

USAID/DEMOCRATIC REPUBLIC OF THE CONGO
ANNUAL REPORT FY 2002

March 2002

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Related document information can be obtained from:
USAID Development Experience Clearinghouse
1611 N. Kent Street, Suite 200
Arlington, VA 22209-2111
Telephone: 703/351-4006 Ext. 106
Fax: 703/351-4039
Email: docorder@dec.cdie.org
Internet: <http://www.dec.org>

Released on or after July 1, 2002

ANNUAL REPORT PART III: FY 2001 PERFORMANCE NARRATIVE

USAID MISSION: Democratic Republic of the Congo (DRC)

PROGRAM TITLE: Promote Health, Food Security and Transition to Peace.

STRATEGIC OBJECTIVE AND NUMBER: Congolese People are Assisted to Solve National Provincial and Community Problems through Participatory Processes that involve the Public, Private and Civil Sector (660-00.01)

Most targets set for the year were met or partially met.

KEY INTERMEDIATE RESULT (IR) 1: Enhanced Child and Maternal Health Status in Targeted Health Zones

Summary: The health program focused on:

Enhancing child and maternal health in targeted health zones;

Establishing the infrastructure for surveillance and management of key infectious diseases in targeted health zones;

Preventing HIV/AIDS transmission; and

Encouraging the development of grass roots initiatives for improved environmental health services.

Activities were implemented through UNICEF, WHO, BASICS II, Population Services International (PSI), Catholic Relief Services (CRS), Tulane University, the Centers for Disease Control and Prevention (CDC), TB Coalition (TBCTA), Interchurch Medical Assistance (IMA), International Rescue Committee (IRC), and Action Against Hunger (ACF).

Key achievements in FY 2001

The health program met or exceeded the targets set for FY 2001. The table below indicates the targets and the performance rate at the end of the fiscal year.

Polio Eradication	Target: 11,616,505	Results: Exceeded
Vitamin A	Target: 10,454,855	Results: 97%
Measles	Target: 2,100,365	Results: 74%
Routine Immunization	Target: Reintroduce	Results: Met
Malaria	Target: Revise Policy	Results: Met
HIV/AIDS:	Target 12,000,000 condoms	Results: Met
Public Health Training	Target: 30 graduates	Results: 26 graduates

The objective of improving basic health services delivery in rural areas continued with the revitalization of more than 50 health zones. Sixty motorcycles, 500 bicycles, four land cruisers, and cold chain equipment were delivered to many of these zones. Rehabilitation of pharmaceutical depots and delivery of reference books were made in 30 of the zones. Training activities were conducted for 6 newly hired regional coordinators; 60 health care personnel participated in a training of trainers for management and health information systems. Development of IEC materials, planning for baseline surveys, and training of water and sanitation engineers were initiated. Rural health activities continued to make progress with increases in routine vaccination coverage. Village coordinating committees were operating, cold chain and training on cold chain maintenance improved significantly, and management information systems were established.

Polio eradication efforts continued by vaccinating an increased numbers of children as a result of intensified door to door canvassing that included an effort to collect more accurate population data. In the first of the three rounds, 11,967,405 children were vaccinated, 12,156,131 in round two, and 12,443,090 during the third and final round. The Ministry of Health was assisted in the revision and tracking of quality indicators for the 'National Immunization Days. The surveillance component of the polio eradication effort attained coverage of most health districts in the country and no cases of wild poliovirus infection were found during 2001. Training was provided for

personnel at the National Laboratory (INRB) to allow them to effectively manage and generate reports from the database for acute flaccid paralysis (AFP). 10,217,940 children received doses of vitamin A. 1,544,407 children were vaccinated for measles.

Development of a national Vitamin A policy, guidelines and an action plan was completed. In support of vitamin A interventions, production of a series of 14 television broadcasts on culinary techniques, 4 theater sketches, 24 television messages, development and broadcast of 20 radio messages, 20 training workshops at the health zone level and 11 training workshops were conducted at the request of local NGOs. Initiatives in routine immunization coverage were conducted in Kasai Oriental and Bas Congo Provinces. Bas Congo achieved impressive increases in immunization coverage results: Kimvula - BCG – 0.0% to 68%, DPT – 0.0% to 68%, Measles – 0.0% to 97%, TT – 0.0% to 33%; Ngidinga - BCG – 53.6% to 84%, DPT – 26% to 60%, Measles – 32.6% to 62%, TT – 31% to 36%; and Nselo - BCG – 48.3% to 82%, DPT - 16.7% to 51%, Measles – 15.7% to 62%, TT – 9% - 52.6%. Kasai Oriental results: TB 61.2%, OPV 56.5%, DPT 54.9%, Measles 47.7%, TT 55.1%.

In the measles control program, the Ministry of Health was assisted in the development of a measles control strategy including a measles workshop.

Lethal hemorrhaging in children under five and pregnant women contributed to high child and infant mortality and one of the highest maternal mortality rates in the world. Malaria infection is becoming more severe as a result of an outdated treatment policy, poor diagnostic capacity and environmental degradation, a complex of elements, which together intensify the transmission of malaria parasites. In support of the malaria control program, a moribund national malaria control capacity has been targeted for revitalization. Activities during the year focussed on improving the capacity of the National Malaria Control Program to develop and distribute effective treatment and clinical management policies.

A national malaria policy was developed, a new drug policy replacing chloroquine by Fansidar was adopted after country wide efficacy studies showed high rates of resistance to chloroquine (29.5-80%), and new treatment guidelines were distributed. Case management improved: 378 public and private laboratories in Kinshasa were evaluated for quality of malaria diagnosis and quality of equipment and reagents. 144 microscopists were trained; 245 medical doctors and nurses were trained in clinical management of non-complicated malaria and 161 in management of severe cases; 15 microscopes were distributed in public hospitals and behavioral surveys on malaria treatment were conducted.

In order to improve prevention, ITM were introduced in two pilot health zones (Maluku and Kinkole) and an integrated malaria control pilot project in the Kinshasa neighborhood of Kingasani (population 400,000) began. The project was initiated to measure the effectiveness of a range of malaria interventions (ITM, policy change, environmental interventions, health worker training and community education). The following baseline information was produced: mapping, census, entomological, retrospective mortality and morbidity (40 to 60 % of all consultations, 22.5% to 55.5% of deaths in children <5, 80% of all transfusions – 10,000 in one hospital), prevalence (41-73.4%) in children <11 years old (school/community), and anemia (9-72% in four sites).

To improve capacity, staff of the national malaria control program were trained or participated in international conferences. Courses included: International course in epidemiology at CDC, International course in climatology; Annual Society of Tropical Medicine and Hygiene /USA and ELISA training (entomologist from INRB). The National Biomedical research Institute (INRB) and the School of Public Health are being assisted to improve their ability to guide vector control initiatives and improve the standards and performance of laboratories. These institutions are being provided support to establish surveillance systems to monitor drug resistance and prevalence trends.

The HIV/AIDS control and prevention program was initiated in 6 cities (Kinshasa, Lubumbashi, Kasumbalesa, Kipushi, Kisangani, and Bukavu). HIV/AIDS prevention program efforts targeted high-risk groups, such as prostitutes, military and police, and truckers, with behavior change and condom social marketing interventions. Approximately 12,000,000 condoms were distributed, including 492,804 to prostitutes, police and military personnel. Another 1,699,059 were distributed through bars, hotels, clinics, and boutiques frequented by high-risk individuals. 601,440 were distributed through pharmacies and the remainder through other organizations. In addition to the 6 cities mentioned, condoms were distributed to Matadi and Mbuji Mayi as well.

In order to improve the capacity of health service staff, 26 district health leaders successfully completed the Kinshasa School of Public Health MPH program. 30 new students were enrolled. Short term training focused on strategic planning (10 persons), use of geographical information systems (GIS – 8 persons), the use of technology for the learning process (15 persons), applied and operational research methodology, basic computer skills and training in presentation and analysis software packages (7 assistant professors). Research projects initiated focused on 'Distribution and Utilization of Condoms in Kinshasa', 'Pilot Study on the Utilization and Profile of Condom Users in Selected areas of Kinshasa', 'The Health Status of Children in 2 Kinshasa Zones' (Biyela and Kikimi) and primary health care services were initiated at the Hospital Center of Mont Amba.

The most important challenges and how they were dealt with:

One of the most important challenges is in the HIV/AIDS control program where resources are insufficient for the scale of the problem. The Mission strategy is to target high-risk individuals such as prostitutes, truck drivers, military/police personnel and their partners. The approach puts the available resources where they are most needed to reduce transmission. While this increased efficiency funding levels remain inadequate even for these target populations. The Mission expects to expand scope of activities including Voluntary Counseling Testing, Mother-to-Child transmission, HIV surveillance, blood safety and extend the geographic coverage of HIV activities

Poor population data is another challenge the program faces. The problem was addressed by supporting the design and implementation of quality control and census components to the polio eradication effort. This resulted in the identification and immunization of over 1 million more children than anticipated and has improved planning for next years' campaign.

Program Beneficiaries:

Basic Rural Health	Women 15-49	2,284,298	Children <5	2,284,298
Polio Eradication			Children <5	12,443,090
Vitamin A			Children <5	10,217,940
Measles			Children <5	1,544,407
Routine Immunization	Women 15-49	1,524,817	Children <5	1,524,817
Malaria	Women 15-49	80,000	Children <5	80,000
	Technicians	550		
HIV/AIDS	CSW	42,000		
	Military/Police	25,000		
	Truckers	1,500		
	Street Children	750		
Public Health training	Technicians	59		

KEY INTERMEDIATE RESULT 2: Civil Society Strengthened and Justice Promoted in DRC

Summary: The USAID Rule of Law program in DRC is made up of: strengthening civil society and non-government organization (NGOs) that respond to citizen's legal and civic interests; improving human rights practices and the judicial process; and supporting conflict avoidance and management through stakeholder negotiations.

Key Achievements in FY 2001:

The Mission met the targets set for the FY 2001 in its DG program. A well-informed peace building NGO network has been established. A documentation center provides legal and peace building information in Kinshasa. An average of 134 people per week use the International Foundation for Election Systems (IFES)/International Human Rights Law Group (IHRLG) Resource Center public access Internet stations to access information on governance and human rights topics. IFES and IHRLG have helped civil society develop and circulate a draft constitution and other draft national laws, a draft government program for political transition to democratic governance, and analysis of national issues to be discussed during the Inter-Congolese Dialogue (ICD). In a workshop sponsored by IFES and IHRLG, civil society delegates from all over the country developed a consolidated position paper and strategy for the ICD. This could serve as a model for the signatories of the Lusaka accord. IFES and IHRLG have also provided training in the democratic process, human rights, and rights of women and have initiated activities to promote dialogue and reconciliation.

Through the Congo Initiative Support Program (CISP), USAID provided financial assistance to the ICD Facilitator's Office in Kinshasa. CISP also provided support to Kinshasa civil society delegates who attended the ICD meetings in Gaborone, Addis Ababa and Nairobi. The National Democratic Institute (NDI) developed a plan for a « Technical Secretariat » for the use of political parties during the Inter-Congolese Dialogue.

The Connecting Civil Society Project (CCSP) provided Internet connectivity to 70 sites in six cities. Forty organizations in Kinshasa, ten in Mbuji Mayi, six in Kolwezi and Likasi, five in Kananga, and nine in Lubumbashi have received equipment, full training and Internet connection.

The Education for Democracy and Development Initiative (EDDI) provided material and financial assistance to over 1,350 primary school girls in the poorest areas of Kinshasa in order to help them remain in school, as well as scholarships to 45 secondary school girls to improve their English language skills.

The Most Important Challenges and how they were dealt with:

The most important challenges were the lack of management capacity within most local civil society NGOs and growing divisiveness within civil society. Through seminars, conferences and workshops, IFES, IHRLG and NDI made continuous effort to promote consensus building and training in management capacity amongst all components of Civil Society. The most prominent effort was demonstrated when, in a workshop sponsored by IFES and IHRLG, civil society delegates from all over the country developed a consolidated and unified position paper and strategy for the Inter-Congolese Dialogue.

Corruption is a major challenge in good governance in the DRC. The war and its devastation on children (particularly child witches, orphans, street children and child soldiers), families, and social infrastructure posed great challenges. Through the Displaced Children and Orphans Fund, USAID expanded activities to support the assistance and re-integration of victimized children in their communities.

Program Beneficiaries:

Members of civil society organizations throughout the DRC benefited from USAID resources by being informed on governance, human rights, national laws, democratic process, rights of women

and how to promote dialogue and reconciliation. 1,395 schoolgirls in the poorest areas of Kinshasa remained in school and improved their English language skills because of the EDDI program.

KEY INTERMEDIATE RESULT 3: Improve Food Security and Livelihood

Summary:

Sustainable agricultural production and natural resources management
Access to economic opportunities
Meeting food needs of the vulnerable through emergency food aid.

Key Achievements in FY 2001:

The Mission partially met the targets it set this fiscal year. Through IITA and SECID, the Mission began implementing a project to fight cassava mosaic disease. In Bandundu Province, nurseries of mosaic-tolerant cassava lines were successfully established on 30 hectares in September 2001. However, In Bas-Congo, with late rains, the project had a difficult start and will require a much heavier involvement of SECID to achieve the goal of 30 hectares in the next growing season.

The program strengthened existing constituencies for conservation and sustainable management of natural resources, including environmental NGOs, university researchers, the media, private sector, and government institutes such as the Congolese Institute for Conservation. Focus was on building the capacity of existing local environmental NGOs and institutions in the area of networking through thematic commissions, promoting information sharing through internet connectivity, and raising community awareness of important environmental issues through media exposure and access to educational materials. Strengthening constituencies helped overhaul the policies and laws governing natural resources management (NRM) and biodiversity, supported natural resource-based industries and improved medium-term prospects for sustainable management of DRC's natural resources. Conservation and sustainable NRM constituencies were strengthened through education, policy reform and action research. Specific targets were:

- DRC environmental laws compiled and widely disseminated
- Forest policy reform assistance from WRI
- 19 workshops and training sessions were carried out by CARPE for 431 participants
- Four projects were completed by local NGOs and results disseminated in public fora
- 29 local NGOs were trained in Internet and 4 Internet connections installed (FOLECO, Bleu Blanc, AREC, and ROSE)
- 50 media stories, radio and TV emissions were produced and disseminated. All major USAID/DRC environment activities were documented including key happenings such as the 100th anniversary of the Kisantu Botanical Garden.
- Over 36,000 educational pamphlets on the Bonobo (*Pan paniscus*) were distributed in Kinshasa, Equateur and Bandundu by ZSM and CBFC. Reports by CBFC on siting of and attitudes toward bonobos were carried out.
- Remote sensing (LANDSAT) and statistical data were collected and analysis of DRC forest cover as well as mapping of two World Heritage Sites were completed (UMD, ERAIFT, CNIE)
- Detailed quantitative and qualitative research on indigenous management systems in Equateur were carried out
- Water analyses of Lake Tshangelele reveal lead contamination; action was taken to ease pressure on lake through agricultural production program with lake-side communities
- Two community agreements were negotiated in zoning process around Okapi Faunal Reserve; data collection and negotiation with local authorities are ongoing
- IGCP/DRC staff brokered agreement to halt construction of military road. Gorilla population was saved and even increased despite significant death in other locations
- Training on CD-ROM on interpretation of satellite images created by NASA-UMD was undertaken and rural constituencies strengthened through investment in agroforestry sector.

In promoting access to economic opportunities technical and financial assistance was provided to small and medium size business enterprises at the local level to help build capacity in the

agricultural sector through a variety of investments including agricultural technology, infrastructure, and commodity network and environment programs.

By extending technical as well as financial assistance to several networks of national non-governmental organizations providing micro-credit to private firms directly in touch with rural small-holders, USAID anchored economic growth to a broader base.

Key achievements included:

- Lines of credit established to 36 rural credit unions (22 in Bas-Congo and 14 in Bandundu).
- A revolving in kind (500 bicycles) line of credit of \$30,000 was extended to farmers
- Commercialization of palm oil stimulated through loans to three major oil processors (2 in Bandundu and 1 in Bas-Congo).

The most important challenges and how they were dealt with:

The macroeconomic framework of the DRC economy is one of the largest challenges in undertaking economic activity that increases the income of the rural population. In implementing micro-credit programs, the Mission plan was to provide viable credit to 71 rural credit unions. However, only 39 rural credit unions had access to credit last year. The major constraints in expanding the size of partners in micro-finance are that DRC's macro-economic framework and the currency (Congolese franc) which had become unstable. As a result, many micro-finance institutions collapsed or were weakened. Accordingly, it was difficult to select viable micro-finance recipient institutions. The solution was to reduce the number of micro-finance institutions while at the same time using foreign currency as a reference in all transactions.

On the environmental front, the overall conflict situation impacted the logistics of field teams. The solution to this impediment was to use MONUC flights where possible. The late start of the rainy season in Bas-Congo hindered the progress of production of disease-free cassava cuttings. The solution was to resort to watering nurseries. The situation of the cassava project calls for a more supervised approach whereby the production of the primary cuttings will be the responsibility of SECID especially in Luozi (Bas-Congo).

Program Beneficiaries:

The private sector and grassroots farmer's associations were the targeted beneficiaries of the micro-finance, agriculture and environmental projects.

USAID/OFDA

The emergency food needs of the most vulnerable population was met through World Food Program activities in South and North Kivu Maniema, Katanga and East Kasai Provinces. Additional support was provided through OFDA in health and food security. More than \$32.0 million in food assistance was provided to DRC. The principal objective of the humanitarian program is to provide humanitarian aid to decrease excess mortality and alleviate suffering. The priority is to decrease excess mortality and morbidity, focusing on zones in the acute emergency phase.

USAID's Office of U.S. Foreign Disaster Assistance (OFDA) provided more than \$21.9 million in the DRC in FY 2001, focusing primarily on health services and food security programs. USAID/OFDA also supports emergency market infrastructure rehabilitation and agricultural programs for war-affected, vulnerable, and internally displaced persons. Programs that immediately provide assistance as well as projects that build local capacity are integrated to promote livelihoods. An important component of OFDA assistance is the funding of AirServ International to operate three humanitarian aircraft. OFDA also supports two Emergency Disaster Response Coordinators (EDRCs) in the DRC to monitor the humanitarian situation throughout the country and make programmatic recommendations to OFDA in Washington.

Challenges and how they were dealt with:

Needs and conditions in the DRC run the entire spectrum of emergency to development, with some areas exhibiting crude mortality rates as high as 10.9 deaths/1000/month - 7 times the baseline for sub-Saharan Africa. One study shows that between January 2000 and March 2001, more than 16% of the total population and more than 35% of children under 5 years of age in Kalemie, Katanga province, died as a result of the ongoing conflict.

Table 1: Annual Report Selected Performance Measures

March 4, 2002

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
Pillar I: Global Development Alliance: GDA serves as a catalyst to mobilize the ideas, efforts, and resources of the public sector, corporate America and non-governmental organizations in support of shared objectives					
1 Did your operating unit achieve a significant result working in alliance with the public sector or NGOs?	Yes	No	N/A X		
2 a. How many alliances did you implement in 2001? (list partners) 13 b. How many alliances do you plan to implement in FY 2002? 30					
3 What amount of funds has been leveraged by the alliances in relationship to USAID's contribution?					
Pillar II: Economic Growth, Agriculture and Trade: USAID works to improve country economic performance using five approaches: (1) liberalizing markets, (2) improving agriculture, (3) supporting microenterprise, (4) ensuring primary education, and (5) protecting the environment and improving energy efficiency.					
4 If you have a Strategic Objective or Objectives linked to the EGAT pillar, did it/they exceed, meet, or not meet its/their targets?	Exceed	Met	X Not Met	DA	
USAID Objective 1: Critical, private markets expanded and strengthened					
5 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	DA	
USAID Objective 2: More rapid and enhanced agricultural development and food security encouraged					
6 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	DA	
USAID Objective 3: Access to economic opportunity for the rural and urban poor expanded and made more equitable					
7 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	DA	

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
USAID Objective 4: Access to quality basic education for under-served populations, especially for girls and women, expanded					
8 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	DA	
9 a. Number of children enrolled in primary schools affected by USAID basic education programs (2001 actual) b. Number of children enrolled in primary schools affected by USAID basic education programs (2002 target)	Male	Female 1,375	Total 1,375	DA	
USAID Objective 5: World's environment protected					
10 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	DA	
11 a. Hectares under Approved Management Plans (2001 actual) b. Hectares under Approved Management Plans (2002 target)					
Pillar III: Global Health: USAID works to: (1) stabilize population, (2) improve child health, (3) improve maternal health, (4) address the HIV/AIDS epidemic, and (5) reduce the threat of other infectious diseases.					
12 If you have a Strategic Objective or Objectives linked to the Global Health pillar, did it/they exceed, meet, or not meet its/their targets?	Exceed	Met X	Not Met	CSD	
USAID Objective 1: Reducing the number of unintended pregnancies					
13 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
USAID Objective 2: Reducing infant and child mortality					
14 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	CSD	

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
USAID Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth					
15 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A X		
USAID Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries					
16 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	CSD	
USAID Objective 5: Reducing the threat of infectious diseases of major public health importance					
17 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	CSD	
Pillar IV: Democracy, Conflict and Humanitarian Assistance					
18 If you have a Strategic Objective or Objectives linked to the Democracy, Conflict and Humanitarian Assistance Pillar, did it/they exceed, meet, or not meet its/their targets?	Exceed	Met X	Not Met	ESF	
USAID Objective 1: Rule of law and respect for human rights of women as well as men strengthened					
19 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	ESF	
USAID Objective 2: Credible and competitive political processes encouraged					
20 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	ESF	
USAID Objective 3: The development of politically active civil society promoted					
21 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	ESF	

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
USAID Objective 4: More transparent and accountable government institutions encouraged					
22 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
USAID Objective 5: Conflict					
23 Did your program in a pre-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
24 Did your program in a post-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
25 Number of refugees and internally displaced persons assisted by USAID	Male	Female	Total 500,000		
USAID Objective 6: Humanitarian assistance following natural or other disasters					
26 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes X	No	N/A	IDA	
27 Number of beneficiaries				IDA	

Table 2: Selected Performance Measures for Other Reporting Purposes

The information in this table will be used to provide data for standard USAID reporting requirements

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
Child Survival Report					
Global Health Objective 1: Reducing the number of unintended pregnancies					
1 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)					
Global Health Objective 2: Reducing infant and child mortality					
2 Percentage of children age 12 months or less who have received their third dose of DPT (DHS/RHS)	Male	Female	Total		
3 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		
4 Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS)	Male	Female	Total		
5 Were there any confirmed cases of wild-strain polio transmission in your country?					
Global Health Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth					
6 Percentage of births attended by medically-trained personnel (DHS/RHS)					
Global Health Objective 5: Reducing the threat of infectious diseases of major public health importance					
7 a. Number of insecticide impregnated bed-nets sold (Malaria) (2001 actual) b. Number of insecticide impregnated bed-nets sold (Malaria) (2002 target)					
8 Proportion of districts implementing the DOTS Tuberculosis strategy					

HIV/AIDS Report

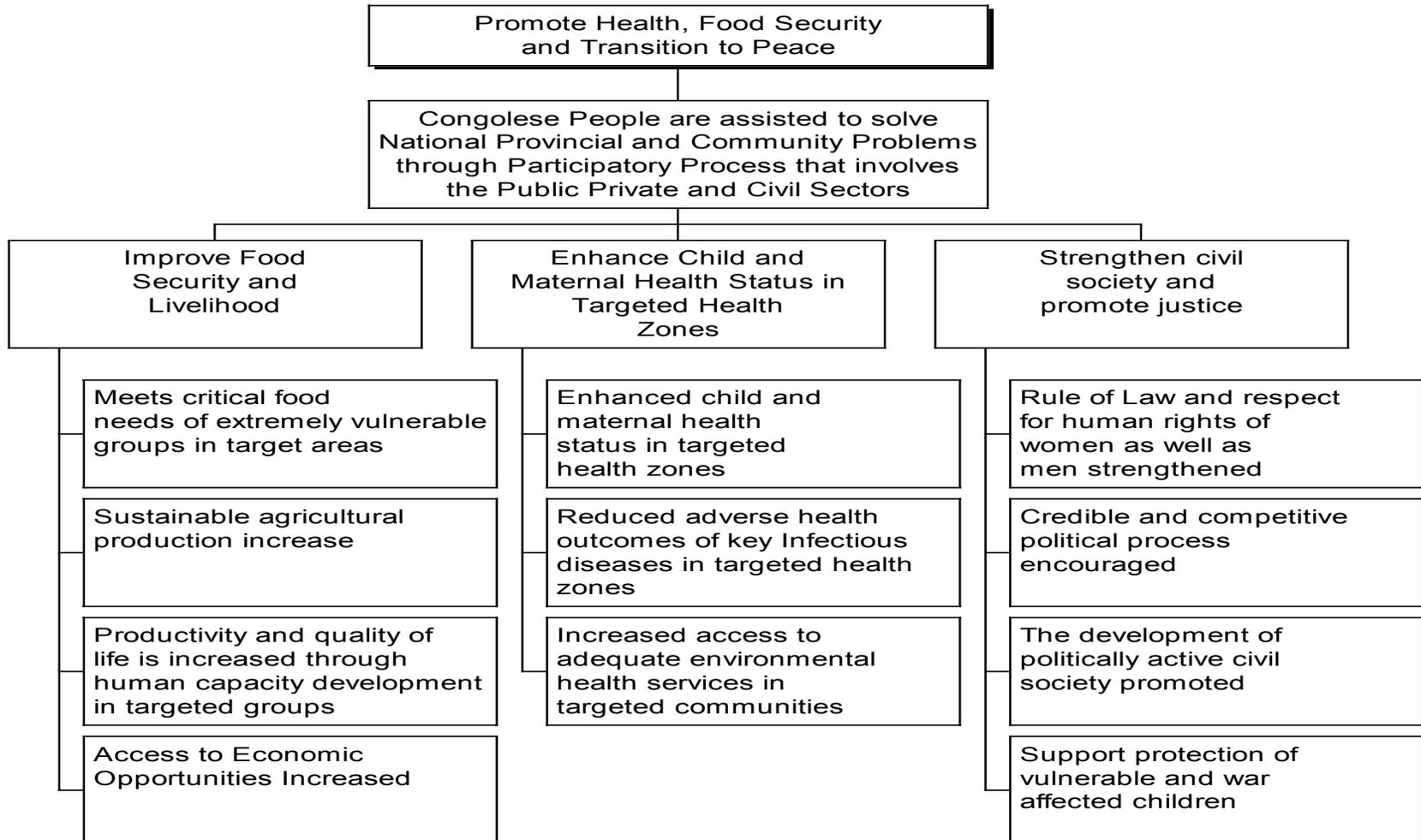
Global Health Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries

<p>a. Total condom sales (2001 actual)</p> <p>9</p> <p>b. Total condom sales (2002 target)</p>				
<p>a. Number of individuals treated in STI programs (2001 actual)</p> <p>10</p> <p>b. Number of individuals treated in STI programs (2002 target)</p>	Male	Female	Total	
<p>11 Is your operating unit supporting an MTCT program?</p>				
<p>a. Number of individuals reached by community and home based care programs (2001 actual)</p> <p>12</p> <p>b. Number of individuals reached by community and home based care programs (2002 target)</p>	Male	Female	Total	
<p>a. Number of orphans and vulnerable children reached (2001 actual)</p> <p>13</p> <p>b. Number of orphans and vulnerable children reached (2002 target)</p>	Male	Female	Total	
<p>a. Number of individuals reached by antiretroviral (ARV) treatment programs (2001 actual)</p> <p>14</p> <p>b. Number of individuals reached by antiretroviral (ARV) treatment programs (2002 target)</p>	Male	Female	Total	

Victims of Torture Report					
Democracy, Conflict, and Humanitarian Assistance Objective 7: Providing support to victims of torture					
15	Did you provide support to torture survivors this year, even as part of a larger effort?				
16	Number of beneficiaries (adults age 15 and over)	Male	Female	Total	
17	Number of beneficiaries (children under age 15)	Male	Female	Total	

Global Climate Change					
USAID Objective 5: World's environment protected					
18	Global Climate Change: See GCC Appendix				

USAID/DRC Strategic Framework FY 2002



IR 1.1: Enhanced Child and Maternal Health status in target health zones

IR 1.1.1: Increased availability of Polio services countrywide

IR 1.1.2: Increased availability of Routine Immunization Services in targeted health zones

IR 1.1.3: Increased use of Child and Maternal health services in targeted **health zones**

IR 1.1.4: Increased capacity to provide quality Child and Maternal health services in targeted health zones

IR 1.2: Reduced health outcomes of key Infectious Diseases in targeted health zones

IR 1.2.1: Improved management of Infectious Diseases in targeted health zones

IR 1.2.2: Improved Infectious Disease prevention in targeted health zones (Malaria, Diarrhea,....)

IR 1.2.3: Strengthened Infectious Disease surveillance in targeted health zones.

IR 1.3: Reduced transmission of HIV/STIs in targeted populations

IR 1.3.1: Increased use of condom for HIV/STI prevention by high-risk groups in targeted sites.

IR 1.3.2: Improved capacity to diagnose and treat STIS in targeted health zones.

IR 1.3.3: Improved safety of blood used for transfusion in targeted health zones.

IR 1.3.4: Strengthened capacity of community-based organizations to provide key services to people living with HIV/AIDS in targeted sites

IR 1.3.5: Lower-risk behavior for HIV transmission adopted by targeted populations

IR 1.4: Increased access to adequate Environmental Health services in targeted sites

IR.1.4.1: Increased availability of potable water in focus areas.

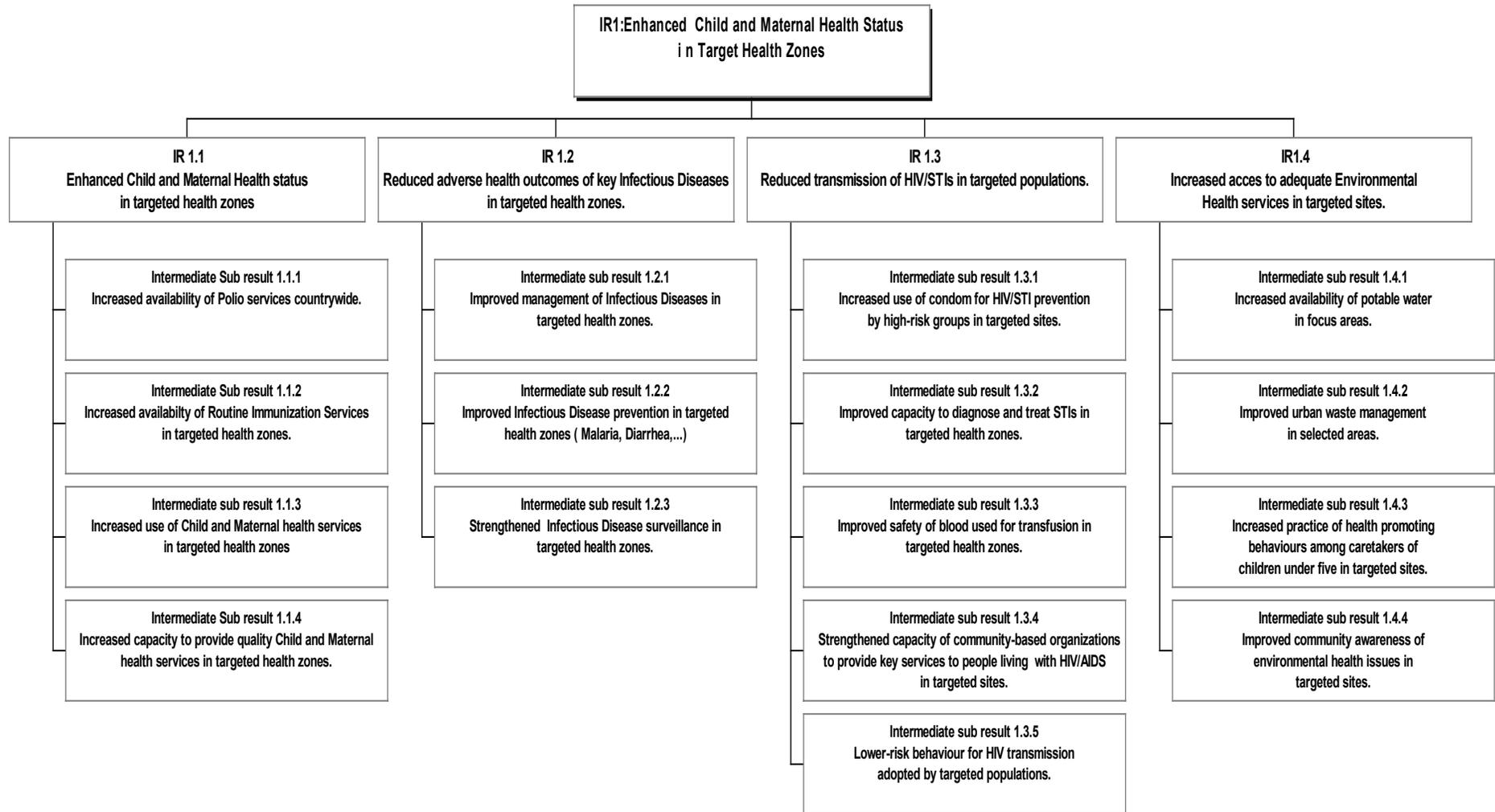
IR.1.4.2: Improved urban waste management in selected areas.

IR.1.4.3: Increased practice of health promoting behaviors among caretakers of children under five in targeted sites.

IR.1.4.4: Improved community awareness of environmental health issues in targeted sites

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USAID/DRC HEALTH NUTRITION AND POPULATION FRAMEWORK (FY 2002)



IR 2.1: Rule of Law and respect for human rights of women as well as men strengthened

IR2.1.1: Equitable access to justice and the skills and knowledge necessary to apply it increased.

IR 2.1.2: Corruption reduced as operations of Government becomes more transparent and consistent.

IR 2.2: Credible and competitive political process encouraged

IR 2.2.1: A more informed citizenry encouraged

IR 2.2.2: Information sharing systems and other information technologies established.

IR 2.3: The development of politically active civil society promoted

IR2.3.1: Institutional and financial viability of civil organizations increased, particularly independent labor unions, human rights groups and policy advocacy organizations.

IR 2.3.2: The free flow of information, including responsive, effective and independent media and effective information communication systems enhanced.

IR 2.3.3: Democratic political culture strengthened.

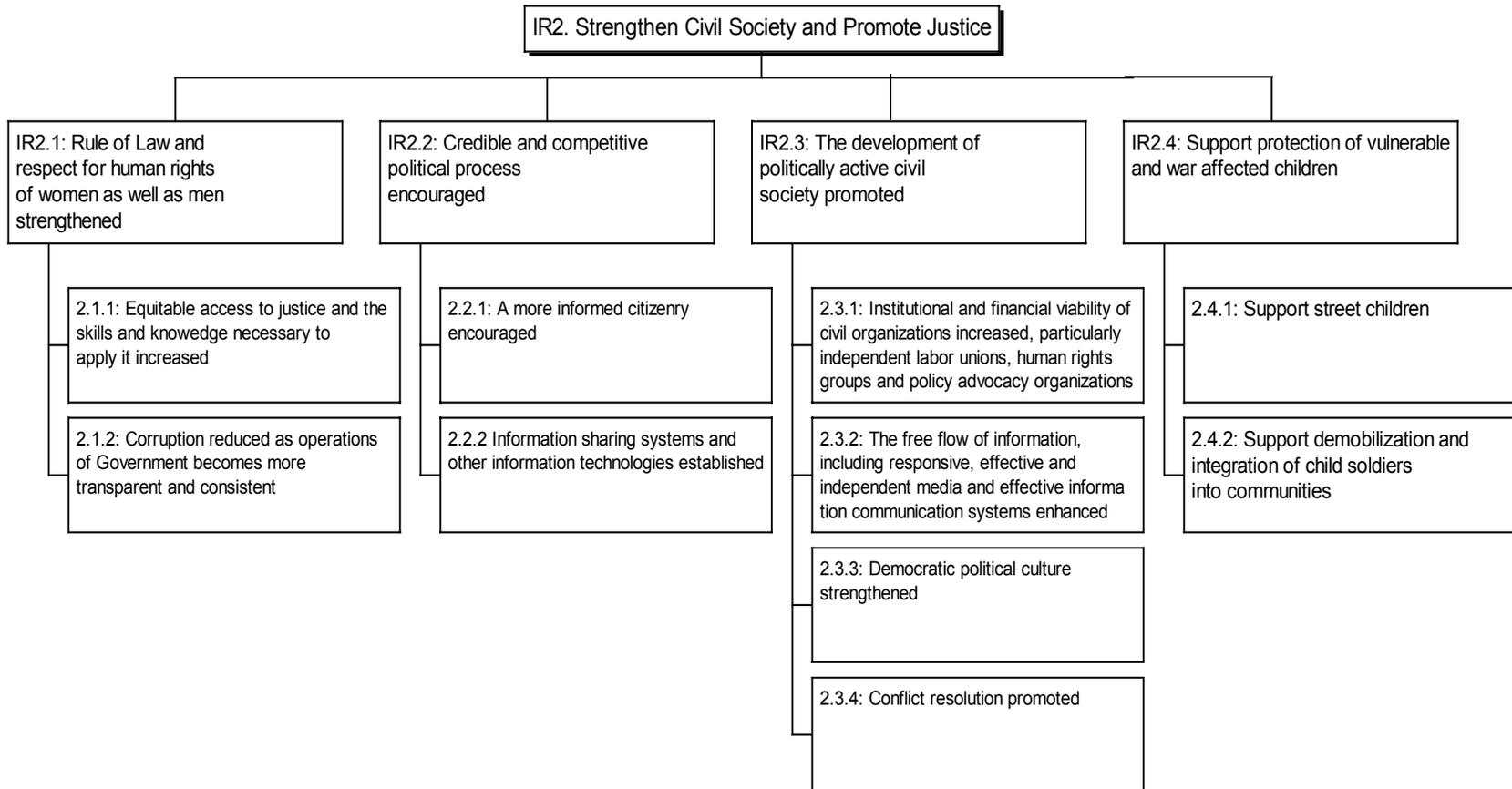
IR 2.3.4: Conflict resolution promoted.

IR 2.4: Support protection of vulnerable and war affected children.

IR 2.4.1: Support street children

IR 2.4.2: Support demobilization and integration of child soldiers into communities.

D/G Results Framework (FY 2002)



IR 3.1: Critical Food Needs of Targeted Groups are Met

IR 3.1.1: Emergency Food Aid is delivered to Targeted Areas

IR 3.1.2: Household Food Security is Enhanced in Target Areas

IR 3.2: Sustainable Agricultural Production is Increased

IR 3.2.1: Sustainable Management of Natural Resources Enhanced

IR 3.2.2: Increased Agricultural Production in Targeted Areas

IR 3.2.3: Improved Rural Infrastructure

IR 3.3: Increased Access to Economic Opportunities

IR 3.3.1: Critical Rural Private Markets are Strengthened

IR 3.3.2: Access to Micro Enterprise Services and Credit Expanded

IR 3.3.3: Policies, Laws and Regulations Governing Markets Reformed

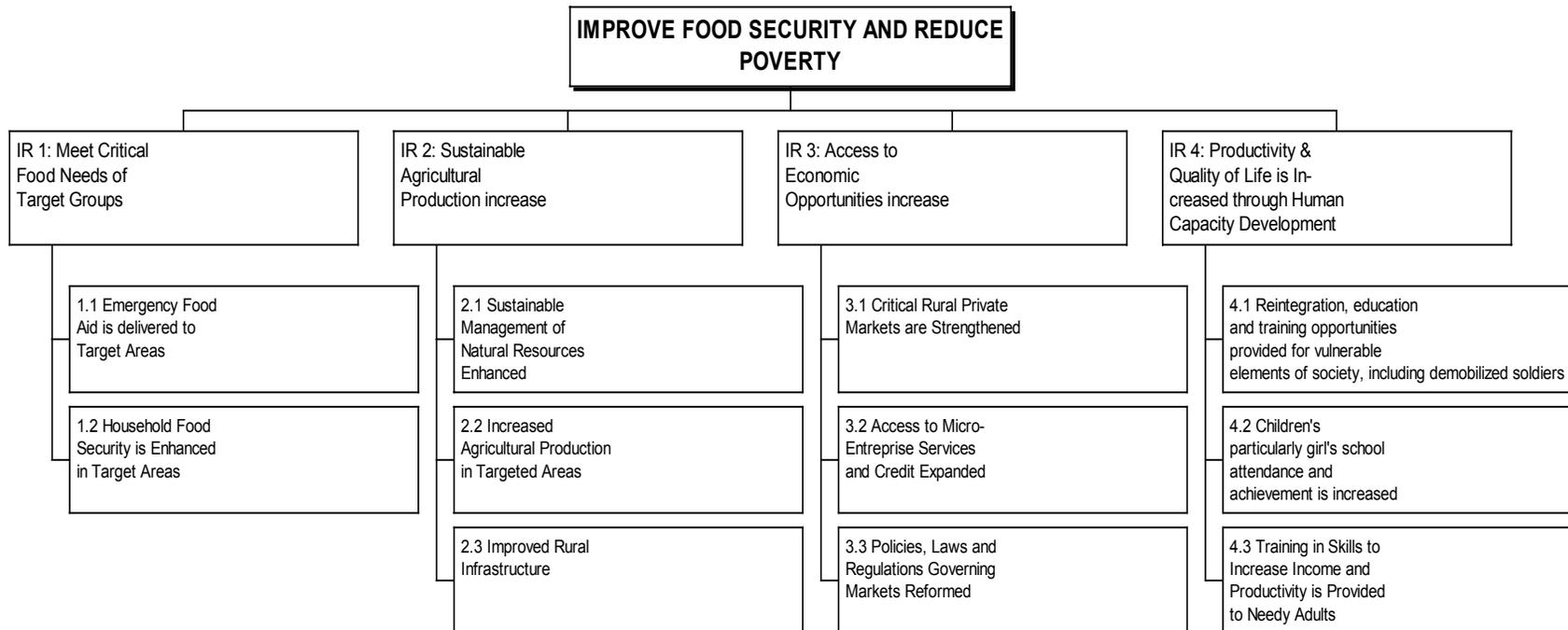
IR 3.4: Productivity and Quality of Life is Increased through Human Capacity Development

IR 3.4.1: Reintegration, education and training opportunities are provided for vulnerable elements of society, including demobilized soldiers

IR3.4.2: Children, particularly Girls', School Attendance and Achievement is Increased

IR3.4.3: Training in Skills to Increase Income and Productivity is Provided to Needy Adults

FOOD SECURITY AND LIVELIHOOD FRAMEWORK (FY 2002)



PART VII: ENVIRONMENTAL COMPLIANCE

FY 2001 Environmental Compliance: USAID/Democratic Republic of the Congo

Component 1. Plan for new or amended IEE or EA actions for coming year. The entire USAID/DRC portfolio (one SO, three IRs) is in need of environmental compliance documentation, as the Mission transitions from a predominately humanitarian assistance to a development portfolio. Three IR-level IEEs will be prepared in FY 2002. Planned Reg 216 actions are listed in the FY 02 column. An Environmental Assessment (ENCAP) capacity building workshop is called for, and is expected to be held late CY 2002. Appropriate partners from all three IRs will be involved. MEO and environment team briefed on Reg 216 requirements by REDSO REO during February 2002 TDY.

The SWIFT Action Team assessing expanded areas of USAID engagement recommends expanded livelihoods programming in food security, food aid, agricultural enterprise activities and employment generation. A report on a TDY by the REDSO REO and AFR/SD REA will add its own recommendations, notably to transfer management of the CARPE project to the DRC. DRC is the logical home of this regional program, and will be the engine of enhanced NRM programming in the DRC. As the strategy is designed, an Environmental Threats and Opportunities Assessment (ETOA) is required, which would satisfy the FAA and ADS analytical requirements for development of strategic plans (201.3.4.11 b. Requirements, FAA 117-119).

Component 2. Compliance with previously approved IEEs or EAs. Few IEEs have been prepared for the Mission's overall program areas. One was developed for the Great Lakes Justice Initiative covering Burundi, DRC, and Rwanda. GLJI was funded entirely by ESF, and is about to end. Also, three project-specific IEEs were prepared for the environmental health elements of the DRC Health program (IR 1). The latter activities ended December 2001.

USAID/DRC: Environmental Review Status and Plans

ASSISTANCE ACTIVITIES	FY 01 and previous (IEE file names and dates in italics)	FY 02 actions expected	Comments
SO 1: Congolese people assisted to solve national, provincial and community problems through participatory processes that involve the public, private and civil sectors [sole SO at present]			
Staying Engaged: DRC Program Strategy "Core Plus" scenario		Environmental Threats and Opportunities Assessment to be prepared by late CY 2002	CARPE is expected to be drawn upon for this exercise
IR 1: Key Health problems addressed with emphasis on redevelopment of governance structures for public health and citizen participation			
Environmental health, urban water and sanitation activities, hygiene education	30DRC1 SO1 kinmarkets, 10/02/00, ND w/ cond., Cat Ex. 31 DRCO Kananga Water Supply, 2/13/01, -do- 31 DRCO Barumbu Wetland, 2/13/01, -do-	Limited continued activities, if any, to be covered under Health interventions IEE.	All activities have been completed, USAID funding ended. REO visited Kinshasa sites, verified creditable execution of projects.
At least 11 on-going health activities with various funding sources, in HIV/AIDS, rural health, immunization, with D.A., ESF and humanitarian assistance resources	n/a	Consolidated IR-level health IEE to be produced by MEO and submitted 3rd Q 2002 ITN PERSUAP to be submitted 2nd Q 2002 ENCAP training to be organized late FY 2002.	REDSO REO and AFR/SD REA TDY Feb. 2002 interviewed selected partner, identified issues, laid out approach to environmental compliance by MEO with health team and partners.
IR 2: Good governance and rule of law promoted, with emphasis on multi-stakeholder problem-solving			
Eight on-going D/G and human capacity development activities with a variety of funding sources (ESF, EGAT, etc.)	n/a	Consolidated IEE covering all activities to be prepared by MEO and IR team and submitted by 3rd Q FY 2002	Promoting Civil Society & Social Rehab. (IFESH) and some microeconomic activities may call for env. screening.

USAID/DRC: Environmental Review Status and Plans

<p>Great Lakes Justice Initiative: International Foundation for Election Systems & Search for Common Ground</p>	<p>29glji1.iew, 9/14/99. Dialogue and conflict resolution fora. Technical assistance only -- categorically excludable</p>	<p>Activities limited to GLJI and humanitarian relief, do not require environmental compliance actions at present.</p>	<p>Currently GLJI (for DRC, Rwanda, Burundi) involves approaches, which have no potential for environmental impact.</p>
<p>IR 3: Constituencies for sustainable management of natural resources built, with emphasis on community participation</p>			
<p>At least four on-going agriculture, microfinance and environment activities: 660-0309 Congo River Environment and Development Project 660-0307 Protecting the Salonga Park 660-0311 Emergency Response to Outbreak of Cassava Mosaic Disease 660-0302 Congo Agro-Forestry Assistance</p>	<p>n/a</p>	<p>Consolidated IEE for IR activities to be submitted by 3rd Q FY 2002. ENCAP training to be organized late CY 2002.</p>	<p>Opportunities for integrated cross-sectoral programming in CREDP and Cassava germplasm activities, e.g., with health, agroforestry and community-based Integrated Pest Management</p>