | 4088   |          |         |  | Source: USAID-funded grantee "Christian Aid"   |
| Number of USAID-assisted community and home-based care programs   | 3      |          |         |  | Source: USAID-funded grantee "Christian Aid"   |
| Number of clients seen at Voluntary Counseling and Testing (VCT) centers  | 1108   |          |         |  | Source: USAID-funded grantee FHI, two month operations                                 |
| Number of VCT centers with USAID assistance   | 3      |          |         |  | Source: USAID-funded grantee FHI   |
| Number of HIV-infected persons receiving Anti-Retroviral (ARV) treatment  |        |          |         |  |  |
| Number of USAID-assisted ARV treatment program  |        |          |         |  |  |
| a. Number of individuals treated in STI programs (2002 actual)  | Male   | Female   | Total   |  |  |
| b. Number of individuals treated in STI programs (2003 target)  | Male   | Female   | Total   |  |  |
| a. Is your operating unit supporting an MTCT program?   |        |          |         |  |  |
| b. Will your operating unit start an MTCT program in 2003?  |        |          |         |  |  |
| a. Number of individuals reached by community and home based care programs (2002 actual)  | 0 Male | 0 Female | 0 Total |  | 4,088 people, data not segregated by sex; Source: USAID-funded grantee "Christian Aid" |

|   |        |          |         |  |  |
|---|--------|----------|---------|--|--|
| b. Number of individuals reached by community and home based care programs (2003 target)  | 0 Male | 0 Female | 0 Total |  | 5000   |
| a. Number of orphans and vulnerable children reached (2002 actual)                        | 0 Male | 0 Female | 0 Total |  | 1463 orphans and vulnerable children, data not segregated by sex, Source: USAID-funded grantee "Christian Aid" |
| b. Number of orphans and vulnerable children reached (2003 target)                        | 0 Male | 0 Female | 0 Total |  | 2000   |
| a. Number of individuals reached by antiretroviral (ARV) treatment programs (2002 actual) | Male   | Female   | Total   |  |  |
| b. Number of individuals reached by antiretroviral (ARV) treatment programs (2003 target) | Male   | Female   | Total   |  |  |

**USAID Objective 5: Reducing the threat of infectious diseases of major public health importance**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

|  |     |  |  |  |                                     |
|--|-----|--|--|--|-------------------------------------|
| a. Number of insecticide impregnated bed-nets sold (Malaria) (2002 actual)           |     |  |  |  |                                     |
| b. Number of insecticide impregnated bed-nets sold (Malaria) (2003 target)           |     |  |  |  |                                     |
| a. Proportion of districts implementing the DOTS Tuberculosis strategy (2002 actual) | 70% |  |  |  | Source: National TB Control Program |
| b. Proportion of districts implementing the DOTS Tuberculosis strategy (2003 target) | 75% |  |  |  | Source: National TB Control Program |

**Pillar III: Democracy, Conflict and Humanitarian Assistance**

**USAID Objective 1: Strengthen the rule of law and respect for human rights**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

**USAID Objective 2: Encourage credible and competitive political processes**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

**USAID Objective 3: Promote the development of politically active civil society**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 660-001 The Congolese people are assisted to solve national, provincial and community problems through participatory processes that involve the public, private |  |  |  |  |  |
|---|--|--|--|--|--|

**USAID Objective 4: Encourage more transparent and accountable government institutions**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 660-001 The Congolese people are assisted to solve national, provincial and community problems through participatory processes that involve the public, private |  |  |  |  |  |
|---|--|--|--|--|--|

**USAID Objective 5: Mitigate conflict**

Did your program in a pre-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

Did your program in a post-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

|   |      |        |       |  |
|---|------|--------|-------|--|
| Number of refugees and internally displaced persons assisted by USAID | Male | Female | Total |  |
|---|------|--------|-------|--|

USAID Objective 6: Provide humanitarian relief

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

|  |      |        |       |  |
|--|------|--------|-------|--|
| Number of beneficiaries  |      |        |       |  |
| Crude mortality rates  | %    |        |       |  |
| Child malnutrition rates   | %    |        |       |  |
| Did you provide support to torture survivors this year, even as part of a larger effort? |      |        |       |  |
| Number of beneficiaries (adults age 15 and over)   | Male | Female | Total |  |
| Number of beneficiaries (children under age 15)  | Male | Female | Total |  |