



PSI/ASF sales agent creating a point of sale
in Kananga (Kasai Occidental)

**Advancing Social Marketing for Health in the Democratic Republic of Congo
Task Order # GHH-I-05-07-00062-00**

**Programmatic Quarterly Report
July – September 2010**

**Submitted by:
Population Services International**

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I. Executive Summary

Organization: Population Services International (PSI)/Association de Santé Familiale (ASF)

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Program Title: Advancing Social Marketing for Health in the Democratic Republic of Congo

Agreement number: GHH-I-05-07-00062-00

Country: Democratic Republic of Congo

Time period: July-September 2010 (Q4 FY10)

Program Goal: To improve the health status of the people of the Democratic Republic of the Congo.

Program Purpose: To expand and build upon the achievements of USAID's previous social marketing programs in DRC by increasing the effective use of health products, services, and healthier behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation.

Program Objectives: The proposed program has four main objectives:

1. Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
3. Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the Government of the Democratic Republic of Congo (GDRC), other United States Government (USG), and non-USG partners.

Key success:

1. 11,469,309 male and 305,940 female condoms were distributed in targeted health zones under AIDSTAR project.
2. 369,314 COC, 7 POP, 94,750 injectables, 978 IUD and 2,470 cycle beads were distributed to women of reproductive age in project targeted health zones.
3. 8,765 Clean Delivery Kits were distributed.
4. 343,339 sachets of PUR and 545,456 tablets of Aquatabs were distributed, to treat 14,342,510 liters of water.

II. Description of activities performed

TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

HIV/AIDS/STI

1. A quantity of 11,413,437 male condoms was in stock at the beginning of the reported period. 13,002,000 male condoms were received in July, for a total of 27,252,000 male condoms received from USAID under this contract; 4,600 condoms were used for the sampling and testing process.
2. In the previous stock received in April 2010, 741,000 condoms were discovered to be wet. Investigations were done by PSI/ASF's internal Pharmacist in charge of quality control and concluded that only 78,000 condoms were unfit for consumption due to water damage. Thus, 663,000 condoms were likely to be used for distribution.

Before the beginning of the distribution of this additional stock and in order to start their packaging process, we engaged in further discussion with the USAID team to clarify and agree upon the final Branding of PSI/ASF's condoms packaging. Thus, we received a notification from USAID stating that only USAID and PEPFAR logos should be present on our condoms packaging. Finally, in the second week of September after getting the approval from USAID, the production of packaging started.

As of the end of September 2010, there are 12,941,438 male condoms in stock in PSI/ASF warehouses.

3. A quantity of 305,662 female condoms was in stock at the beginning of the reported period, and additional 278 female condoms available in the province of Equateur at the end of the previous cooperative agreement #623-A-00-05-00341-00. In Q4 FY10, a quantity of 305,940 female condoms was distributed in all the six USAID-targeted provinces (Kinshasa, Sud Kivu Kivu, Kasai Occidental, Kasai Oriental, Katanga, Bas-Congo) plus Equateur (where stock from previous cooperative agreement were still available). No stock of female condoms is available at the end of September 2010 in PSI/ASF's central and provincial warehouses.
4. In response to the previous weak performance concerning the distribution of USAID male and female condoms, PSI/ASF intensified efforts to increase the number of condoms distributed throughout all the six USAID-targeted provinces. As a corrective measure, a dynamic action plan with clear effective interventions and responsibilities was put in place at the beginning of this term and send out to the PSI/ASF's provincial sales team. This action plan offered details and practical strategies to increase the demand for and supply of condoms and finally reach overall 75% of expected results for year one of the project.

Here are some activities planned until the end of the period:

- regular meetings with PSI/ASF approved wholesalers and their sales clerks to explain PSI/ASF health products prices and new discount policies focusing on condoms margin of profit; to systematically track their condoms stock level and record new orders, to discuss and find solutions to the issues raised; and to ensure that those “alternative condom providers” have positive attitudes, accurate knowledge, and counseling skills because they have direct interaction with consumers;
- regular meetings with local partners organizations, especially Women’s associations (for female condoms) to explain PSI/ASF distribution network focusing on approved wholesalers; present PSI/ASF health products donated by USAID (especially male and female condoms); prices and discount policies; to record new orders; and refer them to PSI/ASF approved wholesalers for purchase;
- condoms promotion with wholesalers in order to stimulate retailer level purchase orders;
- community outreach activities to stimulate informed demand by giving condom clients essential information on how to use condoms correctly, to display and distribute educational materials;
- multiple distribution channels including nontraditional outlets by using trained community-based distributors named ‘Forces de vente/sales force’ in charge of creating new condom outlets around an approved wholesaler and in some hotspots (bars, nightclubs, hotels, and brothels) under the supervision of PSI/ASF’s sales team. Some of them equally were posted at a distribution points (wholesalers) providing confidential condom counseling to available clients, distributing educational materials (illustrating leaflet on condom use, etc) and collecting clients feedback about the quality of services provided. Others were used for holding condoms promotion activities at the community level.

The objectives of condom distribution were set on a weekly basis and the quantity of condoms distributed was monitored by a daily collection of information based on service records, sales figures or stock cards, for each targeted provinces. At the end of each week of activities, a staff meeting at national level was organized to review monitoring data and other key information (problems encountered, weakness and the way to address them). Based on accomplishments, the objectives for the next week were adjusted and sent out to all the provinces. Based on results achieved, the strategy adopted and implemented over this quarter was a success.

5. The following tables highlight the distribution of male and female condoms by province during Q4 FY10, and the inventory on hand at the end of September 2010:

Prudence Homme	Distribution	Stock available, end of September 2010
KINSHASA	4,629,429	11,634,428
KATANGA	2,540,160	540,000
BAS CONGO	517,860	432,540
SUD KIVU	1,425,690	273,690
NORD KIVU		
PROVINCE ORIENTALE		
EQUATEUR		
KASAI OCCIDENTAL	1,382,400	0
KASAI ORIENTAL	973,770	60,780
MANIEMA		
TOTAL	11,469,309	12,941,438

Prudence Femme	Distribution	Stock available, end of September 2010
KINSHASA	155,098	0
KATANGA	42,800	0
BAS CONGO	26,800	0
SUD KIVU	15,504	0
NORD KIVU		
PROVINCE ORIENTALE		
EQUATEUR	278	0
KASAI OCCIDENTAL	40,980	0
KASAI ORIENTAL	24,480	0
MANIEMA		
TOTAL	305,940	0

Family Planning

1. In Q4 FY10, the *Confiance* network continued its FP IEC, service delivery and product distribution activities implemented in 8 provinces (Kinshasa, Katanga, Bas Congo, Sud Kivu, Nord Kivu, Province Oriental, Equateur and Kasai Occidental). Noted that *Confiance* network is composed by 78 private clinics and 277 pharmacies that provide quality FP services and information and distribute *Confiance* over-branded contraceptives (two oral pills, injectable of three months, IUD and Cycle Beads).

Using complementary Dutch SALIN funds for FP, 37 clinics and 89 pharmacies in Kinshasa, Mbuji-Mayi, Kindu and Boma were incorporated into the existing *Confiance* network without cost to USAID. In Q4 FY10, the training in long-term methods (IUD and implants) started for

the Dutch SALIN-funded sites: Kinshasa's expansion sites, Kindu, Mbuji Mayi and Boma. Thanks to the technical assistance from PSI/Benin, PSI/ASF led FP long-term methods training of trainers in Kinshasa in September 2010. This training targeted PSI/ASF FP team, PNSR and the Drugs Directory of the Ministry of Health. Trained key persons will subsequently train FP providers all over the country.

In order to insert USAID's implants into the *Confiance* network, the Dutch SALIN project will also fund implant training for all *Confiance* USAID-funded sites in the beginning of Q1 FY11 with no additional cost beyond budgeted products.

2. Packaging for all *Confiance* products were updated, based on the recommendation of USAID to take out all other logos (including PSI and ASF) on the packaging, except USAID's one. These updated packaging were reviewed and approved by USAID.
3. During Q4 FY10, regular supervisions were carried out by PSI/ASF staff with focus on quality insurance of counseling and information given to clients in the *Confiance* network. In clinics and pharmacies, these visits help to reinforce the capacity of PSI/ASF-trained providers with particular emphasis on micro-trainings provided to pharmacy staff.
4. During Q4 FY10, PSI/ASF sold 94,750 injectables, 978 IUDs, and 2,470 Cycle Beads through its USAID-funded 78 clinics, 277 pharmacies and 91 mobile educators *Confiance* partners. In the *Confiance* network (including Dutch SALIN-funded 37 clinics and 89 pharmacies), PSI/ASF distributed a total of 369,314 cycles of Duofem and 7 cycles of Ovrette.

The following table highlights the distribution of products by province:

Province	COC	POP	Injectables	IUD	Cycle Beads
Kinshasa	277,215	7	45,140	248	308
Katanga	49,890	0	20,120	210	524
Bas Congo	5,865	0	11,470	81	65
Sud Kivu	20,524	0	6,030	133	386
Nord Kivu	3,560	0	2,440	76	426
Province Oriental	1,890	0	1,920	90	92
Equateur	2,520	0	3,920	50	200
Kasai Occidental	2,970	0	3,710	90	469
Kasai Oriental	4,055	0			
Maniema	825	0			
TOTAL	369,314	7	94,750	978	2,470

Confiance Products – Q4 FY10
(July-August-September 2010)

Product	Objective per quarter	Sales	Achievement in %
Duofem	150,000	369,314	246,20%
Ovrette	25,000	0	0%
Depo-Provera	25,000	94,750	379%
IUD	500	978	195,60%
CycleBeads	1,000	2,740	274%

- 200,000 Petogen and 7,000 Jadelle were purchased with the Dutch SALIN-funded project and are still under clearing process. PSI/ASF is simultaneously continuing the registration process for *Petogen* (another brand name of the 3-months injectable contraceptive) in DRC of each AMM is awaited at the end of November 2010.

Maternal & Child Health

- At the beginning of the reported period, a quantity of 3,362 CDKs were in stock. 6,000 CDKs were produced. During Q4 FY10, 8,765 CDKs were distributed in all the provinces covered by PSI/ASF.
- The following table highlights the distribution of the CDK *Delivrans* by province during Q4 FY10, and the inventory on hand at the end of June 2010:

DELIVRANS	Distribution	Stock available, end of September 2010
Kinshasa	6,565	3,138
Katanga	304	0
Bas Congo	24	7
Sud Kivu	974	0
Nord Kivu	600	0
Province Oriental	19	0
Equateur	46	174
Kasai Occidental	118	0
Kasai Oriental	7	187
Maniema	108	54
TOTAL	8,765	3,560

Water and Sanitation

1. From July to September 2010, 343,339 sachets of PUR and 545,456 tablets of Aquatabs were distributed in USAID targeted provinces (Kinshasa, Katanga, Sud Kivu, Bas Congo, Kasai Occidental and Kasai Oriental). PUR and Aquatabs were distributed to health centers, pharmacies, retailers, wholesalers and households. For household distribution, PSI sale agents created demand and direct populations to existing points of sale.
2. During Q4 2010, 216 new PUR and Aquatabs points of sales were created in the 6 targeted USAID provinces.
3. 2.2 millions sachets of PUR purchased are still in testing process. Their distribution will start in October 2010. 4.4 millions sachets of PUR purchased with P&G funding are not yet received. They are awaited in January 2011.
4. ASF is still working with FH (Food for Hunger, an international NGO working with CBDAs in Kalemie) to provide PUR to vulnerable people in Kalemie, one of the cholera epidemic city in Katanga. More than 500,000 sachets of PUR will be social marketed by FH during Q1 FY11. ASF/PSI BCC sales agents will provide skills transfer to FH field team on water treatment and key hygienic behaviors.
5. PSI/ASF obtained exoneration from the Ministry of Finance after the Ministry of Health Advocacy for the 6.6 million tablets of Aquatabs. The clearing process is ongoing. In October, the Aquatabs reception is scheduled at the PSI/ASF warehouse.
6. The following tables highlight the distribution of products by province during Q4 FY10, and the inventory on hand at the end of September 2010:

PUR	<i>Distribution</i>	<i>Stock available, end of September 2010.</i>
Kinshasa	126,112	4,167,062
Katanga	22,596	855,287
Bas Congo	9,457	38,303
Sud Kivu	87,914	277,920
Kasai Occidental	8,200	146,570
Kasai Oriental	89,060	151,420
TOTAL	343,339	5,636,562

AQUATABS	<i>Distribution</i>	<i>Stock available, end of September 2010.</i>
Kinshasa	173,640	5,557,112
Katanga	33,288	376,616
Bas Congo	29,752	220,488
Sud Kivu	223,440	636,160
Kasai Occidental	55,256	598,616
Kasai Oriental	30,080	54,720
TOTAL	545,456	7,443,712

Task 1 indicators: Situation as of end Q4FY10

	INDICATORS ¹	Year 1 Targets	Year 1 Achievement (numbers)	Year 1 Achievement (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	20,000,000	14,287,029	71,44 %	80.3% of distribution (achieved in Q4) realized with the special distribution strategy implemented in all the targeted provinces.
2	Number of female condoms distributed through the USG funded social marketing programs	500,000	505,510	101,10%	Achieved. 61% of distribution achieved in Q4 due to the special distribution strategy implemented with all the provinces.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33,000,000	58,224,850	176.44 %	Achieved. The commercial network was the main channel of POU products distribution during the Q4.
4	Number of clean delivery kits distributed through the USG funded social marketing programs	20,000	20,564	102.82%	Achieved
5-1	Number of cycles of oral contraceptives (COC) distributed through the USG funded social marketing programs	600,000	640,863	106.81%	Achieved
5-2	Number of cycles of oral contraceptives (POP) distributed through the USG funded social marketing programs	100,000	10,507	10.51%	Stock out of POP. We received Microlut in Q4 FY10 and are waiting for product registration from USAID.
6	Number of injectable contraceptives distributed through the USG funded social marketing programs	100,000	171,570	171,57%	Achieved. May be due to POP stock out, the alternative solution was injectable. Other reason could be the growing interest of targeted women for injectable.
7	Number of IUDs distributed through the USG funded social marketing programs	2,000	2,140	107.0%	Achieved
8	Number of cycle beads distributed through the USG funded social marketing programs	4,000	4,900	122,50%	Achieved
9	Number of implants distributed through the USG funded social marketing programs	500	00	0%	No quantity was received from USAID during all FY10. Providers' training with complementary Dutch SALIN FP funds started in Q4 and will continue in early Q1 2011. We are also waiting for the registration process.

Task 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base.

HIV/AIDS/STI

1. We received the response to our request to use condoms sales income from previous USAID project. USAID did not agree to this demand because the two projects had different mechanisms of funding (cooperative agreement versus contract). Thus, no interpersonal communication activities were held in all targeted USAID provinces over the first year of the project due to budget unavailability.

¹ Any missing indicator in the table has no target to be reported for year 1 project.

Nevertheless, many condom promotion activities were held in all the six USAID-targeted provinces (sessions of mass communication activities). During these sessions, themes including safer sex behavior, condoms and VCT use were promoted based on participative approach. Participants are encouraged to ask questions and directly get correct information about all topics as shown above. They are also referred for STIs and VCT health facilities. A total of 33,041 individuals attended this activity.

2. The sales agents (PSI/ASF's team and community-based distributors) continued to expand the distribution system in order to increase access to condoms and reach new clients groups by using multiple distribution channels especially nontraditional outlets, increasing the number and types of outlets supplying condoms, and matching those outlets to clients' needs. Hence, 3,623 new points of sale were created during the period for both male and female condoms.
3. 40 additional new female friendly sales points were created including hair dressings and beauty shops for women by PSI's sales force.

Family Planning

1. Messaging regarding HIV/STI prevention is still a core part of ASF/PSI's FP messaging and training by field's staff and partners. The dual protection of condoms (against unwanted pregnancies and HIV) is promoted by both the FP and HIV programs.
2. In July 2010, the second hotline (099 300 30 01) to extend access to FP information with Zain (the second very important communication channel in DRC), became operational. Printed communication materials with the 2 hotline numbers (Zain and Vodacom) were distributed during activities.

In Q4 2010, the 2 FP hotlines Vodacom and Zain received over 3,648 calls, of which 81% from men.

Number of calls received by FP hotline Vodacom and Zain, by province
(July-August-September 2010 – Q4 FY10)

Province	Calls		Total
	Men	Women	
Kinshasa	406	295	701
Katanga	1,112	110	1,222
Bas Congo	63	26	89
Sud Kivu	123	37	160
Nord Kivu	131	27	158
Province Oriental	176	37	213
Equateur	134	26	160
Kasai Occidental	205	42	247
Other (Bandundu, Kasai Oriental and Maniema)	587	111	698
Total	2,937	711	3,648

3. In Q4 2010, over 155,763 people were reached with FP BCC messages, through group information sessions, household visits, sensitizations at health centers and churches and FP ‘open houses.’

Number of people reached through FP interpersonal communication, by province
(July-August-September 2010 – Q4 FY10)

Province	Men	Women	Total
Kinshasa	13,092	42,555	55,647
Katanga	3,448	27,169	30,617
Bas Congo	3,269	4,461	7,730
Sud Kivu	660	17,613	18,273
Nord Kivu	3,835	10,704	14,539
Province Oriental	2,770	4,291	7,061
Equateur	1,444	5,331	6,775
Kasai Occidental	4,157	10,964	15,121
Total	32,675	123,088	155,763

4. In Q4 FY10, a total of 10,663 persons were reached with FP counseling visits through clinic network

Number of people reached through FP counseling visits, by province
(July-August-September 2010 – Q4 FY10)

Province	Men	Women	Total
Kinshasa	88	3,335	3,423
Katanga	104	1,953	2,057
Bas Congo	78	340	418
Sud Kivu	55	1,391	1,446
Nord Kivu	192	991	1,183
Province Oriental	106	339	445
Equateur	56	240	296
Kasai Occidental	196	1,199	1,395
Total	875	9,788	10,663

5. In the following table, new clients recruited in reported period included men and women. All the men new clients chose condoms as FP method.

Province	Q4 FY10	
	Men	Women
Kinshasa	117	7402
Katanga	138	676
Bas Congo	13	333
Sud Kivu	169	966
Nord Kivu	186	1110
Province Oriental	0	144
Equateur	0	441
Kasai Occidental	72	1890
Total per sex	695	12,962
Total	13,657	

6. A total of 23 meetings with network partners were held in Q4 FY10 including bi-annual meetings with pharmacists in September and quarterly meetings with partner clinicians and mobile educators in 8 FP provinces. These meetings provided an opportunity for PSI/ASF-trained pharmacists, clinicians and mobile educators to meet together to discuss lessons learned, successes and concerns, share ideas and receive technical updates from PSI/ASF staff about FP products and services and FP information to be given to clients throughout the *Confiance* network.

Water and Sanitation

1. Due to the lack of funding in comparison with the field needs, the 2010 UNDP Pooled Fund 2^d Round funding targeted only safe water and sanitation infrastructures in some health zones in Sud Kivu, Nord Kivu and Haut and Bas Uélé in Province Orientale. The PSI Nord Kivu proposal was not selected.
2. A total of 225 interpersonal communication sessions were performed in schools, churches, markets, health centers (during ante and post-natal sessions) and aimed 35,581 people including mothers with children under five, community leaders, students, women associations, etc.
3. Communication activities: radio spots with messages related to safe drinking water, hygiene and sanitation promotion were aired through both rural and urban radio stations.

Task 2 indicators: Situation as of end Q4 FY10

	INDICATORS ²	Year 1 Targets	Year 1 Achievement (numbers)	Year 1 Achievement (%)	Comments
14	Number of targeted condom service outlets	1,800	5,403	300.16%	Achieved. Special distribution strategy implemented in Q4 included points of sales creation.
15	Number of individuals participated in community-wide event focused on HIV/AIDS	Not Applicable	38,561		To reinforce condom demand, ASF's sales force conducted mass animation.
20	Percentage of service delivery points (pharmacies, clinics and wholesalers) reporting stock out of any contraceptive commodities offered by the facility at any time	50%	20%		Achieved. Each service delivery point has at least 1 of the two most used contraceptives (injectables and oral) included in the <i>Confiance</i> products.
21	Number of people reached during outreach activities promoting the use of water purifier products	50,000	240,663	481.33%	Achieved.
23	Number of service delivery points social marketing delivery kits	200	481	240.5%	All partners (clinics, pharmacies) in <i>Confiance</i> network sell CDK.
24	Percentage of wholesaler service delivery points reporting no stock out of water purifier at any time	60%	0%	0%	No stock out has been reported.

TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.

Cross-cutting

1. An external financial auditor was selected after a bidding process to conduct the 2009 annual financial audit of PSI/ASF. Assessment and report was completed in Q4 2010.

HIV/AIDS/STI

1. The ASF's sales agents continued to carry on visits to wholesalers and points of sales to check product availability and merchandising, to verify the respect of price structure, and to train new clients on-site.
2. 29 meetings were held with wholesalers and local partner organizations throughout all the six USAID-targeted sites.

Maternal & Child Health, and Water and Sanitation

1. We continue to maintain the new distribution approach, taking into account wholesalers, semi wholesalers and detailers, following the fast consuming goods channel, with targeted promotion and advertising.

² Any missing indicator in the table has no target to be reported for year 1 project.

Task 3 indicators: Situation as of end Q3FY10

No indicators have been reported for year 1 project.

TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Cross-Cutting

1. PSI/ASF attended actively two condoms task force meeting led by the PNMLS in Kinshasa in the framework of “condoms panel” to improve coordination of condoms distribution between stakeholders in DRC. These meetings gathered many organizations including USAID, UNFPA, UNAIDS and CORDAID.
2. In addition, quarterly meetings including provincial condoms panels and M&E panels were held in all the 6 USAID targeted provinces under the leadership of PNMLS to reinforce partnership and to follow up improving of coordination of HIV interventions.
3. Another meeting was held with PROVIC (Programme de lutte contre le VIH au Congo), funded by USAID, and the COTR at the national level in order to discuss the possibility of signing a MoU specifying the domain of collaboration and the responsibilities for implementation. Discussions are in process to validate the document.
4. In order to update the FP interventions in DRC, PSI/ASF attended a USAID funded training held by C-Change and targeting journalists about FP communication methods. Management and Leadership was another training theme developed by C-Change to which PSI/ASF attended too. This latter training led to the proposals how to implement the recommendations of the FP Repositioning National Conference held in December 2009.
5. Four PSI/ASF program managers and researchers attended the « Monitoring and Evaluation » workshop held by the PSI Western and Central Africa Regional Research & Metrics department in Abidjan during August 2010. This workshop provided tools to both researchers and programmatic key persons to improve project monitoring and evaluation.
6. PSI/ASF attended the Comité Intersectoriel de Lutte contre le Choléra (CILC) weekly meetings, along with the Comité National d’Action Eau et Assainissement (CNAEA), the Ministry of Health (4th Directory), UNICEF. Strategic plan against ongoing cholera outbreaks (especially in Shabunda health zone/Sud Kivu) was discussed. First care for affected people was chosen as primary solution. WHO, MSF and other specific NGOs are providing care.
7. Meetings with ORS/Zinc task force partners (UNICEF, MCHIP, PNLMD, WHO, Kinshasa University Clinics, ...) were held in Q4 to schedule the DTK launch during the FY11 project implementation taking into account the existing on field.
8. ASF attended the cluster watsan monthly meeting lead by UNICEF with the other watsan partners. The Watsan humanitarian strategic plan for 2011 and the 2010 second round of Pooled Fund funding were discussed. UNDP Pooled Fund did not plan point of use water treatment product distribution in their funded interventions for the second half of 2010 calendar period. The selected projects targeted infrastructures activities such as wells, sources, latrines, etc

Research, Monitoring and Evaluation

Cross-Cutting

1. From July 7th to 16th, 2010, PSI/ASF was visited by the subcontractor QED. The monitoring of the AIDSTAR project was the main point of their scope of work. After sharing the reports and other documents related to the project M&E, they visited field activities and met key project implementers in some provinces : Bas Congo (they attended the sensitizations activities) and Kinshasa where they attended the research agency (Institut Supérieur des Statistiques) supervisors and researchers training before the launch of the HIV TRaC survey in Kinshasa and Bukavu.

HIV/AIDS/ST

1. After approval from the Ethic Committee which is the National Public Health School, data of the HIV TRaC survey have been collected in Kinshasa and will be collected in Bukavu in Q1 FY11.
2. The Condoms Coverage MAP Survey data collection and analysis were completed during the reported period. Preliminary results are available. This MAP was funded by the World Bank through PNMLS. The coverage data of the other PSI/ASF health products (FP, WATER, MCH) were also collected and analyzed. As regard to the coverage, the results show that there's at least one point of sale distributing Prudence in each health area. Data dissemination will be done during Q1 FY11.
3. Final report for the 4-year HIV project funded by USAID under the cooperative agreement #623-A-00-05-00341-00 was completed and submitted to USAID in Q4 FY10.

Family Planning

1. The FP baseline TRaC survey in two Dutch SALIN-funded sites data collection, entry and analysis has been completed and the final report approval is awaiting approval from the principal investigator. Results will be shared with USAID.
2. Preliminary results of the MAP survey are available. Dissemination of data will be completed in early November.

Maternal & Child Health

1. The MCH TRaC survey (in 5 provinces) data collection was completed and the research agency is currently completing the data entry. Analysis completion is scheduled by end November 2010.

Task 4 indicator: Situation as of end Q4 FY10

	INDICATORS	Year 1 Targets	Achievement Project Q3 (numbers)	Achievement Project Q3 (%)	Comments
28	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	118	196,66%	

III. Project Management

1. Subcontract with HOPE was signed, after approval from USAID.
2. Before starting the procurement process for furniture/equipment to be purchased in Yr 2, we began to first complete the inventory assessment to verify what PSI has on hand in all offices and its condition. An annual audit of all PSI equipment in its national office in Kinshasa and all its provincial offices was completed at the end of the year 2009, with other donor funding. The report allowed updating assets list, prioritizing needs and planning furniture/equipment for project year 2.
3. PSI/DRC received, in September 2010, the technical assistance of its Junior Associate Program Manager from PSI Washington, Elizabeth Regan. She helped to prepare the year 2 project budget; to finalize list and characteristics of equipment and material to be purchased during FY11; and trained programmatic and financial staff on budgeting, budget tracking and PSI annual budgeting.
4. TCN salary and allowances approval reconsideration request for three task order’s key personnel (Dr Didier Adjoua, Chief Of Party, Mr. Hery Ramangalahy, Administrative and Finance Specialist, and Mr. Degrande Dipoko, Social Marketing & Logistics Technical Advisor) have not been approved by to the CO as of the end of FY10 since resubmission requests sent in February 2010.
5. Project implementation indicators follow up meeting with USAID was held on August 12, 2010. There was concern with 2 indicators: male condoms and oral contraceptives sales were so low that a special distribution strategy had to be set up before the end of FYII so as to meet targets. PSI/ASF had to distribute 15 millions male condoms by September 30, 2010. As for oral contraceptives, COC and POP had to be considered separately to make clear the distribution follow up. It was also decided that PSI/ASF had to report weekly the distribution follow up indicators. All these recommendations were implemented.
6. On September 2, 2010, Joshua KARNES, the USAID new health department deputy team leader, visited PSI/ASF for first greetings, along with Dr Thibaut.
7. The Regional Director for Western and Central Africa, Moussa Abbo, visited the platform respectively in July 2010. Visits to USAID DRC Deputy Head of Mission and AIDSTAR project COTR were held. Additionally, several meetings were conducted with key partners such as Ministry of Health. Additionally, internal meetings with each department were held to provide managerial and technical assistance for project implementation.

8. PSI/DRC Country Representative, Theresa Gruber Tapsoba, attended the PSI country representatives meeting in July 2010 in New Orleans for capacity building, experience sharing and networking.
9. The FP technical advisor, Jamaica Corker, completed her contract in DRC in July 2010, and the FP National Manager, Gaby Kassongo, has taken in charge the department.
10. PSI/DRC Country Representative, Theresa Gruber Tapsoba, completed in her contract in DRC in September 2010. She will be replaced in the position by Nestor Ankiba.
11. We received the modification of the contract for year 2, but only HIV component was included in the modification. We wait for other domains (FP, MCH and Watsan) obligations.
12. We sent our provisional NICRA for approval under our current task order to the Contracting Officer on September 16th, 2010.

IV. Problems /Challenges faced during the reporting period

During the reporting period, several challenges have been faced by the project:

1. Branding and marking plan has been submitted to the Contracting Officer on November 30th, 2009, and approval is awaited for implementation. Also, indicators, logframes and PMEP are still not approved by USAID.
2. Lack of timely response to request for approvals from USAID for international travel and some mandatory aspects of sub contracts has a great impact on the timely realization of activities and builds a sense of uncertainty as to whether to proceed with planned and budgeted activities or to suspend them until approval is obtained.
3. Delays in products arrival in DRC (as male condoms and FP products) create delays in project objectives' achievement. Stock-out of female condoms is anticipated to delay female condoms distribution during FY11.
4. The lack of a solution to the problem of the suspension of all exonerations for NGOs as of November 2009 continues to significantly undermine PSI/ASF FP activities, including the introduction of Jadelle under this current USAID project and the replacement of FP equipment in many USAID-funded clinics (see section on "Complementary information" below). This exoneration issue also impacts negatively the clearing process for the point of use water treatment product Aquatabs (6.6 million tablets) purchased by other donors and to be distributed under this USAID-funded project. This exoneration issue will unfortunately continue to delay year 2 project purchases (equipment and other materials) for project implementation unless a resolution is found promptly.
5. Prolonged delays in the registration of Jadelle (since Nov 2009) and the new DMPA 3-month injectable Petogen (since April 2010) continue to block implementation of program activities. PSI/ASF is working with the 3ieme Direction and the pharmaceutical company Helm to finalize the registration of Petogen, which was originally scheduled for mid-June 2010 but was delayed

due to the implementation of new regulations and rules at the 3ieme direction. The registration of Jadelle is being handled by Bayer, at their request, and the lack of progress on this front means that it will not be possible to distribute any Jadelle under this project for FY10.

V. Environmental Mitigation (IEE)

1. Needles from injectables: Part of the pre-selection criteria for partner clinics was that they had, at the time of selection, a place established where hazardous waste, including needles, was burned and safely disposed of. This is also a requirement of the MOH requires for all clinics/health centers. Verification of proper procedures for disposing of hazardous waste at clinics has been added to all clinic supervisions. Used contraceptive injectables needles bins are shipped to the provinces in order to collect them before burning in all the *Confiance* network clinics.
2. Condoms: Proper disposal of condoms, in a designated garbage can or latrine, is included in all community-based actors' trainings and condom messaging, including IEC and condom packaging.
3. Packaging and materials: PSI/ASF does all it can to ensure that product packaging and IEC materials are properly disposed of. This is particularly true following events where samples, brochures, stickers or other promotional and IEC, where materials are often discarded or left lying around.
4. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP methods training. Guidelines for assuring IEE requirements are met in *Confiance* clinics were also added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.
5. The promoted POU products PUR and Aquatabs, are harmless. During sensitizations, people are taught how to discard the packaging so as to avoid their littering. Packaging will be gathered and burnt at the nearest health center along with other hospital or household wastes.

VI. FP and HIV policy compliance

The Thiar Amendment and its requirements were recalled to all FP staff.

VII. Planned activities versus progress (table)

Activity	2009												2010												Comments															
	OCT			NOV			DEC			JAN			FEB			MAR			APR			MAY				JUN			JUL			AUG			SEPT					
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
Program Administration																																								
Post award meeting with USAID Mission	X																																							Achieved
Follow-up with USAID on final contract revisions	X																																							Achieved
Finalize request for approval of subcontractors Hope Consulting & Social Impact					X	X	X																																Achieved	
Finalize sub-agreement with Hope Consulting and Social Impact								X																															Achieved	
Finalize sub-agreement with QED					X																																		Achieved	
Finalize PSI/ASF Y1 workplan DUE OCT. 30					X																																		Achieved	
Finalize PSI/ASF Y1 PMP and logframes DUE NOV. 30								X																															Achieved. Submitted to USAID on time for approval	
Brand and Marking Plan DUE Nov. 30								X																															Achieved. Submitted to USAID on time for approval	
Trainings and Conferences																																								
PSI Induction Training (Hery Ramangalahy and Didier Adjoua) DRC-Washington DC					X																																		Achieved.	
PSI Country Representative Annual Conference (Theresa Gruber-Tapsoba) DRC-TBD																																							Achieved	
Procurement/Equipment																																								
Inventory Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved	
Determine and validate new terms of reference for Y2 procurement																																								Achieved
Advertise tenders																																							Reported to Q1 FY11, based on year 2 budget approval by USAID.	
Analysis and selection of suppliers																																							Reported to Q1 FY11, based on year 2 budget approval by USAID.	
Program Management project planning trip (Gina Smith) Washington DC-DRC	X	X	X																																				Achieved	
Program Supervision trip by Regional Director (Moussa Abbo) Washington DC-DRC																																							Achieved	
DELTA Social Marketing training trip (Frederick Parsons) Benin-DRC																																							Achieved	
Rural Strategy Assessment trip (Sali Adamou) Cameroon-DRC																																							Achieved	
MCH/Wat Technical Assistance trip (Megan Wilson) Washington DC-DRC																																							Reported in Q1 FY11 (October 2010)	
Monitoring & Evaluation Technical Assistance trip (Edouard Talnan) Benin-DRC																																							Reported in Q1 FY11	
Program Management trip (Gina Smith) Washington DC-DRC																																							Achieved. Completed by Elizabeth Regan (Assistant Program Manager)	
Rural Strategy Assessment Consultancy trip (Carol Squire) India-DRC																																							Achieved	
QED (Melinda Pitts) Washington DC-DRC																																							Achieved	
Hope Consulting (Hope Neighbor x 2) San Francisco-DRC																																							Reported in Q1 FY11	
Social Impact (Tuthill) Washington DC-DRC																																							Reported in Q1 FY11	
Other Travel																																								
Home Leave (Dipoko Degrande + 1 dependent) DRC-Cameroon																																							Reported in Q1 FY11	
R&R (Didier Adjoua+2 dependants) DRC-Paris																																							Reported in Q1 FY11	
R&R (Hery Ramangalahy) DRC-Paris																																							Reported in Q1 FY11	

Activity	2009												2010												Comments													
	OCT			NOV			DEC			JAN			FEB			MAR			APR			MAY				JUN			JUL			AUG			SEPT			
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease																																						
Cross-Cutting Activities																																						
Creation of new distribution system through ethical and non ethical product distributors									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	In process.	
Build capacity of distributors/networks to move social marketing products					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	In process.
Formalize method of selection of wholesalers and intermediaries	X	X	X	X	X																																Achieved.	
Develop selection criteria & Select new wholesalers and confirm existing	X	X	X	X	X																																In process.	
Create new points of sale and confirm existing	X	X	X	X	X																																Achieved.	
Update/provide sales materials	X	X	X	X	X																																On going.	
Field training of wholesalers									X	X	X	X																									No budget is available in FY10. This activity will be reported in FY11.	
Evaluate pricing grid																																					Achieved.	
Integrate ASF/PSI sales & support teams across health areas and products					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved.	
Assess MIS	X	X	X	X	X																																Achieved.	
Standardization of MIS					X	X																															Achieved.	
Field training of sales agents								X	X	X	X																										Achieved.	
Restructuring of product supply system to provinces					X	X	X	X	X	X	X																										Achieved.	
Reevaluate MIS																	X	X																			Achieved.	
Planning workshops for provincial leaders					X	X																															Achieved.	
Provincial supervision trips	X				X				X				X				X				X				X				X								Achieved.	
Lawson Preparation & Implementation												X	X														X	X	X	X	X	X	X	X	X	X	X	Reported to FY11.
Price																																						
Willingness to pay surveys to assess affordability																X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Reported to Q1 FY11, under Hope's subcontract.	
HIV/AIDS/STI Activities																																						
Product																																						
PSI/ASF receives male and female condoms from USAID					X	X	X	X																													Achieved.	
Socially market 20 million male condoms Y1					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	71.44% distributed.	
Socially market 500,000 female condoms Y1					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved (101.10%)	
Procure condom packaging material					X	X	X	X	X	X	X	X																X	X	X	X	X	X	X	X	X	X	Achieved.
Packaging of male and female condoms					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved.	
Shipping condoms to provinces									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.	
Placement/Distribution																																						
Distribution of social marketed male and female condoms (private sector, distribution network, wholesalers, semi wholesalers, retailers including pharmacies)									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.	
Intensify distribution into rural areas (involve/ partners community based outreach workers/ NGOs/ Associations)								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Rural Assessment has been achieved in Q3. Strategies have been validated in Q4. Implementation will start in Q1 FY11.	
Identify female friendly condom distribution outlets like hair dressing/ beauty shop for women					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.	
Identify new commercial outlets and maximize product availability and visibility in hot spots (rural and urban)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.	
Family Planning Activities																																						
Product																																						
Socially market 700,000 OCs Y1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	COC achieved (106.81%). Stock out of POP.		
Socially market 100,000 injectable contraceptives Y1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved (171.57%)	
Socially market 2,000 IUDs Y1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved (107.0%)	
Socially market 4,000 CycleBeads Y1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved (122.50%)	
Register new contraceptives					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Registration process on going.	
Introduction of implants into existing Confidence FP system (co-funded with SALIN) pending registration																																					On going. Waiting for Registration	
Socially market 500 implants Y1																																					Waiting for Registration	
Ship products to provinces	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.	
Placement/Distribution																																						
Private sector distribution of Confidence contraceptives through Confidence network of partner clinics and pharmacies					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.	
Maternal & Child Health Activities																																						
Product: CDKs																																						
Product																																						
Establish an increased and sustainable production system	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.		
Price																																						
Willingness to pay surveys to assess affordability																	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Reported to Q1 FY11, under Hope's subcontract.	
Distribute 50,000 CDKs at cost-recovery (for PSI/ASF)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved for year 1 (102.82%).	
Placement/Distribution																																						
Distribute CDKs through wholesalers, retailers, clinics and Confidence sites					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.	
Sell CDKs to NGOs/Int'l Organizations for subsidized/free delivery in rural sites (outside of cost-recovery distribution circuit)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On going.	

VIII. Key activities and challenges for the next quarter

Activities for Q1 FY11 are included in the year 2 project work plan, which has to be validated first by USAID with the budget.

IX. Annexes

IX.1- Project indicators

Annex A: Product Distribution Targets

Annex A: Product Distribution Targets						
	PRODUCTS	YEARS				TOTAL
		1	2	3	4	
HIV	Male Condoms	20,000,000	25,000,000	30,000,000	32,000,000	107,000,000
	Female Condoms	500,000	700,000	1,000,000	1,200,000	3,400,000
FP	Oral Contraceptives	700,000	1,000,000	1,200,000	1,500,000	4,400,000
	Depo-Provera (3-month)	100,000	150,000	200,000	250,000	700,000
	IUD	2,000	2,500	2,750	3,000	10,250
	Cycle Beads	4,000	5,000	5,700	6,200	20,900
	Implants	500	800	1,200	1,500	4,000
MCH / WS	Clean Delivery Kits	20,000	30,000	0	0	50,000
	ORS+Zinc Diarrhea Treatment Kit	0	250,000	1,000,000	1,500,000	2,750,000
	PUR	1,000,000	1,320,000	1,650,000	1,800,000	5,770,000
	Aquatabs	1,150,000	1,540,000	1,925,000	2,100,000	6,715,000

Annex B: Annual Performance Milestones

Annex B: Annual Performance Milestones							Comments/Assumptions
INDICATORS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL		
Task 1: Increase supply and diversity of health services and products							
1	Number of male condoms distributed through the USG funded social marketing programs	20,000,000	25,000,000	30,000,000	32,000,000	107,000,000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
2	Number of female condoms distributed through the USG funded social marketing programs	500,000	700,000	1,000,000	1,200,000	3,400,000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33,000,000	44,000,000	55,000,000	60,000,000	192,000,000	Based on quantities planned. Year 1 target is based on previous project last year achievement. A 33% increase is anticipated in year 2, based on historical yearly increase. Concurrent interventions of other NGOs in same health zones are anticipated to decrease targets in year 3 and 4.
4	Number of Diarrhea Treatment Kits containing 2 low-osmolarity flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	0	250,000	1,000,000	1,500,000	2,750,000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and similar project achievements in other PSI countries.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20,000	30,000	0	0	50,000	Based on quantities planned. Quantities for years 3 and 4 will be distributed by the private company to be identified, according to the work plan. Additional market analysis will be carried out in year 1 to critically assess the feasibility to turn CDK promotion and distribution into a formal private company.
6	Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700,000	1,000,000	1,200,000	1,500,000	4,400,000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100,000	150,000	200,000	250,000	700,000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
8	Number of IUDs distributed through the USG funded social marketing programs	2,000	2,500	2,750	3,000	10,250	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
9	Number of cyclebeads distributed through the USG funded social marketing programs	4,000	5,000	5,700	6,200	20,900	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
10	Number of implants distributed through the USG funded social marketing programs	500	800	1,200	1,500	4,000	Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change).

Annex B: Annual Performance Milestones							
INDICATORS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	Comments/Assumptions	
Task 2: Increase the awareness of and demand for health products and services							
11	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4,364	4,800	5,280	14,445	National reference is 11% for this activity (DHS 2007). Project efforts will increase this target to 15% of people reached during AB and OP promotion.
12	Number of individuals reached with individuals/small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17,717	19,488	21,437	58,642	Year 2 targets are based on previous project achievements. A 10% yearly progression is anticipated. Targets are related to available budget.
13	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14,286	15,714	17,286	47,286	Year 2 targets are based on previous project achievements. A 10% yearly progression is anticipated. Targets are related to available budget.
14	Number of targeted condom service outlets	1,800	2,500	4,000	5,500	5,500	Previous project achievement was 1,500 condom service outlets. Targets are based on the extension planning of condom service outlets network in Health Zones.
15	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200,000	300,000	400,000	900,000	Year 2 targets are based on previous project achievements. Yearly progression is anticipated. Targets are related to available budget.
16	Number of media outlets including HIV/AIDS messages in their programs	0	15	20	25	25	Based on budget available.
17	Number of media broadcasts that promote responsible sexual behavior	0	1,800	1,800	1,350	4,950	Based on budget available.
18	Number of peer educators who successfully completed an in-service training program	0	300	300	0	600	Based on budget available.
19	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	103	0	0	103	Dutch funded newly established <i>Confiance</i> clinics and pharmacies will be incorporated into the USG funded network in year 2.
20	Percentage of service delivery points (pharmacies, clinics and wholesalers) reporting stock out of any contraceptive commodities offered by the facility at any time	50	40	30	15	15	Contingent upon consistent product supply from the donor.
21	Number of people reached during outreach activities promoting the use of water purifier products	50,000	100,000	150,000	180,000	480,000	Based on past achievements.
22	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	25,000	75,000	125,000	225,000	Based on estimated quantities of product to be distributed.
23	Number of service delivery points social marketing delivery kits	200	250	0	0	250	Years 1 and 2 are based on current levels of distribution and existing service delivery points. In years 3 and 4, product will become commercially marketed by a private company. Additional market analysis will be carried out in year 1 to critically assess the feasibility to turn CDK promotion and distribution into a formal private company.
24	Percentage of wholesaler service delivery points reporting no stock out of water purifier at any time	60%	70%	80%	80%	80%	Based on anticipated project efforts.
25	Percentage of wholesaler service delivery points reporting no stockouts of ORS/zinc tablets at any time	—	60%	70%	80%	80%	Based on anticipated project efforts.
Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services including behavior change communication activities							
26	Number of socially marketed health products or services transitioned to the private sector	0	0	1	0	1	Based on project work plan.
27	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	8	2	20	Based on project work plan.
Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other USG and non-USG partners							
28	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	110	373	Based on budget available, and past experience on coordination.

IX.2- Inventory on hand

The tables below highlight PSI/ASF's distribution numbers and current stock levels for each product in each targeted province of the project.

Provinces	HIV Products		FP Products				MCH Products	WatSan Products		
	Prudence Male	Prudence Female	COC	POP	Injectable	IUD	CycleBeads	DELIVRANS	PUR	AQUATABS
Kinshasa	11,634,428	0	352,075	0	101,691	6,037	102,977	3,138	4,167,062	5,557,112
Katanga	540,000	0	4,650	0	16,660	92	1,064	0	855,287	376,616
Bas Congo	432,540	0	15,195	0	910	100	1,179	7	38,303	220,488
Sud Kivu	273,690	0	0	0	5,370	135	762	0	277,920	636,160
Nord Kivu	NA	NA	8,050	0	10,979	80	0	0	0	0
Province Oriental	NA	NA	2,400	0	5,530	88	440	0	0	0
Equateur	NA	NA	0	0	4,000	100	1	174	0	0
Kasai Occidental	0	0	12,240	0	2,950	0	0	0	146,570	598,616
Kasai Oriental	60,870	0	640	0	NA	NA	NA	187	151,420	54,720
Maniema	NA	NA	3,540	0	NA	NA	NA	54	0	0
TOTAL	12,941,528	0	398,790	0	148,090	6,632	106,423	3,560	5,636,562	7,443,712

IX.3- Program income

At the end of September 2010, a total of \$53,817.73 and 133,023,860 Congolese francs (around \$147,804, with a rate exchange of 900) was collected with HIV prevention and FP products' sales

IX.4- Travel plan for the next quarter

Several trips have been planned for next quarter (Q1 FY11):

Trip subject	Person	Place	Anticipated period
Willingness to pay and CDK's Spin off evaluation	Hope Consulting – 3 persons	DRC	October - November 2010
Local NGOs assessment and capacity building	Social Impact – 1 person	DRC	November 2010
MCH program supervision	Megan Wilson	DRC	October 2010