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USAID'S INTEGRATED HEALTH PROGRAM

Fiscal Year 2020 Quarterly Report 1 (October 1 through December 31, 2019)

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Cover Photo: USAID IHP reaches community members in Kasaï-Oriental through a mini-campaign on reproductive health and family planning. Credit: USAID IHP.

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Contract No.: 72066018C00001

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ACRONYMS AND ABBREVIATIONS

ACT	Artemisinin-based Combination Therapy
ALIMA	Alliance for International Medical Action
AMEP	Activity Monitoring and Evaluation Plan
ANC	Antenatal care
ASSR	*Appui au système de santé en RDC* (Project)
BCZS	*Bureau central de la zone de santé* (Central office of the health zone)
BEmONC	Basic emergency obstetric and newborn care
CDCS	Country Development Cooperation Strategy (USAID)
CEmONC	Comprehensive emergency obstetric and newborn care
CODESA	*Comités de Développement de l'Aire de Santé* (Health Area Development Committees)
COGE	*Comité de Gestion* (Management Committee)
CPLT	*Coordinations Provinciales Lèpre et Tuberculose* (Provincial Committees for Leprosy and Tuberculosis Control)
CPP-SS	*Commités Provinciaux de Pilotage du Secteur de la Santé* (Provincial Health Sector Steering Committees)
CPSr	*Consultations préscholaire* (Preschool consultations)
CSDT	*Centres de santé de diagnostic et traitement* (Diagnosis and treatment health centers)
CST	*Centres de santé de traitement* (Treatment health centers)
CTF	Communication Task Force
CTMP FP	*Comité Technique Multisectoriel Permanent de Planification Familiale* (Multisectoral Technical Committee for Family Planning)
CYP	Couple years of protection
D&F	Determination and Findings
DBC	*Distributeurs de base communautaire* (Community based distributors)
DHIS2	District Health Information System 2
DOT	Directly observed therapy
DPS	*Divisions Provinciales de Santé* (Provincial Health Districts)
DSNIS	*Direction du Systeme National d'Information Sanitaire* (Directorate of the National Health Information System)
E2A	Evidence to Action (Project)
ECDPS	*Equipes cadre de DPS* (Executive teams of the DPS)
ECZS	*Equipe Cadre de la Zone de Sante* (Health Zone Mangement Team)
EEI	*Equipe d'encadrement integrée* (Integrated Support Team)
EMMP	Environmental Mitigation and Monitoring Plan
EMMR	Environmental Mitigation and Monitoring Report
EmONC	Emergency obstetric and newborn care
ENAP	Every Newborn Action Plan (*Plan d'action chaque nouveau-né*)
ENC	Essential newborn care
ENP	*Encadreurs nationaux Polyvalent* (Multidisciplinary national supervisors)
EOC	Essential obstetric care
EPP	*Encadreurs provincials polyvalent* (Multidisciplinary provincial supervisors)

EVD	Ebola Virus Disease
FARDC	*Forces Armées de la République Démocratique du Congo* (Armed Forces of the Democratic Republic of the Congo)
FP2020	Global Family Planning 2020 Partnership
FY	Fiscal year
GDRC	Government of the Democratic Republic of the Congo
GHSC-TA	Global Health Supply Chain-Technical Assistance
GIBS	*Groupe international de bailleurs en santé* (International Health Donors Group)
GIZ	*Deutsche Gesellschaft fur Internationale Zusammenarbeit* (German Corporation for International Cooperation)
HBB	Helping Baby Breathe
HFC	Health Family Campaign
HRH	Human resources for health
HSS	Health strengthening system
iCCM	Integrated community case management
IDP	Inte rnally displaced peoples
IEE	Initial Environmental Examination
IGS	*Inspection Générale de la Santé* (General Health Inspectorate)
IMCI	Integrated management of childhood illnesses
IMNCI	Integrated management of newborn and childhood illness
INH	Isoniazid
IPTp	Intermittent preventive treatment in pregnancy
IRC	International Rescue Committee
ITN	Insecticide-treated nets
IYCF	Infant and young child feeding
LAM	Lactational amenorrhea method
LMIS	Logistics Management Information System
LNAC	*Ligue Nationale Anti-tuberculeuse et Anti-lépreuse du Congo* (National Anti-tuberculosis and Anti-leprosy Association of Congo)
MAPEPI	*Maladies à potentiel epidémique* (Diseases with epidemic potential)
MCZS	*Médecins chefs de zone de santé* (Health zone chief medical officers)
MDR-TB	Multi-drug resistant TB
MNCH	Maternal, neonatal, and child health
MOH	Ministry of Health
MSRT	Mission Standard Reporting Template
NGO	Non-governmental organization
NSP	National Strategic Plan
ORS	Oral rehydration salts
PAC	Post-abortion care
PAO	*Plan d'Action Opérationnel* (Annual Operation Plan)
PASS	*Programme d'Appui au Secteur de la Santé* (Program to Support the Health Sector)
PDD-SS	*Plan de Distribution-ZS* (Health zone distribution plan)
PDSS	*Projet de Développement de Système de Santé* (Health Care System Development Project)

PIRS	Performance Indicator Reference Sheets
PITT	Performance Indicator Tracking Table
PLWHA	People living with HIV/AIDS
PNDS	*Plan National de Développement Sanitaire* (National Health Development Plan)
PNIRA	*Programme National de lutte contre les Infections Respiratoires Aigues* (National Program for the Fight against Acute Respiratory Infections)
PNLP	*Programme National de Lutte contre le Paludisme* (National Malaria Control Program)
PNLS	*Programme National de Lutte contre la SIDA* (National AIDS Control Program)
PNLT	*Programme National de la Lutte Contre la Tuberculose* (National Program to Combat Tuberculosis)
PNSR	*Programme National de Santé de la Reproduction* (National Program for Reproductive Health)
PPFP	Postpartum family planning
PRODS	*Programme de Renforcement de l'Offre et Développement de l'Accès aux Soins de Santé* (Program for Strengthening of Supply and Development of Access to Health Care)
PRONANUT	*Programme National de Nutrition* (National Nutrition Program)
RDT	Rapid diagnostic tests
RECO	*Relais communitaires* (Community health workers)
SANRU	*Santé Rurale* (Project)
SBC	Social and behavior change
SDM	Standard days method
SDMPR	*Surveillance de décès maternel et périnatal (*Peri-natal death surveillance and response)
S/P	Sulfadozine-pyrimethamine
SRMNEA	*Santé reproductive, maternelle, des nouveau-nés, des enfants, et des adolescents* (Reproductive, maternal, newborn, child and adolescent health
TB	Tuberculosis
TB+	Bacteriologically confirmed tuberculosis
TFP	Technical and financial partners
TP+	Bacteriologically confirmed pulmonary TB
TRG	Training Resources Group
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USAID IHP	USAID's Integrated Health Program
WASH	Water, sanitation, and hygiene
WHO	World Health Organization
ZS	*Zone de santé* (Health zone)

EXECUTIVE SUMMARY

USAID's Integrated Health Program (USAID IHP) in the Democratic Republic of the Congo (DRC) is designed to strengthen the capacity of Congolese institutions and communities to deliver quality integrated health services that sustainably improve the health status of men, women, and children in target provinces. To achieve this purpose, the Program has three objectives, as shown in the box.

USAID IHP Objectives

Strengthen health systems, governance, and leadership at the provincial, health zone, and facility levels in target health zones

Increase access to quality integrated health services in target health zones

Increase adoption of healthy behaviors, including use of health services, in target health zones

USAID IHP works across nine provinces clustered in three regions: Eastern Congo (Sud-Kivu and Tanganyika); Kasaï (Kasaï-Central, Kasaï-Oriental, Lomami, and Sankuru); and Katanga (Haut-Katanga, Haut-Lomami, and Lualaba). Within these nine province, we operate in 178 *zones de santé* (ZS, health zones). We are building on previous USAID health investments in the DRC, USAID's Country Development Cooperation Strategy, and related Government of the DRC (GDRC) strategies and policies. In particular, we align Program resources with priorities contained in the *Plan National de Développement Sanitaire* (PNDS, National Health Development Plan) 2019–2022. We partner with the national Ministry of Health (MOH), the *Divisions Provinciales de Santé* (DPS, Provincial Health Districts) and ZS within provinces, and communities and *Comités de Développement de l'Aire de Santé* (CODESA, Health Committees).

USAID IHP encompasses USAID programming in six specific health areas: malaria; maternal, newborn, and child health (MNCH); nutrition; reproductive health and family planning; tuberculosis (TB); and water, sanitation, and hygiene (WASH). During this first quarter of Fiscal Year (FY) 2020, we engaged actively across all these domains, as well as in the broader area of health systems strengthening and in gender integration, conflict sensitivity, and environmental management and mitigation.

Malaria. During this quarter, the Program supported MOH activities such as provider training on intermittent preventive treatment for pregnant women, provision of supplies for observed intake of sulfadozine-pyrimethamine (S/P) during antenatal care (ANC) visits, provider training on testing and case management in health facilities and integrated community case management (iCCM) sites, and distribution of insecticide-treated nets. The MOH's key results included the following:

- 856,122 children under 5 were treated for malaria (112.5 percent of the USAID IHP target).
- 251,591 pregnant women received doses of S/P during ANC visits (89.0 percent of the target).

MNCH. USAID IHP helped provinces improve maternal and child health outcomes by supporting interventions such as prevention services, improved supply of essential medicines, training for service delivery providers, social and behavior change (SBC) campaigns, and treatment of life-threatening childhood illnesses. Key MOH results during FY2020 Quarter 1 included:

- 353,249 pregnant women attended at least one ANC visit (86.7 percent of the USAID IHP target) and 206,446 pregnant women attended at least four ANC visits (100.0 percent of the target).
- 301,437 children less than 12 months received pentavalent vaccines (98.2 percent of the target) and 291,626 children less than 12 months received measles vaccines (98.5 percent of the target).

Nutrition. We assisted the MOH in implementing essential interventions to reduce the prevalence of malnutrition among children under 5. Priority activities included preschool consultations, promotion of exclusive breastfeeding and appropriate complementary feeding, improvements in nutrition for pregnant and lactating women, SBC campaigns, iron and folic acid supplementation, and Vitamin A supplementation. The MOH's results this quarter included the following:

- 933,916 children under 2 were reached with community nutrition interventions (71.4 percent of the USAID IHP target).
- 2,695,424 children under 5 were reached with nutrition programs (63.7 percent of the target).

Reproductive health and family planning. As part of GDRC and USAID commitments to the Global Family Planning 2020 Partnership, in FY2020 Quarter 1 USAID IHP contributed to efforts to increase access to and use of modern contraceptives. We supported capacity building for clinical providers, SBC campaigns to drive behavior change, supply of family planning commodities at health facilities, and a major national conference on repositioning family planning. Key MOH results included:

- 303,237 couple years of protection were reached (114.3 percent of the USAID IHP target).
- 256,851 new acceptors adopted modern contraceptive methods (114.1 percent of the target).

Tuberculosis. During this quarter, the Program continued to back GDRC efforts to combat TB, particularly by supporting the *Programme National de Lutte contre la Tuberculose* (National Program to Combat Tuberculosis) in implementing its "End TB by 2030" strategy. The MOH's significant results included the following:

- Achieved a TB notification rate of 137 cases per 100,000 inhabitants (91.3 percent of the USAID IHP target).
- 92.3 percent of 19,304 patients diagnosed with TB were put on first-line treatment (92.3 percent of the target).

WASH. USAID IHP activities focused mainly on continuing to put in place drinking water systems, helping communities build improved latrines and handwashing stations, backing implementation of the MOH's clean clinic approach for health facilities, and assisting with a workshop to prioritize and plan for WASH implementation in Kasaï-Oriental and Sud-Kivu. Key MOH results included:

- 114 latrines and washbasins were constructed; as a result, 85.1 percent of households in target villages in Kasaï-Oriental now have family latrines.
- 60 water management committee members in Sud-Kivu were trained on management and funding for maintenance of boreholes in preparation for rehabilitation of WASH infrastructure.

Health system strengthening. During FY2020 Quarter 1, USAID IHP provided technical and financial support to all nine provinces and 178 ZS for their *Plans d'Action Opérationnels* (PAO, Annual Operations Plans). By the end of the quarter, 100 percent of the DPS had PAO aligned with the PNDS 2019–2022 (against a target of 50 percent) and 100 percent of ZS had PAO aligned with provincial plans (against a target of 50 percent). Other key Program activities included assisting with the launch of the 2020 *contrat unique* process in all nine DPS. We provided technical and financial support for a workshop to brief *Encadreurs Nationaux Polyvalents* (Multidisciplinary National Supervisors) on the PAO process and *contrat unique* and paid to deploy experts to provinces to support the *contrat unique* process. In seven provinces (Haut-Lomami, Kasai-Central, Kasai-Oriental, Lomami, Lualaba, Sankuru, and Tanganyika), USAID IHP was the lead technical and financial partner (TFP) for the *contrat unique* process, so we led all meetings to harmonize TFP interventions.

During this quarter we also supported a capacity-building program for MOH, DPS, and *Inspection Provinciale de la Santé* (Provincial Health Inspectorate) executives on coaching, leadership, and management. To ensure the proper functioning of health care services at the community level, we continued to back MOH efforts to strengthen CODESA and community service organizations, especially through the revitalization of 510 community action groups in 17 ZS. In addition, USAID IHP worked with the *Programme Nationale d'Approvisionnement en Medicaments* (National Drug Supply Program) and the Global Health Supply Chain Technical Assistance (GHSC-TA) project to reduce stock-outs of essential medicines and MNCH supplies.

Looking ahead. As we move into the second quarter of FY2020, USAID IHP intends to steadily increase the level of activities in each province and to address activity backlogs of the first quarter. Preparatory work to enter into subcontracts with DPS will also accelerate. In collaboration with the DPS, we will start drawing on the results of the baseline service delivery mapping survey we completed during Quarter1 to better target Program support and ensure we respond to community needs. Improving connectivity in ZS and ensuring more complete, better-quality data will remain a priority to help identify gaps and weaknesses in the health system and select cost-efficient responses. We will continue USAID IHP's institutional capacity building initiatives, informed by the assessments carried out in FY2019, and will accelerate our supply chain program to ensure essential medicines make it through the "last mile" and into the hands of patients. Throughout, we will maintain our strong sense of partnership with the MOH to ensure the Congolese health system improves the lives and well-being of the country's people.

1. INTRODUCTION

This report describes implementation of USAID's Integrated Health Program (USAID IHP) during the first quarter of USAID's fiscal year (FY) 2020 (October 1, 2019–December 31, 2019). The goal of the Program is to work with the Government of the Democratic Republic of Congo's (GDRC's) Ministry of Health (MOH) and other stakeholders to strengthen the capacity of Congolese institutions and communities to deliver sustainable, quality, integrated health services that improve the health status of Congolese men and women. To meet this goal, USAID IHP has three objectives:

1. Strengthen health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones
2. Increase access to quality integrated health services in target health zones
3. Increase adoption of healthy behaviors, including use of health services, in target health zones

USAID IHP seeks to leverage the potential of decentralization and accelerate reductions in maternal, newborn, and child deaths. The program supports the MOH to tackle challenges identified in the *Plan National de Développement Sanitaire* (PNDS, National Health Development Plan) 2019–2022. We work within the country's existing health systems framework, especially by including communities and their respective health committees, known as *Comités de Développement de l'Aire de Santé* (CODESA, Health Area Development Committees), as prime stakeholders of a stronger health system.

PROGRAMMATIC AND GEOGRAPHIC SCOPE

USAID IHP's programmatic scope covers six health technical areas: malaria; maternal, neonatal, and child health (MNCH); nutrition; reproductive health and family planning; tuberculosis (TB); and water, sanitation, and hygiene (WASH). The Program works across three regional clusters—and Eastern Congo, Kasaï, and Katanga—and in nine provinces with 178 *zones de santé* (ZS, health zones), 167 general referral hospitals, 5,861 health center catchment areas, and 2,273 integrated community case management (iCCM) sites (Table 1). Certain activities also take into account the importance of economic corridors. These entities—including *Divisions Provinciales de Santé* (DPS, Provincial Health Districts), ZS, communities, health centers, and iCCM sites—are not equal beneficiaries of our different technical programs. The Program tailors assistance to meet the needs and capacities of each ZS.

Table 1. Where USAID IHP works

Region	Province	# Zones de Santé	# Aires de Santé*	# General Referral Hospitals†	# Health Centers†	# iCCM Sites†	Population Covered
Eastern Congo	Sud-Kivu	34	641	33	999	157	7,703,971
	Tanganyika	11	267	9	299	867	3,246,186
Kasaï	Kasaï-Central	26	451	24	783	252	5,099,281
	Kasaï-Oriental	19	314	19	583	250	5,361,397
	Lomami	16	316	16	712	213	4,183,357
	Sankuru	16	248	16	449	163	2,531,768
Katanga	Haut-Katanga	26	388	22	1,070	147	6,250,148
	Haut-Lomami	16	329	16	553	89	4,125,593
	Lualaba	14	232	12	413	135	2,873,532
TOTAL		**178**	**3,186**	**167**	**5,861**	**2,273**	**41,375,233**

*Data based on the number used in June/July 2019 for sampling for the Baseline Household Survey.
†Data based on the Service Delivery Mapping Survey submitted November 30, 2019.

PARTNERSHIPS

Prime contractor Abt Associates leads a team of two core contract partners, the International Rescue Committee (IRC) and Pathfinder International, and six niche contract partners: Bluesquare, iPlusSolutions, Matchboxology, Mobile Accord/Geopoll, Training Resources Group (TRG), and Viamo.

During this quarter USAID IHP continued to partner with multiple MOH bodies and health system organizations. We worked especially closely with the *Direction Générale de l'Organisation et de Gestion des Services et des Soins de Santé* (DGOGSS, Directorate-General for the Organization and Management of Health Care Services), *Commités Provinciaux de Pilotage du Secteur de la Santé* (CPP-SS, Provincial Health Sector Steering Committees*), Programme National de Lutte contre le Paludisme* (PNLP, National Malaria Control Program), *Programme National de Nutrition* (PRONANUT, National Nutrition Program) *Programme National de Santé de la Reproduction* (PNSR, National Program for Reproductive Health), *Programme National de la Lutte Contre la Tuberculose* (PNLT, National Program to Combat Tuberculosis), *Coordinations Provinciales Lèpre et Tuberculose* (CPLT, Provincial Committees for Leprosy and Tuberculosis Control), *Programme National de Lutte contre le SIDA* (PNLS, National AIDS Control Program).

We also carried out activities in collaboration with other partners, expanding the scope and impact of activities. The Program worked with Breakthrough Action on social and behavior change (SBC). The Global Health Supply Chain-Technical Assistance (GHSC-TA) project and the *Programme de Renforcement de l'Offre et Développement de l'Accès aux Soins de Santé* (PRODS, Program for Strengthening of Supply and Development of Access to Health Care) offered support for the improvement of the supply chain. We collaborated with the Food for Peace-funded Budikadidi project and Development Food Security Activities on nutrition and WASH activities and with the nongovernmental organization (NGO) Alliance for International Medical Action (ALIMA) and the United Nations Children's Fund (UNICEF) on nutrition. Support for the essential care for newborns was increased through collaboration with the World Bank's Performance-Based Financing Agency; Deutsche Gesellschaft fur Internationale Zusammenarbeit (GIZ, the German Corporation for International Cooperation); the *Programme d'Appui au Secteur de la Santé* (PASS, Program to Support the Health Sector); the *Projet de Développement de Système de Santé* (PDSS, Health Care System Development Project), and *Santé Rurale* (SANRU, Rural Health)/*Appui au système de santé en RDC (*ASSR, Support to the health sytem in the DRC (project)).

2. PROGRAM MANAGEMENT

IMPLEMENTATION

At the start of the fiscal year, USAID granted permission to extend the validity of the July-September 2019 work plan for one additional month while the FY2020 annual work plan was being finalized. The FY2020 work plan was approved on October 31, 2019. This ambitious program reflects the enthusiasm and the willingness of all USAID IHP staff to leave the challenges of the last quarter behind, and to focus on the solutions.

One of the initial challenges tackled was to increase the financial transfers to various provinces, so that suspended activities could be relaunched. Nevertheless, we encountered some setbacks in the Eastern Congo and Katanga regions where we involved a consortium partner. Putting in place the systems to process payments and disbursements faster through a consortium partner required the same caution that we experienced during startup and resulted in some delays.

A monitoring system was put in place so that the program could report to USAID about progress made on the disbursements as well as realization of the planned activities. This system was maintained throughout the quarter and helped maintain management focus. Another challenge that was addressed during this quarter was the dissatisfaction of our MOH partners regarding support for travel and accommodation for program-supported activities. Abt Associates designed a revised per diem policy that was shared with USAID. The policy was aligned with the *Groupe international de bailleurs en santé* (GIBS, International Health Donors Group) policy, to which MOH staff were already accustomed, which offered members of the MOH traveling for Program-related activities the option of a flat rate for their accommodation and other expenses. The impact of this change was dramatic and restored the confidence between MOH staff and the program.

Additionally, during this first quarter we embarked on the internal reorganization of the program's finance and operations departments. Experience from earlier quarters proved that management of these domains by one single department was too heavy in a large program such as USAID IHP. As part of this reorganization we studied the staffing needs that needed to be addressed urgently. Towards the end of the quarter, USAID granted permission to start recruitment of this additional staff prior to final approval of the budget realignment, which was submitted in November 2019.

During the prior quarters, provinces had complained about the lack of a formal collaboration protocol between USAID IHP and the provincial ministries. This protocol was expected to provide clear direction for how ZS and provinces could access program funding in a manner that would minimize the sense of dependency on program staff to conduct activities that the ZS and provinces could otherwise conduct on their own with the provision of financial resources. In collaboration with the MOH, we prepared the terms of reference for the recruitment of a contractor to conduct Determination and Findings (D&F), an essential step in the design of the subcontracting system for provision of resources to DPS. A draft protocol of collaboration was also written up that included references to the future sub-contracting mechanism. The intention was to invite provinces to sign this letter of collaboration during the next quarter.

Two initiatives demonstrated the importance that the MOH assigns to USAID IHP: The two baseline surveys are the necessary pillars of evidence-based program management and complement the baseline data already generated from the District Health Information System 2 (DHIS2). The mapping survey in

particular showed the strength of the working relationship between the different levels of the MOH and the program. This was seen through the participatory nature of the design at central level and the collaborative approach the provinces and the district teams took in conducting the interviews and data collection. We intend to maintain that sense of ownership of the process and of the data by the MOH through the creation of opportunities for the provinces and the health zones to dig into the data in order to improve their planning and programming.

USAID IHP staff from provinces and from the Kinshasa office participated in the numerous meetings and forums during which the MOH coordinates the inputs of different donor programs. Although these are the statutory governance bodies where reporting takes place and where accountability is scrutinized, we have suggested to the MOH that USAID, the MOH and USAID IHP would benefit from a formal meeting to review progress of the program. Such meeting will take place during the next quarter.

PROGRAM STAFFING

During the period of October to December 2019, one staff member left the USAID IHP team and one staff was hired, leaving the staff count the same, at 207 (143 Abt and 56 subcontractors). An accountant was terminated for cause and one *Equipe d'encadrement integrée* (Integrated Support Team) and Health Systems Strengthening (EEI/HSS) Specialist was hired in Bukavu with a start date of December 16, 2019. Additionally, the new expatriate Director of Operations started on October 1, 2019, and the Home Office Portfolio Manager left Abt Associates in November 2019. Among the USAID IHP consortium partners, IRC replaced its Team Lead, during the quarter (see Staffing Table in Annex D).

During this quarter, the Program revised the organogram to reinforce operations and finance; we included these changes in the budget realignment sent to USAID for approval. This proposed realignment adds 21 operations and finance staff to the Kinshasa team and four operations staff to each provincial office. Adding these staff will significantly improve the efficiency and quality of support to the Program team as USAID IHP increases the volume of activities.

At project start up, USAID IHP decided to use the Quicken accounting system to manage its finances. However, it quickly became apparent that there were numerous limitations in using Quicken (such as being able to enable only one person at a time to access the software, though the project has 10 offices). This created a significant backlog in the project financial management and reporting. In late FY19, the project selected QuickBooks to replace Quicken.

During FY20 Quarter One, 20 finance and accounting staff in all nine project offices were provided with hands-on, practical training on how to use QuickBooks and on USAID IHP financial procedures and processes. During this period, the team captured a total of 5,352 transactions in the system, completed more than 150 bank reconciliations, and achieved 75 petty cash reconciliations. Alongside the QuickBooks training and rollout, USAID IHP also implemented a cash disbursement process and began to reconcile outstanding advances, which was a critical step in helping the project get back on track with financial reconciliations for the period.

SECURITY

The current security climate is characterized by fewer politically motivated demonstrations and many concerns over increasing costs of some market staples, which adds financial pressures to the most vulnerable segments of society.

The Ebola epidemic continues to reveal fragility of state and societal structures. Humanitarian access has been reduced in the Beni and Butembo areas due to conflict, impacting the Ebola Virus Disease (EVD) response in the east. There has also been a marked increase in incidents involving international staff in Eastern Congo.

Regional trends

Kinshasa. In Kinshasa, high crime rates tend to impact local staff in terms of availability for work and personal security.

Kasaï region. According to the United Nations High Commissioner for Refugees, 63 percent of the 1.6 million registered internally displaced persons are located in the Kasaï region.[1] The majority of these have since returned to their homes following the declaration by the *Forces Armées de la République Démocratique du Congo* (FARDC, Armed Forces of the Democratic Republic of the Congo) of the end of the Kamuina Nsapu phenomenon. Although the population is once again farming the land, several seasons of sowing, harvesting, and rotating the land have been missed. This has led to significant food insecurity.

Eastern region. In Bukavu and Uvira, the FARDC has adopted the strategy of targeting the support mechanisms of Mai Mai and militia groups. This has had the effect of disenfranchising militia members who have few options for survival other than criminality. Therefore, strategic successes are often followed by an increase in incident rates in the affected areas. In Tanganyika, access to the Nyunzu region is significantly reduced and many international organizations have withdrawn completely, impacting USAID IHP activities in the area. The security recommendation is that we prioritize other activities in safer areas until the security situation calms down.

Katanga region. The region remains generally calm with fewer criminal incidents recorded in Lubumbashi city. Roads continue to pose problems, especially during the rainy season when access to Kamina and areas north of Kolwezi is challenging.

[1] According to the Report of the Security General to the Security Council on November 26, 2019 (covering the period September 28–November 25, 2019).

3. PROGRAM AREAS

Children in Kasaï-Central greet an enumerator conducting household visits for the baseline household survey. (*Credit:* USAID IHP)

The Ministry of Health's *Plan National de Développement Sanitaire* (PNDS, National Health Development Plan) 2019-2022 calls on the various partners to help increase access to integrated, comprehensive, continuous and quality health services at the health facility level and in the community with a view to moving towards universal health coverage. To this end, USAID IHP has supported the Ministry of Health during this quarter to carry out activities in the areas of malaria; maternal, newborn, and child health; nutrition; reproductive health and family planning; tuberculosis; and water, sanitation, and hygiene.

- **251,591 pregnant women** received S/P to prevent malaria
- **210,336 insecticide-treated nets** distributed
- **856,122 children** received treatment for malaria
- **583 health workers** trained on intermittent preventive treatment

MALARIA

During this quarter, based on the priorities of the Malaria Operation Plan, USAID IHP supported the MOH through the PNLP in implementing their activities in the 2019-2023 National Strategic Plan (NSP). These activities included: the training of providers for the intermittent preventive treatment for pregnant women (IPTp) during antenatal care (ANC) visits, the provision of supplies for directly observed therapy (DOT) with sulfadozine-pyrimethamine (S/P), provider training on rapid diagnostic tests and appropriate case management in health facilities and iCCM sites, and the distribution of insecticide-treated nets (ITNs) during ANC visits and for children who have been fully vaccinated. USAID IHP supported the DPS in conducting malaria specific superivion visits in Kasai-Central and Haut-Lomami. The electronic version of normative documents for case management was distributed in the nine provinces. Each province is working on distributing these materials to ZS. Materials to promote malaria case management and prevention of malaria for pregnant women were utilized in trainings in Haut-Lomami, Haut-Katanga and Kasaï-Central. Data collection tools have been produced and disseminated in 168 ZS.

In this section, we present the Quarter 1 results related to malaria indicators reported by USAID IHP, lessons learned, and next steps.

Trained health workers to integrate malaria prevention during antenatal care visits

As shown in Table 2, USAID IHP provided financial and technical support for a training on malaria prevention and case management for pregnant women that was organized by six *Divisions Provinciale de la Santé* (DPS, provincial health district) teams through the PNLP for 583 providers out of 873 planned (66.8 percent of the target). Six provinces received trainings. Haut-Lomami, Sud-Kivu, and Tanganyika did not plan trainings during the quarter due to competing priorities in their *Plan d'Action Opérationnel* (PAO, Annual Operation Plan) process and additional time required to establish per diem rates with the DPS. Trainings have been planned for these two provinces for the next quarter. Capacity building for the providers focused on the components of ANC, preventive measures against malaria during pregnancy, identification of malaria signs and symptoms, and interpersonal communication for promoting IPTp. Provider training on malaria and the competency-based approach has also enabled the *Equipes cadre de DPS* (ECDPS, Executive teams of the DPS) and providers to build their capacity in the following areas:

- The administration of S/P under DOT strategy during ANC sessions; which should start as early as possible in the second trimester, with doses given at least one month apart until the time of delivery;
- The correct use of Artemether + Lumefantrine and Artesunate + Amodiaquine by pregnant women for uncomplicated malaria;
- The reminder for providers to use the S/P calendar for correct timing and dosing; and
- The involvement of all elderly non-pregnant women in the awareness-raising, identification and referral of pregnant women in order to reduce delays in initiating the pregnant women's first ANC visit so they can begin taking preventing measures against malaria during pregnancy.

Table 2. Number of health workers trained in IPTp with USG funds (Indicator 2.1.14)

Region	Province	Q1 Achievement	Target	Achievement rate (%)
Kasaï	Kasaï-Central	253	255	99.2
	Kasaï-Oriental	84	84	100.0
	Lomami	101	101	100.0
	Sankuru	70	70	100.0
Total Kasaï		**508**	**510**	**99.6**
Katanga	Haut-Katanga	54	90	60.0
	Haut-Lomami	0	29	0.0
	Lualaba	21	70	30.0
Total Katanga		**75**	**249**	**30.1**
Eastern Congo	Tanganyika	0	25	0.0
	Sud-Kivu	0	89	0.0
Total Eastern Congo		**0**	**114**	**0.0**
Total General		**583**	**873**	**66.8**

Source: Project Monitoring Report

Ensured women received doses of sulfadoxine/pyrimethamine for intermittent preventive treatment during ANC visits

IPTp with S/P is one of the key interventions to prevent malaria during pregnancy. During FY2020 Quarter 1, 251,591 out of 353,249 pregnant women (71.2 percent) benefited from doses of S/P during ANC visits (Table 3). Overall, 71.2 percent of clients benefited from this treatment, a achievement rate of 89.0 percent against our target. This indicator is supported by USAID IHP- awareness-raising activities encouraging pregnant women to use ANC services. Champion communities in Lualaba organized these activities at health facilities in Ushindi and Hekima located Dilala ZS, Mapendo and Gazelle located in the Fungurume ZS, and two local NGOs (Sibeco and Mlinzi). This performance was also linked to ANC-family planning mini-campaigns Kasaï-Central and Lualaba. Kasaï-Central was the only province to exceed its target (at 82.4 percent), due to the availability of S/P, training for service providers, and the distribution of small materials to health facilities to support direct observation of the intake of S/P.

The Kasaï, Katanga, and the Eastern regions, which only reached 76.8 percent, 68.3 percent and 65.6 percent of their targets respectively, all recorded low proportions of pregnant women receiving IPTp. Key factors influencing the poor performance in Haut-Katanga and Sud-Kivu particularly included pregnant women's late initiation during their pregnancy for ANC visits due to low levels of awareness of the community on when to initiate prenatal care for pregnant women and providers' lack of knowledge of the ANC/IPTp calendar. In addition, there were repeated S/P stock-outs at regional distribution centers that impacted performance in Haut-Katanga and Lualaba. Insecurity has also been a challenge in Sud-Kivu.

Activities for next quarter include:

- Organize training in the underperforming provinces, especially Sud-Kivu and Haut-Katanga, and support their established training plan for the second quarter;
- Reinforce ANC activities in collaboration with PNSR. Examples of these activities include organizing ANC advance strategies, organizing home visits, and conducting telephone reminders for lost contacts); and
- Develop posters and memory aids on the ANC/IPTp calendar for providers.

Table 3. Percentage of pregnant women who received doses of sulfadoxine/pyrimethamine (S/P) for Intermittent Preventive Treatment (IPT) during ANC visits (Indicator 2.4)

Region	Province	Target (%)	Q1 Achievement (%)	Numerator*	Denominator*	Achievement rate (%)
Kasaï	Kasaï-Central	80	82.4	38,291	46,476	103.0
	Kasaï-Oriental	80	73.2	32,471	44,346	91.5
	Lomami	80	75.6	28,900	38,232	94.5
	Sankuru	80	74.4	16,565	22,256	93.0
Total Kasaï		**80**	**76.8**	**116,227**	**151,310**	**96.0**
Katanga	Haut-Katanga	80	61.6	27,960	45,419	77.0
	Haut-Lomami	80	76.7	28,781	37,518	95.9
	Lualaba	80	67.8	18,118	26,711	84.8
Total Katanga		**80**	**68.3**	**74,859**	**109,648**	**85.3**
Eastern Congo	Tanganyika	80	76.1	15,930	20,928	95.1
	Sud-Kivu	80	62.5	44,575	71,363	78.1
Total Eastern Congo		**80**	**65.6**	**60,505**	**92,291**	**81.9**
Total General		**80**	**71.2**	**251,591**	**353,249**	**89.0**

*Refers to the number of pregnant women

Source: District Health Information System 2 (DHIS2), accessed January 23, 2020

Distributed insecticide-treated nets to prevent malaria transmission

USAID IHP supported the distribution of 210,336 insecticide-treated nets ITNs in the ZS during ANC visits and/or child immunization visits. Kasaï-Central, Lualaba, and Tanganyika performed well against their ITN targets (Table 4). Through ANC mini-campaigns, USAID IHP helped distribute ITNs to pregnant women in Lualaba (Bunkeya, Dilala, and Mutshatsha ZS) and Sud-Kivu (Katana and Walungu ZS). Sud-Kivu, achieved only 53.5 percent of the target due to several challenges. Awareness raising activities were held in Katana and Walungu ZS but there are two other ZS (Nundu and Fizi) where that activity could not be held due to insecurity. Previous stocks of ITNs were also available, notably increasing ITN distribution in Haut-Lomami (Kamiji, Mwene ditu, and Luputa ZS).

The MOH quarantined a large quantity of ITNs due to quality assurance issues identified by the *Office Congolais de Contrôle* (Congolese Control Office), which performs quality, quantity, and conformity inspection of all goods. These quality issues have since been addressed. USAID IHP is conducting advocacy with GHSC-TA to ensure the supply of ITNs at the ZS level, but the quarantine created stock-outs in the regional distribution centers of Haut-Katanga, Tanganyika, Sud-Kivu, and Haut-Lomami during Quarter 1. There were also disruptions in 12 ZS in Lomami and transportation difficulties in Tanganyika province due to security challenges and issues with road transport carriers. In Sud-Kivu, the Shabunda ZS, which can only be accessed by plane, and Mulungu ZS both faced challenges related to insecurity. Despite these challenges, during this period Tanganyika was able to distribute some of an existing stock of ITNs which supported an achievement rate of 167.7 percent.

Table 4. Number of insecticide-treated nets (ITNs) distributed during antenatal and/or child immunization visits (Indicator 17)				
Region	**Province**	**Target**	**Q1 Achievement**	**Achievement rate (%)**
Kasaï	Kasaï-Central	55,416	56,310	101.6
	Kasaï-Oriental	28,822	3,473	12.0
	Lomami	32,030	2,128	6.6
	Sankuru	28,967	23,661	81.7
Total Kasaï		**145,235**	**85,572**	**58.9**
Katanga	Haut-Katanga	13,668	5,192	38.0
	Haut-Lomami	26,045	22,958	88.1
	Lualaba	17,459	24,508	140.4
Total Katanga		**57,172**	**52,658**	**92.1**
Eastern Congo	Tanganyika	14,812	24,833	167.7
	Sud-Kivu	88,303	47,273	53.5
Total Eastern Congo		**103,115**	**72,106**	**69.9**
Total General		**305,522**	**210,336**	**68.8**

Source: DHIS2, accessed January 23, 2020

Trained health workers to improve case management and trained health workers in malaria laboratory diagnostics

To improve the quality of malaria management, USAID IHP supported the organization of a malaria diagnostics and management training. During the quarter, 370 providers out of 515 planned for the quarter were trained in five provinces (Haut-Lomami, Kasaï-Oriental, Lomami, Lualaba, and Sankuru) (Table 5). However, Lualaba completed only a portion of their planned trainings, because of the unavailability of the designated trainer due to competing priorities for the development of the PAO. This coordination issue has been addressed and these trainings have been organized for Quarter 2. Sud-Kivu did not conduct the training. The training was not planned in the three other provinces (Kasaï-Central, Haut-Lomami, and Tanganyika); it is planned for next quarter.

These trainings supported providers in increasing their adherence to the correct protocols for malaria treatment and diagnosis. This included reinforcement of certain behaviors such as the importance of conducting rapid diagnostic tests (RDT) before offering treatment and how to interpret the RDT results. The training made up for all the shortcomings thanks to technical support from the central level MOH. USAID IHP provided financial and technical support for this training to the MOH through the DPS. Next steps include:

- Resume training/retraining in Sud-Kivu and Lualaba and continue to implement the training plan activities outlined by the provinces for Quarter 2.
- USAID IHP will financially and technically support the follow-up missions for ZS that conducted provider training.

Table 5. Number of health workers trained in case management with Artemisinin-based Combination Therapy (ACT) with USG funds (Indicator 2.1.15)				
Region	**Province**	**Target**	**Q1 Achievement**	**Achievement rate (%)**
Kasaï	Kasaï-Central	0	0	0.0
	Kasaï-Oriental	120	120	100.0
	Lomami	101	101	100.0
	Sankuru	83	83	100.0

Region	Province	Target	Q1 Achievement	Achievement rate (%)
Total Kasaï		**304**	**304**	**100.0**
Katanga	Haut-Katanga	0	0	0.0
	Haut-Lomami	45	45	100.0
	Lualaba	70	21	30.0
Total Katanga		**115**	**66**	**57.4**
Eastern Congo	Tanganyika	0	0	0.0
	Sud-Kivu	96	0	0.0
Total Eastern Congo		**96**	**0**	**0.0**
Total General		**515**	**370**	**71.8**

Source: DHIS2, accessed January 23, 2020

Supported treatment for malaria among children under 5

Because malaria is the leading cause of under-5 mortality in the DRC, USAID IHP began in FY2019 to train and retrain providers on the appropriate diagnosis and management the disease in children under 5. During FY2020 Quarter 1, all provinces met at least 92 percent of their targets (Table 6). The availability of Artemisinin-based Combination Therapy (ACT) drugs in health facilities and the series of trainings held with financial and technical support from USAID IHP were key to this performance. As of December 2019, fewer than 10 percent of all health facilities experienced stock-outs.

Table 6. Number of children under 5 years of age (0-59 months) with confirmed malaria who received treatment for malaria from an appropriate provider in USG-supported areas (Indicator 15)

Region	Province	Q1 Achievement	Target	Achievement rate (%)
Kasaï	Kasaï-Central	155,029	118,559	130.8
	Kasaï-Oriental	115,299	101,971	113.1
	Lomami	118,305	99,595	118.8
	Sankuru	47,841	50,477	94.8
Kasaï total		**436,474**	**370,602**	**117.8**
Katanga	Haut-Katanga	61,406	65,816	93.3
	Haut-Lomami	94,067	74,430	126.4
	Lualaba	58,323	40,531	143.9
Katanga total		**213,796**	**180,777**	**118.3**
Eastern Congo	Tanganyika	58,415	50,722	115.2
	Sud-Kivu	147,437	158,793	92.8
Total Eastern Congo		**205,852**	**209,515**	**98.3**
Total General		**856,122**	**760,894**	**112.5**

Source: DHIS2, accessed January 23, 2020

Other activities

- USAID IHP provided health facilities in Kanda Kanda and Mwene-Ditu ZS in Lomami with supplies to facilitate the observed intake of S/P. These supplies included filters, basins, cans, and cups, and spoons.
- USAID IHP also participated in the funding gap analysis workshop for the next three-year National Malaria Strategic Plan (December 16-19, 2019), and the 2019-2023 Malaria Strategic Plan validation workshop.

Lessons learned

The delayed start of ANC by pregnant women remains a major challenge in malaria prevention. Service provision can be improved through mini-campaigns, home visits conducted by peer educators, and other social and behavior change (SBC) activities implemented through the champion communities and *relais communitaires* (RECO, community health workers). To address this, USAID IHP is planning to work with pregnant women to encourage their peers (other pregnant women) to attend ANC visits. In ZS where there are already a high number of clients seeking ANC services, the number of ANC sessions offered will be increased. ANC sessions will also be organized in remote communities that are far from ZS with a health facility.

Next steps

- Continue trainings in ZS.
- Produce posters and job aids on the S/P calendar.
- In collaboration with Breakthrough Action, intensify SBC activities regarding use of care, the use of ITNs, and early access to ANC services.
- Reinforce collaboration with GHSC-TA, regional distribution centers, and ZS so that we can jointly seek potential options. Within our mandate of distribution at the last mile, we will continue to develop a financial approach to operationalize last-mile transportation of drugs.

- **353,249 pregnant women** attended at least one ANC visit
- **94.2 percent** of newborns received essential newborn care
- **291,626 children** received measles vaccinations
- **291,781 postpartum/newborn visits** made within three days of birth

MATERNAL, NEWBORN, AND CHILD HEALTH

The DRC is one of 24 USAID priority countries for MNCH interventions. USAID IHP supports the MOH to improve maternal health through antenatal consultations, assisted delivery, and postnatal visits based on MOH guidelines and standards. The MOH support package focuses on the following interventions for child health: essential newborn care (ENC), emergency care, integrated management of childhood illnesses (IMCI), and immunization.

This section presents USAID IHP results related to the most significant maternal and child health indicators, activities implemented, lessons learned, and next steps.

Increased uptake of antenatal care visits

ANC visits are opportunities for pregnant women to identify potential risks and improve their pregnancy outcomes. ANC includes a pregnant woman's health check-up, the provision of preventive care, such as S/P, and treatment as needed, and the opportunity to share home-based measures to better monitor her pregnancy and increase the mother's and child's chances of survival. In the DRC, national standards and guidelines recommend at least four ANC consultation visits, including a first visit in the first trimester, one visit before the fourteenth week of amenorrhoea, and the last two visits in the last trimester of pregnancy.

As shown in Table 7, during this period, 353,249 pregnant women attended at least one ANC visit out of the target of 407,620—86.7 percent of the USAID IHP target. We met 100 percent of the Program's target for the number of pregnant women attending at least four ANC visits.

Lualaba, Sud-Kivu, Lomami, and Kasaï-Central had the strongest performance for pregnant women attending at least one ANC visit, while Tanganyika and Haut-Katanga were the lowest-performing provinces. Several activities contributed to strong performance:

- In **Lualaba**, pregnant women received referrals during ANC and family planning mini-campaigns. During the campaigns, RECO in the Manika, Dilala, Fungurume, and Kanzenze ZS conducted home visits. The pay for performance program by the PDSS in the Dilolo, Kafakumba, Kalamba, Kanzenze, Kasaji, and Sandoa ZS contributed to the performance of indicator 2.1.2 (see Table 7). PDDS is a program funded through the World Bank that encourages the ZS to have women attend four ANC visits. Funding is provided to the ZS that perform well in this indicator.

- In **Lomami**, the Program supported provider trainings in the Ludimbi, Lukula, and Kalambayi ZS on essential obstetric care and maternal and perinatal death surveillance and response. We also supported two meetings of the Provincial Maternal Death Surveillance and Response Committee, providing feedback to the ZS and communities, to raise women's awareness of the importance of using of ANC services to prevent maternal and neonatal deaths.

Table 7. Percentage of pregnant women attending at least one ANC visit with a skilled provider from USG-supported health facilities (Indicator 2.1.2)

Region	Province	At least one ANC visit					At least four ANC visits		
		Q1 (%)	Num.	Denom.	Target (%)	Achieved (%)	Q1	Target	Achieved (%)
Kasaï	Kasaï-Central	92.4	46,476	50,280	100	92.4	37,116	37,992	97.7
	Kasaï-Oriental	83.4	44,346	53,147	100	83.4	30,258	29,700	101.9
	Lomami	92.5	38,232	41,347	100	92.5	26,147	27,200	96.1
	Sankuru	89.2	22,256	24,964	100	89.2	17,535	16,094	109.0
Total Kasaï		**89.1**	**151,310**	**169,738**	**100**	**89.1**	**111,056**	**110,986**	**100.1**
Katanga	Haut-Katanga	75.2	45,419	60,374	100	75.2	17,529	18,088	96.9
	Haut-Lomami	91.0	37,518	41,245	100	91.0	19,860	17,897	111.0
	Lualaba	94.3	26,711	28,334	100	94.3	12,032	10,195	118.0
Total Katanga		**84.4**	**109,648**	**129,953**	**100**	**84.4**	**49,421**	**46,180**	**107.0**
Eastern Congo	Tanganyika	65.4	20,928	32,008	100	65.4	9,438	10,303	91.6
	Sud-Kivu	94.0	71,363	75,921	100	94.0	36,531	38,988	93.7
Total Eastern Congo		**85.5**	**92,291**	**107,929**	**100**	**85.5**	**45,969**	**49,291**	**93.3**
Total		**86.7**	**353,249**	**407,620**	**100**	**86.7**	**206,446**	**206,457**	**100.0**

Source: DHIS2, accessed January 23, 2020

In Tanganyika and Haut-Katanga the apparent underperformance was linked to poor data completeness. In Tanganyika, the Ankoro and Kabalo ZS did not report data for November or December 2019 and Kongolo ZS did not report for December 2019. Haut-Katanga also experienced Internet connection challenges in some ZS. The lack of data reduced reported results.

Typically, women don't go for their first (which often ends up being their only) ANC visit until their second or third trimester, after their pregnancy is visible. This is particularly true in Haut-Lomami and Sankuru. As a result, by the time women go for their visit, it is too late in their pregnancy to be evaluated for the full suite of services associated with a series of four ANC visits. In addition, there are other challenges related to ANC service provision, including long wait times, poor involvement by husbands in pregnancy monitoring, and lack of adherence to the recommended ANC calendar.

Despite the overall good performance in the use of ANC 1 services, the USAID IHP Baseline Service Delivery Mapping Survey (*Enquête d'Etat des Lieux*) results show that only 5.5 percent of health centers and 25.6 percent of referral facilities (referral health centers and general referral hospitals) offer a complete package of ANC services. Interventions such as haemoglobin and proteinuria controlled use, blood pressure measurement, and mebendazole deworming are rarely performed during ANC sessions. The Baseline Service Delivery Mapping Survey shows that 1,275 health centers (27 percent) do not have functional blood pressure monitors.

The following activities are expected to be implemented next quarter:

- Support data analysis meetings with the DPS, ZS, and aires de santé in Haut-Katanga;
- Organize mini-campaigns in challenging *aires de santé* in Tanganyika and Kasaï-Oriental;

- Continue to train providers in emergency obstetric and newborn care (EmONC), essential obstetric care, essential neworn care, post-abortion care, and maternal death surveillance and response in Wikong, Lubao, Kalonda Est, Kalenda, and Mulumba ZS in Lomami;
- Disseminate the baseline service delivery mapping survey results to encourage provinces to work with ZS and health facilities to improve service provision;
- Identify health facilities with long wait times and organize ANC visits every work day. USAID IHP will support health facilities to carry out activities on a case-by-case basis to improve their ANC services. Activities may include increasing the frequency of ANC services performed in *aires de santé* with a high population concentration and low ANC coverage; organizing ANC services using an advance strategy for *aires de santé* that are more spread out; and actively searching for pregnant women through their peers (i.e., pregnant women who attend ANC services identify other pregnant women in their villages and inform them about available ANC services).
- Support health facilities in the development of advanced ANC strategies in villages located five kilometers or more from a health center (such as in Lualaba); and
- Work with Breakthrough Action to identify innovative strategies (prototypes) to encourage pregnant women in communities to attend first-trimester ANC services.

Trained supervisors and trainers on qualified attendance at childbirth

Attended childbirth includes all the appropriate care that a woman and her newborn should receive during childbirth and the postnatal period. This requires healthcare workers with childbirth skills, supplied with drugs and other commodities, equipment, and infrastructure to provide the mother and newborn with the appropriate care. Childbirth is sometimes complicated by serious health risks, even for women with no previous health problems. Bleeding after childbirth (postpartum hemorrhage) is an unpredictable and rapid cause of maternal death in the DRC. Uterine atony (lack of normal retraction of the uterus after delivery) is the most common cause of immediate and severe postpartum hemorrhage (occurring within 24 hours of delivery). The World Health Organization (WHO) and the DRC Ministry of Health recommend active management of the third stage of labor to reduce the incidence of postpartum hemorrhage. Active management of the third stage of labor is carried out by qualified providers who have received adequate training and are equipped with uterotonics.

In this quarter, only 296,480 patients gave birth in the presence of a qualified provider, which represents a 72.8 percent completion rate. Lualaba, Kasaï-Central, Sankuru, and Lomami reported the highest achievement rates. This can be explained in part by EmONC provider trainings held in the ZS of Dilala, Manika, Kanzenze, Fungurume (Lualaba), Luiza, Luambo, and Lusambo (Kasaï-Central), Ludembi Lukula, and Kalambayi (Lomami). Support from other partners such as SANRU/ASSR and PRODS in the ZS of Bena Leka, Bena Tshadi, Demba, Katende, Katoka, Lubunga, Muetshi, Mutoto, Ndesha, and Tshikaji (Kasaï-Central), also contributed to this indicator. In Sankuru, trainers coaching service providers impacted results.

In contrast, the ZS of Ankoro, Kabalo, Kongolo, Manono, Mbulula, Nyunzu (Tanganyika), Haut-Plateau, Kalonge, Idjwi (Sud-Kivu), Kabondo, Butumba, Kinda, Kamina, and Kitenge (Haut-Lomami) recorded a high rate of home births. Despite this, in Sud-Kivu, contributions including training support from other partners, such as UNICEF and GIZ, helped keep results from falling too low. In Tanganyika in particular, (reporting only 48.6 percent of the target), insecurity was an important factor, although the province also had poor data completeness, which impacted the reported achievement rate.

Only 56.2 percent of women giving birth in hospitals benefited from the administration of a uterotonic drug within one minute of delivery. No province reached 80 percent of the target (Table 8). The primary reasons for underperformance was low availability of oxytocin in health facilities and discrepancies with the established target. USAID IHP has made the following requests for oxytocin: (1) to USAID for emergency supplies while awaiting a larger delivery of supplies; (2) to ZS to buy oxytocin in the CDR; and (3) to other partners in the field—ASSR, PRODS, and IRC—to supply health facilities with oxytocin.

Data from the USAID IHP baseline service delivery mapping survey show that 40 percent of health facilities monitor labor with a partogram and administer a uterotonic drug within one minute of delivery. At the time of the survey data collection, 33 percent of health facilities were out of stock and 74 percent of health centers did not have providers who were trained in basic obstetric care or in other maternal and neonatal trainings in the previous two years. The availability of oxytocin and qualified personnel are the main barriers to performance in this area, in particular in Sankuru and Tanganyika.

Table 8. Percentage of deliveries with a skilled birth attendant (SBA) in USG-supported facilities (Indicator 2.1.3) and Number of women giving birth who received uterotonics in the third stage of labor (or immediately after birth) through USG-supported program

Region	Province	Percentage of deliveries with a skilled birth attendant (SBA) in USG-supported facilities					Women giving birth who received uterotonics in the 3rd stage of labor (or immediately after birth) through USG-supported programs		
		Q1 (%)	Num.	Denom.	Target (%)	Achieved rate (%)	Q1 (#)	Target	Achieved rate (%)
Kasaï	Kasaï-Central	85.8	43,119	50,280	90	95.3	2,538	3,238	78.4
	Kasaï-Oriental	71.1	37,790	53,147	90	79.0	1,481	2,588	57.2
	Lomami	76.6	31,677	41,347	90	85.1	855	1,449	59.0
	Sankuru	80.2	20,009	24,964	90	89.1	675	1,055	64.0
Total Kasaï		78.1	132,595	169,738	90	86.8	5,549	8,330	66.6
Katanga	Haut-Katanga	65.4	39,470	60,374	90	72.6	5,193	9,290	55.9
	Haut-Lomami	76.0	31,364	41,245	90	84.5	1,584	2,178	72.7
	Lualaba	88.6	25,116	28,334	90	98.5	3,836	5,374	71.4
Total Katanga		73.8	95,950	129,953	90	82.0	10,613	16,842	63.0
Eastern Congo	Tanganyika	36.6	11,700	32,008	90	40.6	939	1,934	48.6
	Sud-Kivu	74.1	56,235	75,921	90	82.3	16,940	33,480	50.6
Total Eastern Congo		62.9	67,935	107,929	90	69.9	17,879	35,414	50.5
Total General		**72.7**	**296,480**	**407,620**	**90**	**80.8**	**34,041**	**60,586**	**56.2**

Source: DHIS2, accessed January 23, 2020

The following activities are planned for the next quarter:

- Continue to carry out advocacy efforts referenced earlier in the report to supply health facilities with oxytocin;
- Organize awareness-raising sessions in different ZS about the benefits of childbirth in health facilities;
- Continue to train providers on EmONC, for Tanganyika it will be particularly important to consider timing for the PAO for the providence to ensure availability of providers for the training; and

- Organize formative supervision on the correct completion of partogram forms in maternity wards, brief the *Equipe Cadre de la Zone de Sante* (ECZS, Health Zone Management Team) and registered nurses in Tanganyika on the correct definition of MNCH indicators.

Promoted essential newborn care

ENC is a set of actions and procedures performed during the delivery and neonatal period to improve the survival of the newborn. The MOH has defined five actions to be carried out for newborns at birth: providing warmth (immediate drying and skin-to-skin contact with the mother), cord care, eye care, early initiation of breastfeeding, and administration of Vitamin K1.

As shown in Table 9, across all provinces, 94.2 percent of newborns received essential care and 98.1 percent of mothers and newborns attended visits within three days of birth. Several reasons could explain this encouraging performance, including: (1) USAID IHP-established MNCH training pools in six provinces, which enabled the *encadreurs provincials polyvalent* (EPP, multidisciplinary provincial supervisors to support some ZS; (2) provider trainings on EmONC in the ZS; (3) UNICEF training for providers in essential and emergency care for newborns in all 16 ZS in Haut-Lomami;[2] and (4) the support of other implementing partners, including the World Bank's Performance-Based Financing Agency; GIZ; the *Programme d'Appui au Secteur de la Santé* (PASS, Program to Support the Health Sector) in Sud-Kivu; the PDSS in Haut-Katanga, Haut-Lomami, and Lualaba; and the ASSR in Kasaï-Central.

Table 9. Number of newborns receiving essential newborn care through USG-supported programs (Indicator 2.1.7) and Number of postpartum/newborn visits within three days of birth in USG-supported programs (Indicator 2.1.6)

Region	Province	Number of newborns receiving essential newborn care through USG-supported programs					Postpartum/newborn visits within three days of birth in USG-supported programs		
		Q1 (%)	Target	Achieved rate (%)	Numerator	Denominator	Q1 (#)	Target	Achieved rate (%)
Kasaï	Kasaï-Central	96.1	100	96.1	41,477	43,140	42,890	48,596	88.3
	Kasaï-Oriental	95.6	100	95.6	35,878	37,538	37,586	40,787	92.2
	Lomami	87.1	100	87.1	28,645	32,895	32,108	32,029	100.2
	Sankuru	96.2	100	96.2	19,350	20,117	19,962	17,844	111.9
Total Kasaï		**93.8**	**100**	**93.8**	**125,350**	**133,690**	**132,546**	**139,256**	**95.2**
Katanga	Haut-Katanga	95	100	94.5	38,621	41,878	40,266	43,719	92.1
	Haut-Lomami	90	100	89.9	26,088	29,030	28,028	23,559	119.0
	Lualaba	94	100	93.8	23,807	25,381	25,067	22,090	113.5
Total Katanga		**92.9**	**100**	**92.9**	**89,516**	**95,289**	**93,361**	**89,368**	**104.5**
Eastern Congo	Tanganyika	101	100	101.4	12,249	12,085	12,336	10,266	120.2
	Sud-Kivu	96	100	95.7	53,226	55,616	53,538	58,614	91.3
Total Eastern Congo		**96.7**	**100**	**96.7**	**65,475**	**67,701**	**65,874**	**68,880**	**95.6**
Total General		**94.2**	**100**	**94.2**	**279,341**	**296,680**	**291,781**	**297,504**	**98.1**

Source: DHIS2, accessed January 23, 2020

[2] UNICEF has not yet supplied drugs, inputs, and materials.

The following activities are planned for next quarter:

- Continue to train providers in EmONC;
- Provide health facilities with 7.1 percent chlorhexidine digluconates for cord care; and
- Identify health facilities with poor performance in the provinces and support them during formative supervision.

Took steps to increase rates of newborn resuscitation

In DRC, neonatal asphyxia is responsible for nearly 20 percent of neonatal deaths. The Helping Baby Breathe (HBB) approach focuses on the initial stages of neonatal resuscitation: immediate drying of the baby, providing warmth and additional stimulation to breathe, followed by Ambu bag and mask ventilation if necessary, during the first 60 seconds after birth (the "golden minute"). USAID IHP is scaling up this approach in health facilities. Since the start of USAID IHP to date, 13 additional ZS have integrated the HBB approach: Kafubu, Kenya, and Kipushi (Haut-Katanga); Kanzenze, Dilala, Fungurume, and Manika (Lualaba); Luiza and Luambo (Kasaï-Central); Lusambo (Sankuru); Ludembi, Lukula, and Kalambayi (Lomami).

As shown in Table 10, during this quarter, 6,590 newborns with asphyxia were resuscitated in maternity wards. Haut-Lomami performed best, with an achievement rate of 105.2 percent. Reasons for this include training and equipment distribution in this province. The majority were resuscitated in the maternity wards of Sud-Kivu, Haut-Katanga, Haut-Lomami, and Lualaba, although these provinces made good progress towards meeting targets, results (as a percentage of infants with asphyxia) were lower than planned. Facilities in Sankuru and Tanganyika performed fewer neonatal resuscitations. HBB trainings had been previously provided to Sud-Kivu, helping this province achieve 81.6 percent of its target. Additional trainings and equipment distribution in the Katanga region—in Haut-Katanga, Haut-Lomami, and Lualaba—enabled resuscitations in more health facilities this quarter (the highest overall number), although the region still met only 75.5 percent of its target.

Table 10. Number of newborns not breathing at birth who were resuscitated in USG-supported programs (Indicator 2.1.5)

Region	Province	Q1 Achievement	Target	Achievement rate (%)
Kasaï	Kasaï-Central	531	885	60.0
	Kasaï-Oriental	532	735	72.4
	Lomami	501	703	71.3
	Sankuru	163	282	57.8
Total Kasaï		1,727	2,605	66.3
Katanga	Haut-Katanga	1,233	2,032	60.7
	Haut-Lomami	965	917	105.2
	Lualaba	694	884	78.5
Total Katanga		2,892	3833	75.5
Eastern Congo	Tanganyika	326	436	74.8
	Sud-Kivu	1,645	2,015	81.6
Total Eastern Congo		1,971	2,451	80.4
Total General		**6,590**	**8,889**	**74.1**

Source: DHIS2, accessed January 23, 2020

Training in HBB and EmONC is planned in the provinces of Sankuru and Tanganyika, following the provision of some materials from the Church of Jesus Christ of Latter-day Saints.

Lastly, the USAID IHP baseline service delivery mapping survey found that 78 percent of health centers did not have a self-inflating balloon with No. 0 or No. 1 masks, which are key tools for performing neonatal resuscitation.

Activities planned for the next quarter include:

- Continue to train providers in EmONC, including neonatal resuscitation;
- Equip health facilities with Ambu bags and HBB training materials; and
- Support Tanganyika and Sankuru in the implementation of the HBB approach by planning trainings in both of those provinces.

Assisted in reducing the Pentavalent 3 drop-out rate

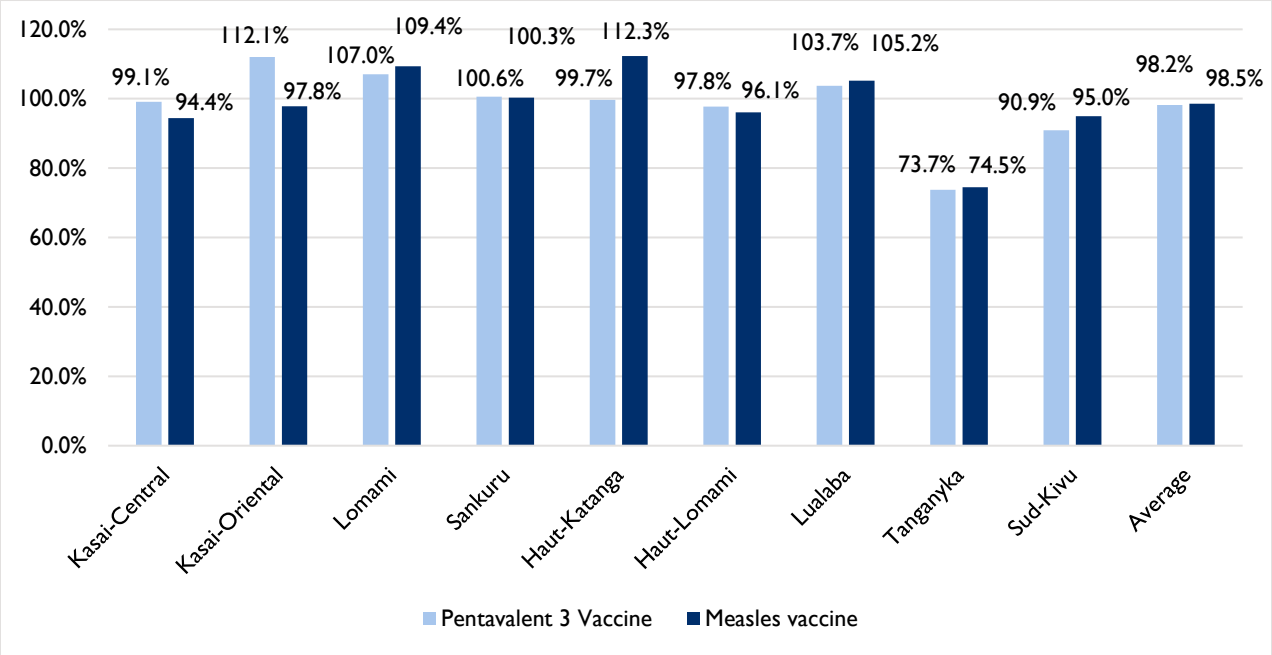
Immunization data indicate that at least 90 percent of children were vaccinated in USAID IHP-supported provinces during FY2020 Quarter 1. The exception is Tanganyika, where vaccination rates only reached 74.5 percent for the measles vaccine and 73.7 percent for the Pentavalent 3 vaccine (see Figure 1).

Support from the Mashako Plan was instrumental in the provinces of Haut-Lomami, Haut-Katanga and Tanganyika. The low level of data reporting in Tanganyika explains this province's poor performance during the quarter: the Ankoro, Kabalo, and Kongolo ZS have not yet submitted their data for November and December 2019 due to poor Internet connectivity.

USAID IHP supported the organization of awareness mini-campaigns to reach the target population in the Luputa ZS (Lomami) and in the Walungu ZS (Sud-Kivu). USAID IHP funded the formative supervision of immunization activities for low-performing *aires de santé* in the Fizi, Miti Murhesa, Bunyakiri, Kaziba, Kimbi Lulenge, Mwenga, and Walungu ZS (Sud-Kivu) and the Luiza, Yangala, and Luambo ZS (Kasaï-Central).

In addition, USAID IHP provided fuel to ensure that the cold chain was continously operational and the vaccines were kept in good condition in the provinces of Tanganyika, Lomami, Kasaï-Oriental, and Lomami.

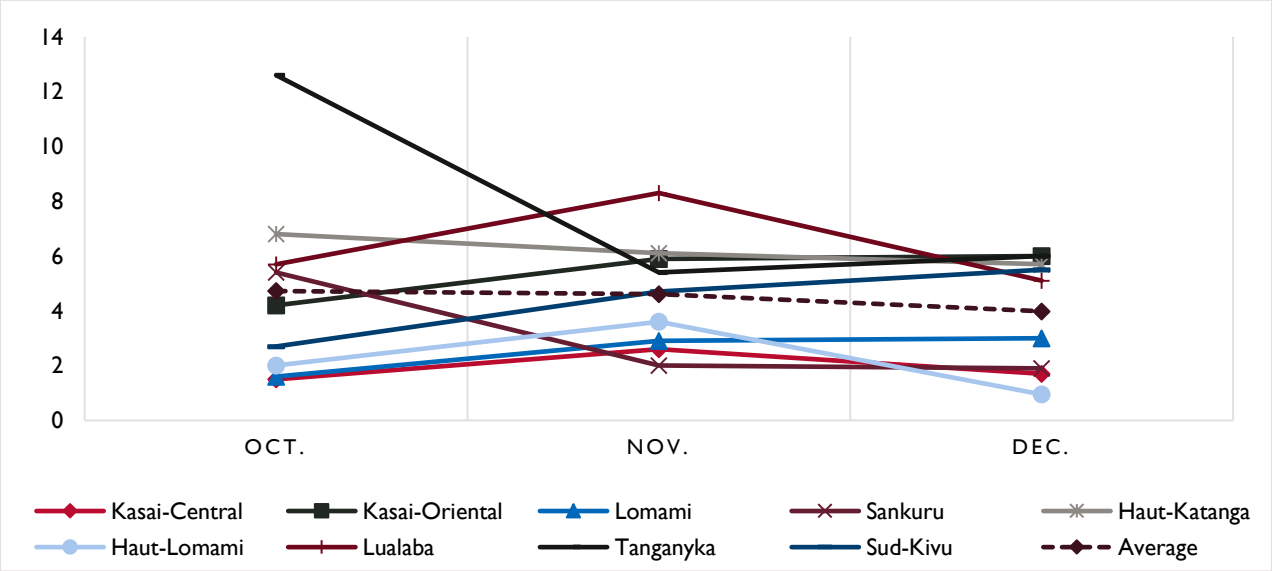
Figure 1. Number of children less than 12 months of age who received three doses of Pentavalent vaccine (Indicator 9) and measles vaccine (Indicator 10) from USG-supported programs



Source: DHIS2, accessed January 23, 2020

In all provinces, the drop-out rate for DTP-HepB-Hib3 was less than 10 percent among children. In Tanganyika province, child recovery activities during the poliomyelitis campaign in Moba, Kansimba and Manono ZS helped reduce the drop-out rate between October and November 2019 (Figure 2).

Figure 2. Drop-out rate in DTP-HepB-Hib3 among children less than 12 months of age (Indicator 2.1.9)



Source: DHIS2, accessed January 23, 2020

Helped improve community-based care at iCCM sites

Pneumonia, diarrhea, and malaria are the three main killers of children in the DRC, accounting for more than 50 percent of deaths among children under 5. These deaths are most prevalent in areas with difficult access to health facilities. iCCM sites facilitate access for children who otherwise have problems accessing health care services. USAID IHP supports this strategy at the community level.

During this quarter, 88,141 children were treated at iCCM sites, including 11,665 for pneumonia, 12,209 for diarrhea, and 64,267 for malaria (see Table 11). The Kasaï region has more children receiving care for these illnesses than the Katanga and Eastern Congo regions. This is the result of more provider retraining sessions, better drug availability, and support from other implementing partners such as PRODS and UNICEF. Although Tanganyika has more iCCM sites, drug shortages remain the main obstacle to treating pneumonia and diarrhea. Malaria medicines are generally available, however, which explains stronger malaria treatment results.

Given these challenges, many iCCMs do not meet implementation standards. In the next quarter, USAID IHP will proceed with:

- Follow up with GHSC-TA on the supply of essential generic medicines at the BCZS level;
- Mapping of iCCM sites meeting implementation standards and supplying only the selected sites; and
- Advocacy with other partners (IRC, Doctors of Africa), including on support for essential generic medicines for iCCM sites in their areas.

Next steps include training of RECO at iCCM sites and discussions with partners (especially GHSC-TA) on the issue of drug shortages.

Table 11. Management of pneumonia, diarrhea, and malaria at iCCM sites

Region	Province	Pneumonia cases treated	Diarrhea cases treated	Malaria cases treated	Total cases treated
Kasaï	Kasaï-Central	1,718	1,939	7,897	11,554
	Kasaï-Oriental	1,899	2,104	9,086	13,089
	Lomami	1,511	1,472	10,834	13,817
	Sankuru	547	114	4,538	5,199
Total Kasaï		**5,675**	**5,629**	**32,355**	**43,659**
Katanga	Haut-Katanga	230	225	1,973	2,428
	Haut-Lomami	906	1,673	6,710	9,289
	Lualaba	518	473	2,347	3,338
Total Katanga		**1,654**	**2,371**	**11,030**	**15,055**
Eastern Congo	Tanganyika	1,045	1,479	9,699	12,223
	Sud-Kivu	3,291	2,730	11,183	17,204
Total Eastern Congo		**4,336**	**4,209**	**20,882**	**29,427**
Total General		**11,665**	**12,209**	**64,267**	**88,141**

Source: DHIS2, accessed January 23, 2020

Strengthened integrated management of childhood illnesses

At the health facility level, clinical integrated management of newborn and childhood illness (IMNCI) is the strategy implemented to reduce mortality among children under 5. As shown in Table 12, during this quarter, 299,236 pneumonia cases were treated by an appropriate provider (98.7 percent of the target) and 638 diarrhea cases were treated in USG-supported programs (84.6 percent of the target).

Table 12. Number of children under 5 years of age (0-59 months) that received treatment for an acute respiratory infection from an appropriate provider (Indicator 5) and Number of cases of child diarrhea treated in USG-supported programs (Indicator 7)

Region	Province	Children under 5 that received treatment for an ARI from an appropriate provider			Cases of child diarrhea treated in USG-supported programs		
		Q1	Target	Achieved (%)	Q1	Target	Achieved (%)
Kasaï	Kasaï-Central	67,414	59,738	112.8	50,927	46,946	108.5
	Kasaï-Oriental	34,497	33,145	104.1	23,187	30,040	77.2
	Lomami	35,435	37,374	94.8	21,975	29,146	75.4
	Sankuru	14,469	20,840	69.4	4,311	20,352	21.2
Total Kasaï		**151,815**	**151,097**	**100.5**	**100,400**	**126,484**	**79.4**
Katanga	Haut-Katanga	19,069	21,018	90.7	20,739	22,552	92.0
	Haut-Lomami	19,872	21,581	92.1	25,543	25,486	100.2
	Lualaba	21,364	18,383	116.2	16,297	15,563	104.7
Total Katanga		**60,305**	**60,982**	**98.9**	**62,579**	**63,601**	**98.4**
Eastern Congo	Tanganyika	18,828	13,913	135.3	12,360	13,413	92.1
	Sud-Kivu	68,288	77,201	88.5	58,299	72,677	80.2
Total Eastern Congo		**87,116**	**91,114**	**95.6**	**70,659**	**86,090**	**82.1**
Total General		**299,236**	**303,193**	**98.7**	**233,638**	**276,175**	**84.6**

Source: DHIS2, accessed January 23, 2020

Providers were trained in clinical IMNCI and use of ordinograms in the DPS of Kasaï-Central and Haut-Katanga. Partners PRODS, UNICEF, PDSS, the United Nations Fund for Population Activities (UNFPA), and *Action contre la faim* (Action Against Hunger) procured essential medicines (including amoxicillin tablets) for Lomami, Haut-Katanga, and Haut-Lomami. In Sankuru, USAID IHP is the only partner supporting IMNCI interventions. For that reason, stock-outs along the supply chain on which the Program depends have a bigger impact. During FY2020 Quarter 1, the province suffered from acute drug shortages (particularly amoxicillin, oral rehydration salts (ORS) and Zinc sulfate). This lack of drugs explains Sankuru's low performance for treatment of pneumonia and diarrhea treatment this quarter.

Collaboration with other partners, provider capacity building, and increased availability of drugs and tools were key factors to improving performance for this indicator. Underperformance was largely the result of a low supply of drugs from GHSC-TA and the stock-out of ORS and Zinc sulfate.

The celebration of both World Pneumonia and World Toilet Days in Sankuru and the celebration of World Toilet Day in Kasaï-Central, Lomami, and Sud-Kivu provided opportunities for awareness-raising activities. The campaigns particularly emphasized protection against dust and the cold, the use of harmless remedies in the case of cough, hand washing, and hygienic toilets. These activities also contributed to the reduced number of sick children during the quarter.

In Quarter 2, USAID IHP plans to train or retrain RECOs at iCCM sites and train providers on IMNCI in partnership with the DPS. USAID IHP will implement the following activities:

- Training of the pool of trainers on use of the IMNCI ordinogram in Sankuru, Haut-Lomami, and Haut-Katanga followed by provider training, as well as training of providers in Tanganyika and Sud-Kivu;
- Advocacy with other partners and DPS to supply ORS-Zinc and amoxicillin tablets to health facility;
- Follow-up of trained providers; and
- Follow-up with GHSC-TA on drug supply.

Other activities

USAID IHP financially supported the 9th Congress of the Congolese Society of Gynecology and Obstetrics, whose objective is to contribute to the improvement of quality health care by evaluating the quality of care and services in gynecology and obstetrics and the dissemination of WHO guidelines. As a result of USAID IHP's support, the Congress worked to consolidate the framework for collaboration between the Program and technical specialists in the field of maternal health.

USAID IHP participated technically in the first National Resource Mobilization Forum for the Every Newborn Action Plan in November 2019. Provincial delegations participated (government, parliament, DPS), with the same organizations at the national level, to advocate for resource mobilization for ENC.

Lessons Learned

- The Every Newborn Action Plan Forum has helped to improve the political and administrative authorities' understanding of and commitment to resource mobilization for newborn care and their involvement in USAID IHP program implementation.
- The organization of coordinated ANC-family planning awareness mini-campaigns helps improve the use of ANC and family planning services and increase the number of new family planning users.

Next Steps

- Organize provincial forums in the DPS of Sud-Kivu, Tanganyika, Lualaba, and Lomami.
- Organize the routine data quality assessment missions in the low-performing ZS and in the ZS that overachieved the target: Ankoro, Kiambi and Manono.

- **2.7 million children under 5** reached with nutrition programs
- **933,916 children under 2** reached through community nutrition efforts
- Joint nutrition **action plan** developed with Food for Peace partners

NUTRITION

The DRC is one of the countries with the highest number of children with chronic malnutrition in the world. With a prevalence of 42 percent, almost one in two children under 5 suffers from chronic malnutrition. USAID IHP supports the MOH in implementing essential interventions to reduce the prevalence of malnutrition among children under 5. These include: revitalized preschool consultations; promotion of exclusive breastfeeding for infants up to six months of age; the introduction of appropriate complementary feeding from six months onwards; advice for improving the nutrition of pregnant and lactating women; iron and folic acid supplementation; and biannual Vitamin A supplementation for children from six months to five years of age. All ZS benefitted from these interventions, particularly in the ZS where the Food For Peace program is active: Kasaï-Oriental (Cilundu, Miabi, and Kasansa ZS); Sud-Kivu (Kalehe, Walungu, Katana, Miti-Murrhesa, Mubumbano, and Kaziba ZS); and Tanganyika (Kalemie and Moba ZS). Below are results related to key nutrition indicators, activity examples, lessons learned, and next steps.

Supported nutrition-related professional training

As shown in Table 13, during this quarter, USAID IHP organized training for 226 clinical service providers and RECO on the interventions affecting nutrition in five provinces (Kasaï-Central, Kasaï-Oriental, Lomami, Haut-Katanga, and Lualaba). This represents an overall achievement rate of 33.6 percent of the USAID IHP target. The training covered revitalized preschool consultation, infant and young child feeding (IYCF), and clinical and community-based integrated management of newborn childhood illness. The training sessions focused on capacity building on educational measures to prevent malnutrition, the detection of malnutrition, and the treatment of moderate malnutrition. In the Kasaï region, USAID IHP also supported training for 21 *Equipes Cadres de la Division Provinciale de la Santé* (ECDPS, executive team of the DPS) from Kasaï-Central, Kasaï-Oriental, and Lomami on coaching for nutrition interventions. These trained ECDPS will organize coaching and supervision missions in the ZS.

Table 13. Number of individuals receiving nutrition-related professional training through USG-supported nutrition programs (Indicator 2.1.10)

Region	Province	Q1 Achevement	Target	Achievement rate (%)
Kasaï	Kasaï-Central	50	50	100%
	Kasaï-Oriental	69	110	62.7%
	Lomami	7	30	23.3%
	Sankuru	0	0	0%
Total Kasaï		**126**	**190**	**66.7%**
Katanga	Haut-Katanga	21	63	33.3%
	Haut-Lomami	0	0	0.0%

Region	Province	Q1 Achevement	Target	Achievement rate (%)
	Lualaba	79	180	43.9%
Total Katanga		**100**	**243**	**41.2%**
Eastern Congo	Tanganyika	0	0	0%
	Sud-Kivu	0	240	0%
Total Eastern Congo		**0**	**240**	**0%**
Total General		**226**	**673**	**33.6%**

Source: Project Monitoring Report

There were several reasons for the low level of performance on this indicator. In Haut-Katanga (33.3 percent of the target) and Lualaba (43.9 percent of the target), and Sud-Kivu the MOH's operational PAO took priority for ZS teams and health facilities during November and December 2019, and the provinces did not complete their planned training. Training was not planned in Sankuru, Haut-Lomami, and Tanganyika during Quarter 1; these provinces have planned their trainings for Quarter 2 because the ZS will not have the same competing priorities during the coming quarter. The five provinces with trainings during Quarter 1 will receive post-training monitoring in the following quarter.

Reached children under 5 with nutrition programs

Children under 5 affected by nutrition interventions involve those who have benefited from the following interventions: IYCF advice for exclusive breastfeeding; supplementation breastfeeding; Vitamin A supplementation; and treatment of acute, moderate or severe malnutrition.

During Quarter 1, USAID IHP supported several breastfeeding promotion activities: awareness raising and mini-campaigns to promote exclusive breastfeeding in Kasaï-Central to pregnant and lactating women; support for awareness-raising for mothers on nutrition best practices through IYCF support groups in Sankuru and Haut-Katanga; setting up new IYCF support groups in Haut-Katanga; and demonstration sessions on breastfeeding best practices and complementary food. USAID IHP carried out some activities in collaboration with other partners, expanding scope and impact. Partnerships include Alliance for International Medical Action (ALIMA) in therapeutic food in Lomami; Food for Peace in Kasaï-Oriental, Sud-Kivu, and Tanganyika; and UNICEF in Sud-Kivu and Kasaï-Oriental. These interventions have reached 2,695,424 children under 5 (63.7 percent of the target) (Table 14).

Table 14. Number of children under 5 years of age (0-59 months) reached by USG-supported nutrition programs (Indicator 2.1.11)

Region	Province	Q1 Achevement	Target	Achievement rate (%)
Kasaï	Kasaï-Central	428,380	595,395	**71.9**
	Kasaï-Oriental	676,772	579,136	**116.9**
	Lomami	301,256	474,325	**63.5**
	Sankuru	146,954	243,301	**60.4**
Total Kasaï		**1,553,362**	**1,892,157**	**82.1**
Katanga	Haut-Katanga	234,400	491,689	**47.7**
	Haut-Lomami	158,456	353,091	**44.9**
	Lualaba	142,044	306,273	**46.4**
Total Katanga		**534,900**	**1,151,053**	**46.5**
Eastern Congo	Tanganyika	135,690	298,522	**45.5**
	Sud-Kivu	471,472	888,483	**53.1**
Total Eastern Congo		**607,162**	**1,187,005**	**51.2**
Total General		**2,695,424**	**4,230,215**	**63.7**

Source: DHIS2, accessed January 23, 2020

Kasaï-Oriental was the only province to have met or exceeded its target (reaching 116.9 percent), thanks to USAID IHP coordination with the Budikadidi program in the Kasansa, Miabi, and Cilundu ZS to support *Mamans Lumières*.[3] Although the Program also supported this activity in Sud-Kivu, that province's data in DHIS2 is too poor to accurately assess progress against the indicator target.

The main reasons why there was little progress in improving the nutritional status of children during FY2020 Quarter 1 include low availability of Vitamin A to supplement children during, the poor implementation of IYCF support groups, and lack of treatment for acute and severe malnutrition in ZS.

Delivered nutrition interventions for children under 2 years old

In the first 1,000 days of a child's life—from conception up to 23 months of age—living conditions largely determine the child's future health. Food is essential during this period to build child's health.

During Quarter 1, in Haut-Katanga, Sankuru, Kasaï-Central, and Lomami provinces, USAID IHP supported the promotion of IYCF in support groups and maternity wards with breastfeeding practice demonstrations and community advocacy through CACs and focus groups to promote the importance of essential nutrition actions and get community feedback. These activities covered 933,916 children aged 0-23 months (71.4 percent of the Quarter 1 target). Unfortunately, no province reached its target. The main reason for this is that there are still ZS and *aires de santé* where the Program's nutritional interventions are not yet operational. We are continuing to to set up IYCF support groups and expect that to help fill gaps in the coming quarters.

Table 15. Number of children under 2 years of age (0-23 months) reached with community-level nutrition interventions through USG-supported programs (Indicator 2.1.12)

Region	Province	Q1 Achevement	Target	Achievement rate (%)
Kasaï	Kasaï-Central	140,175	170,947	**82.0**
	Kasaï-Oriental	155,219	215,194	**72.1**
	Lomami	116,826	138,882	**84.1**
	Sankuru	57,875	58,266	**99.3**
	Total Kasaï	**470,095**	**583,289**	**80.6**
Katanga	Haut-Katanga	96,662	117,842	**82.0**
	Haut-Lomami	60,314	96,412	**62.6**
	Lualaba	50,658	64,366	**78.7**
	Total Katanga	**207,634**	**278,620**	**74.5**
Eastern Congo	Sud-Kivu	61,826	100,589	**61.5**
	Tanganyika	194,361	346,382	**56.1**
	Total Eastern Congo	**256,187**	**446,971**	**57.3**
Total General		**933,916**	**1,308,880**	**71.4**

Source: DHIS2, accessed January 23, 2020

[3] *Mamas lumière* are women trained and supervised to conduct outreach. Each one reaches out to 14 households in her community (plus her own). Her role includes conducting monthly household visits to discuss topics such as preparation of pablum (mush), cleanliness and hygiene, prenatal consultations, and handwashing. Care groups include 10 to 15 *mamas lumière* and a promoter who come together to share experiences and submit their activity reports.

Carried out nutrition interventions for pregnant women

Both the WHO and the DRC's MOH recommend iron and folic acid supplements for pregnant women to prevent anemia, puerperal sepsis, low birth weights, and prematurity. USAID IHP supports the MOH by providing iron and folic acid supplements and supports ANC visits where pregnant women can receive this intervention.

During this quarter, 287,984 pregnant women received iron and folic acid supplements—a 43.1 percent completion rate (Table 16). This rate is low primarily due to the low availability of iron and folic acid in health facilities and pregnant women starting their ANC visits late in their pregnancy. These commodities are scheduled to arrive in Quarter 2 of FY2020.

Table 16. Number of pregnant women reached with nutrition interventions through USG-supported programs (Indicator 2.1.13)

Region	Province	Q1 Achevement	Target	Achievement rate (%)
Kasaï	Kasaï-Central	34,653	77,617	44.6
	Kasaï-Oriental	33,962	79,205	42.9
	Lomami	28,452	71,148	40.0
	Sankuru	16,181	37,945	42.6
Total Kasaï		**113,248**	**265,915**	**42.6**
Katanga	Haut-Katanga	36,035	98,239	36.7
	Haut-Lomami	35,768	61,037	58.6
	Lualaba	19,678	44,598	44.1
Total Katanga		**91,481**	**203,874**	**44.9**
Eastern Congo	Tanganyika	10,364	23,665	43.8
	Sud-Kivu	72,891	174,177	41.8
Total Eastern Congo		**83,255**	**197,842**	**42.1**
Total General		**287,984**	**667,631**	**43.1**

Source: DHIS2, accessed January 23, 2020

Other activities

USAID IHP participated in joint meetings with the Food for Peace-funded Budikadidi project in Kasaï-Oriental (administered by Catholic Relief Services) and the Food for Peace-funded Development Food Security Activities in Sud-Kivu (administered by Mercy Corps) and in Tanganyika (administered by Food for the Hungry). These meetings produced a joint action plan identifying the activities to be implemented by each partner and the places of implementation, to ensure complementarity and a continuum of care in the management of malnutrition. This action plan will be followed up in collaboration with the ZS. Joint Food for Peace-USAID-PRONANUT visits were organized at the provincial level in Sud-Kivu and Kasaï-Oriental.

Lessons learned

- Capacity building for providers and RECO with activities such as training in IYCF allows better control in the provision of care and advice to prevent malnutrition.
- Community activities such as household outreach visits and ANC counseling visits help families better understand the importance of exclusive breastfeeding and nutritional best practices for children and pregnant women.

- Collaboration with other partners such as Food for Peace and UNICEF broaden the scope of activities implemented and increase the potential impact of nutritional interventions.

Next steps

- Training/retraining for providers, ECZS, and RECO in *consultations préscholaire* (CPSr, preschool consultations) and IYCF in Sud-Kivu, Tanganyika, and Haut-Lomami.
- Training for ECDPS and EPP in coaching on nutritional interventions (CPSr, IYCF, community-based nutrition, nutritional surveillance and early warning system, integrated management of acute malnutrition) in the DPS of Haut-Lomami, Tanganyika, Haut-Katanga; and
- Monitoring of IYCF support groups in Haut-Katanga, Sankuru, and Kasaï-Central.

- **303,237 couple years of protection** achieved
- **251,851 new acceptors** adopted modern contraceptive methods
- **National conference** on family planning received major support

REPRODUCTIVE HEALTH AND FAMILY PLANNING

The Government of the DRC and USAID are firmly committed to the Global Family Planning 2020 Partnership (FP2020), which aims to reach 120 million additional family planning users. As part of the FP2020 commitment, USAID IHP supports family planning activities to increase access and use of modern contraceptive methods to prevent unwanted pregnancies, protect expectant mothers, and reduce maternal deaths. The main intervention areas supported during the quarter included: (1) building the capacity of community family planning actors and clinical providers; (2) organizing family planning mini-campaigns to raise awareness; (3) supplying health facilities with contraceptive commodities; and (4) supporting the organization of the national conference on repositioning family planning.

This section shares results from the quarter related to the family planning indicators reported by USAID IHP, as well as lessons learned and next steps.

Increased protection provided by family planning methods

During the quarter, USAID IHP supported health facilities in creating demand and ensuring the supply of family planning services. The volume of all contraceptives distributed to clients during this period equals 303,237 couple years of protection (CYP), representing 114.3 percent of the target overall.

All regions performed well, with the Eastern Congo region (124.1 percent) leading the way, followed by the Katanga region (119.3 percent) and the Kasaï region (102.6 percent). The strong performance is due to USAID IHP's support with the following: organizing seven mini-campaigns in five provinces (Haut-Katanga, Lualaba, Kasaï-Oriental, Lomami, and Sud-Kivu); training and retraining of providers in 12 ZS in five provinces (Haut-Katanga, Lualaba, Kasaï-Oriental, Kasaï- Central, Sankuru); training 136 *distributeurs de base communautaire* (DBC, community based distributors—RECO trained in family planning) in six ZS in three provinces (Kasaï-Central, Haut-Katanga, and Sankuru); ensuring the availability of inputs in the majority of ZS; and coordinating with other stakeholders, such as IRC (Sud-Kivu), UNFPA (Haut-Katanga), and DKT International (Kasaï-Oriental) on the procurement of family planning commodities.

As shown in Table 17, the provinces of Tanganyika and Kasaï-Oriental significantly overperformed against their targets for the quarter, at 320.7 percent and 267.9 percent, respectively. However, family planning coverage across the ZS remains low, as nearly half of the ZS have not yet begun implementing family planning service delivery activities. So while overall targets set by USAID IHP have been achieved for this indicator, it is clear that targets were significantly underestimated.

Table 17. Couple years of protection (CYP) in USG-supported programs (Indicator 2.1)				
Region	**Province**	**Q1 Achievement**	**Target**	**Achievement rate (%)**
Kasaï	Kasaï-Central	33,860	46,012	73.6
	Kasaï-Oriental	38,967	14,546	267.9
	Lomami	16,327	29,136	56.0
	Sankuru	15,310	12,094	126.6
Total Kasaï		**104,464**	**101,788**	**102.6**
Katanga	Haut-Katanga	48,653	46,266	105.2
	Haut-Lomami	31,409	18,111	173.4
	Lualaba	24,076	22,914	105.1
Total Katanga		**104,138**	**87,291**	**119.3**
Eastern Congo	Tanganyika	32,001	9,979	320.7
	Sud-Kivu	62,635	66,277	94.5
Total Eastern Congo		**94,635**	**76,256**	**124.1**
Total General		**303,237**	**265,335**	**114.3**

Source: DHIS2, accessed January 23, 2020

Kasaï region. The Kasaï region has been successful in reaching its established targets for couple years of protection. Sankuru, exceeded its targets, due to family planning provider trainings, including on postpartum family planning; briefings for DBC on family planning service provision and the extension of the DBC approach in the community; family planning mini-campaigns organized in Omendjadi, Katako-Kombe, Dikungu, and Wembonyama ZS; and the availability of family planning commodities. However, only five ZS in Lomami and nine out of 19 ZS in Kasaï-Oriental currently offer family planning services, likely due to the fact that providers in ZS have not received family planning training.

Katanga region. Although there have been improvements in performance since the previous quarter, the Katanga region has experienced some challenges, namely stock-outs of commodities at the warehouse level and in the ZS; the lack of family planning activities in certain ZS in Haut-Katanga (Kilela Balanda, Vangu, Kampemba, Kisanga); and the lack of training and retraining of service providers in the Kamina and Malemba Nkulu ZS in ways that meet national clinical standards.

Eastern Congo region. Both provinces in the region performed well against their targets. In Sud-Kivu, the strong performance can be explained by the integration of family planning activities in the majority of ZS, the availability of family planning inputs, the mini-campaigns described above, and the community-level distribution of family planning products. However while province of Tanganyika exceeded its targets, the overall family planning coverage is still low. ZS such as Kiambi and Mbulula have not yet begun distribution of long-term contraceptive methods and community distribution activities are implemented only in the ZS of Nyemba.

The successful results for CYP without the natural lactational amenorrhea method (LAM) and the standard days method (SDM) (at 113.8 percent of the target overall) are attributable to the overall CYP results explained above (Table 18). Lomami had the lowest performance, at 54.2 percent of the target. This is explained by the fact LAM, although it supports both breastfeeding and family planning concurrently, has not been adopted by many women in Lomami due to constraints related to farm work.

Table 18. Couple years of protection (CYP) after exclusion of LAM and standard days methods (SDM) for family planning in USG-supported programs (Indicator 2.2)				
Region	**Province**	**Q1 Achievement**	**Target**	**Achievement rate (%)**
Kasaï	Kasaï-Central	32,346	44,287	73.0
	Kasaï-Oriental	37,043	13,260	279.4
	Lomami	15,154	27,965	54.2
	Sankuru	13,085	10,094	129.6
Total Kasaï		**97,628**	**95,605**	**102.1**
Katanga	Haut-Katanga	44,398	44,392	100.0
	Haut-Lomami	28,616	14,880	192.3
	Lualaba	22,308	21,135	105.6
Total Katanga		**95,322**	**80,407**	**118.5**
Eastern Congo	Tanganyika	31,663	9,773	324.0
	Sud-Kivu	58,520	62,926	93.0
Total Eastern Congo		**90,182**	**72,699**	**124.0**
Total General		**283,132**	**248,711**	**113.8**

Source DHIS2, accessed January 23, 2020

Gained new acceptors of modern contraceptive methods

During Quarter 1, USAID IHP supported the enrollment of 256,851 new acceptors of modern contraceptive methods, exceeding the target of 225,056, for a 114.1 percent overall achievement rate (Table 19). This is due to the activities described above as well as the implementation of family planning mini-campaigns, trainings for providers and DBC, data management, increased demand, and support from other partners (including IRC, UNFPA, and IMA World Health).

Despite strong performance overall, half of the ZS in the three regions have not yet implemented family planning activities as of Quarter 1. This is due to insecurity in some provinces and ZS (Itombwe, Bunyakiri, Kalehe in Sud-Kivu); a lack of motivation of some DBC; and the high number of providers not trained in family planning service provision. These factors limit access to a range of family planning methods and also hinder the enrollment of new contraceptive users.

Table 19. Number of new acceptors using modern contraceptive methods in USG-supported facilities (Indicator 3)				
Region	**Province**	**Q1 Achievement**	**Target**	**Achievement rate (%)**
Kasaï	Kasaï-Central	35,581	43,906	**81.0**
	Kasaï-Oriental	37,029	13,656	**271.2**
	Lomami	19,476	17,411	**111.9**
	Sankuru	23,454	22,716	**103.2**
Total Kasaï		**115,540**	**97,689**	**118.3**
Katanga	Haut-Katanga	29,307	28,543	**102.7**
	Haut-Lomami	33,372	20,405	**163.5**
	Lualaba	24,200	23,439	**103.2**
Total Katanga		**86,879**	**72,387**	**120.0**
Eastern Congo	Tanganyika	6,557	4,410	**148.7**
	Sud-Kivu	47,875	50,570	**94.7**
Total Eastern Congo		**54,432**	**54,980**	**99.0**
Total General		**256,851**	**225,056**	**114.1**

Source: DHIS2, accessed January 23, 2020

Other reproductive health and family planning activities

As part of its support for the *Comité Technique Multisectoriel Permanent de Planification Familiale* (CTMP FP, Multisectoral Technical Committee for Family Planning), USAID IHP provided technical and financial support to the Fourth National Conference to Reposition Family Planning. We were deeply involved in planning and execution of this conference, as USAID IHP's Family Planning/Reproductive Health Technical Advisor is the CTMP FP coordinator and presides over meetings.

The theme of the conference was: "DRC's Emergence through 2030: The Place and Role of Family Planning." The conference supported the overall objective of FP2020, which is to recruit 120 million new users of modern contraceptive methods. The DRC has been committed to recruiting an additional 2.1 million women to increase contraceptive prevalence from 6.5 percent in 2013 to at least 19 percent in 2020. The conference brought together more than 400 family planning actors to share best practices, innovative approaches, and techniques; celebrate successes; and chart the way forward to 2030. Stakeholders included national and international institutions; other international actors and donors such as USAID, the Bill & Melinda Gates Foundation, and the governments of Norway, Sweden, Canada, and the United Kingdom; representatives of family planning partners working in the DRC and based throughout the country (e.g., USAID IHP, David & Lucile Packard Foundation, UNFPA, Pathfinder, Tulane International, Marie Stopes International, the *Association pour le Bien-être Familial/Naissances Desirables* (Association for Family Well-being and Desirable Births) supported by the International Planned Parenthood Foundation, CARE International, Cordaid, Jphiego, Ipas); scientists and other researchers; and private sector companies in sectors such as mining and telecommunications.

The GDRC made a commitment to family planning as part of its development strategy and set a budget line item for the 2019-2020 fiscal year at the national and provincial levels. International donors and partners also committed to providing additional funding to enable the DRC to reach its FP2020 goals. Outcomes from the three-day conference included the following.

- The mobilization of additional national and international resources:
  - At the **national level**, the GDRC committed to family planning as part of the DRC's development strategy, creating a budget line for the purchase of contraceptives ($5.8 million).
  - Sud-Kivu committed to $23,000 for the acquisition of family planning inputs by December 2019 and $219,000 for 2020. Lualaba committed to $81,000 for the purchase of contraceptives, including one of its mining companies, Mutanda Mining, pledging $156,000 to support the DPS' family planning activities.
- The development of relevant recommendations for different stakeholders:
  - CTMP FP should ensure conference follow-up, particularly regarding the repositioning of family planning as part of the national multisectoral strategy (2014-2020).
  - The private sector should invest in family planning through corporate social responsibility initiatives and mining businesses.
  - Government institutions should provide financial resources in support of commitments made in 2013 at the Addis Ababa International Family Planning Conference and again in Bali in 2016, ensuring that family planning funds are made available to increase contraceptive prevalence in the DRC.
- At the international level, organizations confirmed the following commitments:
  - USAID reaffirmed its support for the 178 target ZS through USAID IHP.

- The United Kingdom committed £180 million to improve maternal health, including family planning.
- The Bill & Melinda Gates Foundation committed $28.3 million in 2019 and $10 million in 2020-2022 to improve accessibility, quality, and use of family planning.
- Norway committed $33 million to reduce the effects of deforestation due to overpopulation through family planning efforts.
- UNFPA committed $9 million per year from 2020-2024, including $5 million for contraceptive supplies and $4 million for provider capacity building.
- The Packard Foundation supported long-term family planning interventions.

Lessons learned

- Strong collaboration between USAID IHP and other implementing partners has contributed to improved results for the project's family planning indicators. The Evidence to Action (E2A) project, which covers three provinces in the Kasaï region (Lomami, Kasaï-Central, and Kasaï-Oriental), focuses on increasing the number of community actors promoting modern contraceptive use and on quality family planning training for providers. Other partners, such as DKT International and *Santé Rurale* (SANRU, Rural Health), help ensure the availability of contraceptives.
- Synergy of family planning interventions with other partners in the field (e.g., in Lualaba) helped avoid duplication of activities at the same sites.
- The provision of tools for data delivery and management has helped stakeholders record useful information and ensure data completeness (as in Kasaï-Central).
- Hubs for provincial trainers helped ensure universal provider training and monitoring in each ZS.
- Raising awareness on the use of long-term methods contributes to CYP indicator improvements by providing contraceptive protection over a longer period.
- Given the importance of community-level actors in creating demand for family planning and linking new users to family planning services, the lack of revitalized family planning-focused community initiatives (DBC, iCCMs, champion communities, family planning mini-campaigns) has negatively impacted the performance of family planning indicators.

Next steps

- Provide technical and financial support to organize family planning mini-campaigns to generate demand for family planning services in the ZS.
- Extend family planning provider and DBC trainings, including family planning and post-partum family planning, to all supported ZS to increase the number of trained family planning providers and the provision of quality family planning services.
- Ensure that family planning supplies are regularly stocked at health facilities to increase accessibility and use of family planning services.
- Provide technical and financial support to monthly monitoring meetings at the BCZS and health facility levels to ensure quality, timely, and complete data entry and reporting.
- Provide technical and financial support for supervisory visits at all levels (i.e., national to DPS, DPS to ECZS, ECZS and EPPs to ZS and health facilities).
- Revitalize community-based organizations and initiatives (DBC, champion communities, iCCM sites) in the targeted ZS.
- Reproduce DBC data management and service delivery tools.
- Support different means of local transport (e.g., bicycles) for DBC to carry out advance strategies.
- Consider revising family planning targets.

- **92.3 percent of patients with TB** put under first-line treatment
- **11,399 pulmonary TB cases** detected
- **90.5 percent of cases of pulmonary TB therapy** were successful
- **99.7 percent of CSDT** in 6 provinces submitted TB data on time

TUBERCULOSIS

Of the 30 countries most affected by TB, the WHO ranks the DRC ninth globally and second in Africa. Despite improvements in the therapeutic success rate—which rose from 85 percent in 2015 to 90 percent in 2018—major challenges remain in TB prevention and control. These are exacerbated by cases of TB-HIV co-infection and the emergence of bacilli strains resistant to first- and second-line TB drugs. Other challenges include a large gap in TB detection (49 percent of the TB cases expected each year are not detected); the small proportion of TB patients who have a documented HIV status (60 percent); the small proportion of new cases of people living with HIV/AIDS (PLWHA) who have undergone TB screening (39 percent); insufficient treatment of TB patients co-infected with HIV; and poor implementation of measures to prevent and control TB infections.

USAID IHP supports the *Programme National de la Lutte Contre la Tuberculose* (PNLT, National Program to Combat Tuberculosis) in implementing its "End TB" by 2030 strategy. To meet the challenges cited above, USAID IHP, in synergy with the CPLT and other partners, supports the PNLT's efforts to deliver a package of TB services in the target ZS. We support the PNLT's implementation of its National Strategic Plan activities, including:

- Extending initial rapid molecular diagnostics tests for TB and multi-drug resistant TB (MDR-TB);
- Intensifying TB screening in children through relevant mother and child care services;
- Actively searching for TB cases in high-risk populations (e.g., PLWHA, TB contacts, prisoners, internally displaced persons and refugees, artisanal miners);
- Improving management of TB associated with HIV and other co-morbidities (e.g., diabetes mellitus);
- Strengthening information systems with computerized management systems to improve data quality;
- Increasing access to MDR-TB treatment; and
- Strengthening community-based interventions with civil society participation, including treatment support (incentives and catalysts).

During Quarter 1, USAID IHP participated in the PNLT's 2021-2023 National Strategic Plan development workshop and supported the following activities:

- Organizing quarterly TB data validation meetings at the provincial level and CPLT quarterly supervision visits to the ZS;
- Organizing monthly monitoring meetings at the CSDT;
- Investigating contact subjects around RR-/MDR-TB index cases in the ZS;

- Providing nutritional support for MDR/XDR-TB patients;
- Subsidizing the costs of transporting samples from the *centres de santé de traitement* (CST, treatment health centers) and *centres de santé de diagnostic et traitement* (CSDT, diagnosis and treatment health centers) to CSDT/GeneXpert sites and to the National Referral Laboratory for Mycobacteriology;
- Conducting active searches for TB cases among vulnerable populations/special groups (prisoners, mine workers, refugees, displaced persons, and riverside dwellers);
- Paying quarterly operating costs to five CPLT (Sud-Kivu, Sankuru, Kasaï-Oriental, Lomami, and Kasaï-Central);
- Organizing quarterly TB/HIV working group meetings of the TB/HIV working group; and
- Organizing mini-campaigns for active TB case finding.

Improved TB notification rates

During the quarter, 99.7 percent of CSDT in six target provinces provided reports on TB control activities. Two CSDT in Haut-Katanga were not able to share their data from the quarter. Out of the 33,180,687 inhabitants who have access to anti-tuberculosis care though the DOT program, 11,399 new patients and relapse cases of bacteriologically confirmed pulmonary TB (TP+) were reported. The TP+ notification rate was 137 per 100,000 inhabitants, just below the target rate of 150 cases per 100,000 inhabitants. Disaggregated by sex, the data shows a ratio of women to men that is less than one (0.9). This finding corroborates with global and national data which indicate that TB affects more men than women. However, Tanganyika, Kasaï-Oriental, and Sankuru recorded a 1:1 ratio of women to men, showing that TB is affecting as many women as men in those provinces. Haut-Lomami registered more women than men, a situation that can be explained by activities such as door-to-door mini-campaigns at the household level that increased detection among women.

The Katanga region recorded the highest TP+ notification rate of 186 cases per 100,000 inhabitants. The highest-performing provinces were Haut-Lomami (258 cases per 100,000 inhabitants), Lualaba (183 per 100,000), Kasaï-Oriental (182 per 100,000), and Sankuru (152 per 100,000). Each exceeded their targets. This could be explained by active case-finding activities in at-risk populations, particularly among mine workers and TB patient contacts. Sud-Kivu recorded the lowest notification rates in the country, leading the Eastern Congo region to underperform (86 cases per 100,000, or 57.3 percent of the target). Mountainous terrain in the province makes testing and treatment challenging. Moving forward, USAID IHP will further support the CPLT to improve TB case notification, such as by systematically involving RECO in raising awareness and transporting samples.

Table 20. TB notification rate through USG-supported programs (Indicator 2.1.17)

Province	Pop. covered by DOT	Incident cases			Gender ratio (women to men)	TP+ incident cases (new patients and relapses)	TP+ notification rate*	Target*	Achieved (%)
		Women	Men	Total					
Kasaï-Oriental	4,326,770	2,196	2,247	4,443	1.0	1,964	182	150	121.3
Kasaï-Central	4,600,083	732	906	1,638	0.8	1,223	106	150	70.7
Lomami	3,254,727	826	885	1,711	0.9	877	108	150	72.0
Sankuru	2,378,075	802	787	1,589	1.0	904	152	150	101.3
Total Kasaï	**14,559,655**	**4,556**	**4,825**	**9,381**	**0.9**	**4,968**	**136**	**150**	90.7
Haut-Katanga	4,727,265	1,167	1,672	2,839	0.7	1,671	141	150	94.0

Province	Pop. covered by DOT	Incident cases			Gender ratio (women to men)	TP+ incident cases (new patients and relapses)	TP+ notification rate*	Target*	Achieved (%)
		Women	Men	Total					
Lualaba	2,001,494	476	669	1,145	0.7	917	183	150	122.0
Haut-Lomami	3,008,646	1256	1,143	2,399	1.1	1,942	258	150	172.0
Total Katanga	**9,737,405**	**2,899**	**3,484**	**6,383**	**0.8**	**4,530**	**186**	**150**	124.0
Sud-Kivu	6,820,919	763	1,090	1,853	0.7	1,183	69	150	46.0
Tanganyika	2,062,708	622	634	1,256	1.0	718	139	150	92.7
Total Eastern Congo	**8,883,627**	**1,385**	**1,724**	**3,109**	**0.8**	**1,901**	**86**	**150**	57.3
Total	**33,180,687**	**8,840**	**10,033**	**18,873**	**0.9**	**11,399**	**137**	**150**	**91.3**

*Per 100,000 inhabitants

Source: CPLT Excel database, Accessed February 24, 2020.

Supported first-line treatment for patients diagnosed with TB

Of the 19,304 patients diagnosed in Quarter 1 with drug-sensitive TB, 92.3 percent were put on first line treatment (Table 21). The Eastern Congo region registered the highest proportion of patients placed on treatment (96.2 percent), followed by Kasaï (94.3 percent) and Katanga (87.6 percent). This low performance, also seen in Kasaï-Oriental (88.3 percent), can be explained by the high number of patients who work in mines and by stock-outs of first-line TB drugs. Stock-outs at multiple levels—national, regional distribution center, and facility—pose a particular challenge. The problem is compounded in rural areas where there are transport challenges with drug deliveries to ZS and CSDT. The Program suggests that Cordaid (financed by the Global Fund) develop an emergency delivery strategy and align their distribution strategy. One solution to improve the TB drug supply in ZS and CSDT is to enlist CPLT staff to transport drugs to the ZS during their supervision visits. USAID IHP, who leads drug transport from ZS central offices to health facilities, committed to improving the supply, however this strategy would have limited impact since the PNLT do not systematically visit all the health facilities during their supervisions. A plan has been developed to address last mile issues associated with TB drugs. Activities include redeployment of excess stock, training, and supporting underperforming ZS.

Table 21. Number of patients diagnosed with TB that have initiated first-line treatment (Indicator 2.1.18)

Region	Province	Pop. covered by DOTS	TB Cases					Target (%)
			Recorded	Initiated first-line treatment	Initiated first-line retreatment	Recorded and treated (#)	Recorded and treated (%)	
Kasaï	Kasaï-Oriental	4,326,770	4,478	3,529	425	3,954	88.3	100
	Kasaï-Central	4,600,083	1,639	1,610	29	1,639	100.0	100
	Lomami	3,254,727	1,715	1,684	31	1,715	100.0	100
	Sankuru	2,378,075	1,591	1,534	48	1,582	99.4	100
Kasaï total		**14,559,655**	**9,423**	**8,357**	**533**	**8,890**	**94.3**	**100**
Katanga	Haut-Katanga	4,727,265	3,056	2,424	212	2,636	86.0	100

Region	Province	Pop. covered by DOTS	TB Cases					Target (%)
			Recorded	Initiated first-line treatment	Initiated first-line retreatment	Recorded and treated (#)	Recorded and treated (%)	
	Lualaba	2,001,494	1,260	1,206	38	1,244	99.0	100
	Haut-Lomami	3,008,646	2,438	2,013	23	2,036	84.0	100
Katanga total		**9,737,405**	**6,754**	**5,643**	**273**	**5,916**	**87.6**	**100**
Eastern Congo	Sud-Kivu	6,820,919	1,865	1,811	52	1,863	99.9	100
	Tanganyika	2,062,708	1,262	1,087	59	1,146	91.0	100
Eastern Congo total		**8,883,627**	**3,127**	**2,898**	**111**	**3,009**	**96.2**	**100**
Total		**33,180,687**	**19,304**	**16,898**	**917**	**17,815**	**92.3**	**100**

Source: CPLT Excel database, Accessed February 24, 2020

Helped ensure children under 5 received Isoniazid prophylaxis

Out of 6,551 children aged 0-5 living under the same roof as a bacteriologically confirmed tuberculosis (TB+) patient, 6,197 were declared eligible for treatment with Isoniazid (INH) treatment after they were confirmed as negative for the active form of TB. Among the 6,197 children aged 0-5 considered eligible for INH, only 70.2 percent were placed on INH treatment (Table 22). This poor performance can be explained by the fact that there were regular stock-outs of the pediatric form of INH (100 mg) in the CPLT. An exceptional shortage of the pediatric form of INH in 2019 and the beginning of 2020 occurred due to an underestimation of needs because remaining shelf life of stocks was not taken into consideration. While USAID IHP's mandate is limited to last-mile distribution, it proposes quantification of the national PNLT and Cordaid should be refined with data from the field that will result from quarterly held reviews and the regional distribution centers should actively participate in these reviews to help the provincial PNLT analyze the requisitions of the ZS. The incomplete data on children during Quarter 1 also suppressed the achievement rate.

For this indicator, Sankuru and Kasaï-Central performed best (98.9 percent and 96.8 percent of their targets, respectively). Poor performance in the Katanga region, notably in Haut-Katanga (which achieved only 22.1 percent of its target), was largely due to stock-outs and the lack of applied clinical guidelines for pediatric TB care. In the Katanga province, particularly Haut-Katanga, training on pediatric TB financed by the Global Fund had concerned provincial leaders and ZS, but not health care providers. To improve this situation, USAID IHP plans to support the training of providers of pediatric TB care during the next quarter. Health care providers in Sankuru, Kasaï-Central, and Lomami received regular pediatric TB training and supervision until March 2018, when the TB Challenge project ended.

To improve the management of pediatric TB in Quarter 2, we will support the training of doctors at general referral hospitals on radiological diagnosis of TB in children, the new WHO guidelines on INH treatment, and the use of the Keith Edouard scorecard and algorithms[4] for TB screening in children. We

[4] The Keith Edouard scorecard is a diagnostic tool used by the DRC's MOH.

will also support providers during supervision visits on the use of nebulizers for children's sputum collection and on monitoring and analysis of age- and sex-disaggregated TB data from CSDT.

Table 22. Percentage of children under 5 who received (or are receiving) INH prophylaxis through USG- supported programs (2.1.23)

Region	Province	Children aged 0-5 living in the same household as an identified TB+ case					Target (%)	Achieved (%)
		Total	Diagnosed with TB	Eligible for INH	Placed on INH (#)	Placed on INH (%)		
Eastern Congo	Sud-Kivu	426	18	408	321	78.7	100	78.7
	Tanganyika	663	18	645	461	71.5	100	71.5
Eastern Congo total		**1,089**	**36**	**1,053**	**782**	**74.3**	**100**	**74.3**
Katanga	Haut-Katanga	762	98	664	147	22.1	100	22.1
	Lualaba	546	30	516	292	56.6	100	56.6
	Haut-Lomami	1,349	26	1,323	995	75.2	100	75.2
Katanga total		**2,657**	**154**	**2,503**	**1,434**	**57.3**	**100**	**57.3**
Kasaï	Sankuru	970	37	933	923	98.9	100	98.9
	Kasaï-Oriental	761	39	722	400	55.4	100	55.4
	Kasaï-Central	314	32	282	273	96.8	100	96.8
	Lomami	760	56	704	541	76.8	100	76.8
Kasaï total		**2,805**	**164**	**2,641**	**2,137**	**80.9**	**100**	**80.9**
Total		**6,551**	**354**	**6,197**	**4,353**	**70.2**	**100**	**70.2**

Source: CPLT Excel database, Accessed February 24, 2020.

Sharpened detection of multi-drug resistant TB cases

During Quarter 1, there were 8,709 suspected cases of MDR-TB among new TB patients and patients in retreatment tested through use of the GeneXpert tests. More than half of these patients (6,638) were tested in Haut-Katanga alone (Table 23). Haut Katanga has been identified as an area with particularly high rates of drug-resistant TB. The number of MDR-TB/RR cases confirmed among new TB patients and among those in retreatment was 65 out of the targeted 180 MDR-TB/RR patients—an achievement rate of only 36.1 percent. This underperformance is largely due to the small number of sites able to do the GeneXpert testing; frequent stock-outs of test cartridges; and the lack of coordination and planning of MDR-TB activities between the CPLT (provincial) and national level. Performance was also impacted by problems transporting sputum samples from communities and CSDT to diagnostic sites due to operational challenges in reimbursing transport costs for RECO. USAID IHP is determining the best way to cover transportation costs going forward. An additional problem was that ZS and CPLT staff did not consistently apply guidelines for active sample collection during their routine visits in the CSDT and CST. Lastly, there were frequent stock-outs of second line drugs in all provinces.

Table 23. Number of multi-drug resistant TB (MDR-TB) cases detected (Indicator 2.1.20)

Region	Province	Suspected and confirmed MDR-TB/RR cases				Target	Achieved (%)
		Suspected and treated with first line drugs	Confirmed and treated with first line drugs	XDR-TB confirmed	MDR/XDR-TB/RR confirmed		
Eastern Congo	Sud-Kivu	458	9	0	9	19	47.4
	Tanganyika	57	2	0	2	12	16.7
Eastern Congo total		**515**	**11**	**0**	**11**	**31**	**35.5**

Region	Province	Suspected and confirmed MDR-TB/RR cases				Target	Achieved (%)
		Suspected and treated with first line drugs	Confirmed and treated with first line drugs	XDR-TB confirmed	MDR/XDR-TB/RR confirmed		
Katanga	Haut-Katanga	6,395	13	0	13	61	21.3
	Lualaba	213	7	0	7	12	58.3
	Haut-Lomami	30	3	0	3	4	75.0
Katanga total		**6,638**	**23**	**0**	**23**	**77**	**29.9**
Kasaï	Sankuru	0	0	0	0	8	0.0
	Kasaï-Oriental	1,337	26	0	26	40	65.0
	Kasaï-Central	187	2	0	2	12	16.7
	Lomami	32	3	0	3	12	25.0
Kasaï total		**1,556**	**31**	**0**	**31**	**72**	**43.1**
Total		**8,709**	**65**	**0**	**65**	**180**	**36.1**

Source: CPLT Excel database, Accessed February 24, 2020.

To improve MDR-TB case detection, USAID IHP will intensify collaboration with the PNLT Central Unit; GHSC-TA; local stakeholders funded by the Global Fund, such as Cordaid and Caritas; and CPLT. The focus will be on implementing measures for proper coordination of MDR-TB activities—particularly the supply of GeneXpert cartridges and the transport of samples—by combining the two passive and active approaches, focusing on family, regular, and occasional contacts of patients.

Notably, no case of pre-XDR-TB (pre-XDR-TB) or XDR-TB (XDR-TB) was recorded in the targeted ZS during Quarter 1.

Supported second-line treatment for patients diagnosed with MDR/RR/XDR-TB

Of the 65 MDR/RR/XDR-TB patients enrolled during Quarter 1, only 37 (56.9 percent) were placed on second-line therapy, compared to the 100 percent target (Table 24). However, all confirmed MDR/RR/XDR-TB patients should presumptively receive second-line therapy. The highest number of patients enrolled for treatment was recorded in Haut-Katanga (13 out of 13, for an achievement rate of 100 percent). Kasaï-Central and Haut-Lomami also met 100 percent of their targets. The overall underperformance can be explained by shortages in the supply of second-line TB drugs at the national level and by the lack of MDR-TB control activities at the provincial level. To improve the early treatment of MDR-TB cases, USAID IHP will intensify collaboration with other stakeholders such as GHSC-TA; partners funded by the Global Fund such as Cordaid, and CPLT to improve communication and ensure the regular delivery of drugs.

Table 24. Number of multi-drug resistant TB cases that have initiated second line treatment (Indicator 2.1.21)

Region	Province	RR/MDR/XDR-TB cases in second-line treatment					Target (%)	Achieved (%)
		Total confirmed	RR/MDR-TB treated (#)	XDR-TB treated (#)	Total des cas RR/MDR/XDR-TB placed under treatment (#)	Cases in treatment (%)		
Eastern Congo	Sud-Kivu	9	4	0	4	44.4	100	44.4
	Tanganyika	2	0	0	0	0.0	100	0.0
Eastern Congo total		**11**	**4**	**0**	**4**	**36.4**	**100**	**36.4**

Region	Province	RR/MDR/XDR-TB cases in second-line treatment					Target (%)	Achieved (%)
		Total confirmed	RR/MDR-TB treated (#)	XDR-TB treated (#)	Total des cas RR/MDR/XDR-TB placed under treatment (#)	Cases in treatment (%)		
Katanga	Haut-Katanga	13	13	0	13	100.0	100	100.0
	Lualaba	7	2	0	2	29	100	29
	Haut-Lomami	3	3	0	3	100	100	100
Katanga total		**23**	**18**	**0**	**18**	**78.3**	**100**	**78.3**
Kasaï	Sankuru	0	0	0	0	0.0	100	0.0
	Kasaï-Oriental	26	11	0	11	42.3	100	42.3
	Kasaï-Central	2	2	0	2	100.0	100	100.0
	Lomami	3	2	0	2	66.7	100	66.7
Kasaï total		**31**	**15**	**0**	**15**	**48.4**	**100**	**48.4**
Total		**65**	**37**	**0**	**37**	**56.9**	**100**	**56.90**

Source: CPLT Excel data base, Accessed February 24, 2020.

Boosted therapeutic success rates for TB

Of the 10,565 new patients and TP+ relapse cases enrolled in Quarter 1 of FY2019, 9,065 patients were reported to be cured (with a sputum test indicating that the TB bacillus test has been eliminated) and 493 patients had taken the full recommended course of treatment. This corresponds to a therapeutic success rate of 90.5 percent for the assessed cohort and an achievement rate of 95.0 percent. The province of Haut-Lomami met 104.0 and Sankuru met 103.6 percent of their targets, while Lomami met 102.2 percent of its target. The Katanga region had the lowest therapeutic success rate, at 84.8 percent (89.3 percent of the target), partly due to inconsistent bacteriological monitoring of patients on treatment due to their high level of mobility in the mining zones of Katanga. In addition, the CPLT face challenges related to rigorous compliance with DOT in health centers, which partly explains the below-target rates of cure and therapeutic success rates. Haut-Katanga, one of the five provinces designated as "hot spots" for TB, reported a therapeutic success rate of 72.7 percent compared to the 95 percent target. One of the reasons for this underperformance is the therapeutic failure due to the emergence of bacillus strains resistant to first-line treatment. To reverse this trend, all stakeholders, including USAID IHP, need to increase support for the transportation of drugs and laboratory supplies to hard-to-reach ZS and CSDT, expand community-based DOT, and strengthen the use of scheduling and strategies to find patients that are lost to follow-up.

Table 25. Therapeutic success rate for TB through USG-supported programs (Indicator 2.1.19)

Region	Province	New patients and TP+ relapse cases placed on treatment one year prior			Cure rate (%)	Therapeutic success rate (%)	Target (%)	Achieved (%)
		Cohort	Cured	Treated				
Eastern Congo	Sud-Kivu	1,467	1,216	71	82.9	87.7	95	92.3
	Tanganyika	655	551	23	84.1	87.6	95	92.2
Eastern Congo total		**2,122**	**1,767**	**94**	**83.383**	**87.7**	**95**	**92.3**
Katanga	Haut-Katanga	1,600	1,111	52	69.4	72.7	95	76.5
	Lualaba	742	639	37	86.1	91.1	95	95.9
	Haut-Lomami	1,060	1,019	28	96.1	98.8	95	104.0

Region	Province	New patients and TP+ relapse cases placed on treatment one year prior			Cure rate (%)	Therapeutic success rate (%)	Target (%)	Achieved (%)
		Cohort	Cured	Treated				
Katanga total		**3,402**	**2,769**	**117**	**81.4**	**84.8**	**95**	**89.3**
Kasaï	Kasaï-Oriental	1,895	1,571	211	82.9	94.0	95	99.0
	Kasaï-Central	1,369	1,264	29	92.3	94.4	95	99.4
	Lomami	951	889	34	93.5	97.1	95	102.2
	Sankuru	826	805	8	97.5	98.4	95	103.6
Kasaï total		**5,041**	**4,529**	**282**	**89.8**	**95.4**	**95**	**100.5**
Total		**10,565**	**9,065**	**493**	**86**	**90.5**	**95**	**95.2**

Source: CPLT Excel database, Accessed February 24, 2020.

Improved therapeutic success rate for RR-/MDR-TB

Of the 73 RR-/MDR-TB patients assessed during the quarter—the cohort enrolled for second-line therapy one or two years earlier (Quarter 1 of FY2018 or FY2019)—54 had completed treatment, representing a treatment success rate of 76.7 percent (102.3 percent of the target) (Table 26). Despite this strong performance in treating RR-/MDR-TB cases, the cure rate was low; only two patients in Haut-Lomami were declared cured, which represents a cure rate of three percent across the nine provinces. This low success rate can be explained by inconsistent bacteriological monitoring of RR-/MDR-TB patients under treatment (due to the need to transport samples from ZS to laboratories in Kinshasa and Lubumbashi. However, bacteriological monitoring is important for identifying cases of therapy failure, adapting the therapy, and diagnosing extensively drug-resistant cases for second line treatment (ultra-resistant).

To improve the therapeutic management of RR-/MDR-TB patients in Quarter 2, USAID IHP will provide technical and financial support to the CPLT in collaboration with all other stakeholders, aiming to:

- Provide targeted counseling to the patients before, during and after treatment;
- Enforce compliance with the DOTS-plus protocol, including community-based DOTS-plus to avoid the high number of unmonitored RR-/MDR-TB patients among those under treatment;
- Ensure regular (monthly) clinical and biological monitoring of patients under treatment;
- Provide nutritional support to patients on treatment;
- Intensify the quarterly supervision visits to focus more on MDR-TB; and
- Support CSDT managers to hold monthly TB data monitoring meetings in collaboration with various RECO (*Club des Amis Damien* and TB Control Ambassadors) to monitor RR-/MDR-TB patients under treatment.

Table 26. Therapeutic success rate for RR-/MDR-TB through USG-supported programs (2.1.22)

Region	Province	RR-/MDR-TB cases placed on treatment one or two years prior			Cure rate (%)	Therapeutic success rate (%)	Target (%)	Achieved (%)
		Cohort	Cured	Treated				
Eastern Congo	Sud-Kivu	8	0	8	0	100.0	75	133.3
	Tanganyika	3	0	2	0	66.7	75	88.9
Eastern Congo total		**11**	**0**	**10**	**0**	**90.9**	**75**	**121.2**
Katanga	Haut-Katanga	25	0	16	0	64.0	75	85.3
	Lualaba	6	0	6	0	100.0	75	133.3

Region	Province	RR-/MDR-TB cases placed on treatment one or two years prior			Cure rate (%)	Therapeutic success rate (%)	Target (%)	Achieved (%)
		Cohort	Cured	Treated				
	Haut-Lomami	4	2	0	50	50.0	75	66.7
Katanga total		**35**	**2**	**22**	**6**	**68.6**	**75**	**91.4**
Kasaï	Sankuru	2	0	2	0	100.0	75	133.3
	Kasaï-Oriental	20	0	16	0	80.0	75	106.7
	Kasaï-Central	3	0	3	0	100.0	75	133.3
	Lomami	2	0	1	0	50.0	75	66.7
Kasaï total		**27**	**0**	**22**	**0**	**81.5**	**75**	**108.9**
Total		**73**	**2**	**54**	**3**	**76.7**	**75**	**102.3**

Source: CPLT Excel database, Accessed February 24, 2020.

Helped provide newly-enrolled HIV-positive patients without TB with INH prophylaxis

During the quarter, out of a total of 7,339 newly enrolled TB-negative PLWHA, only 52.3 percent were placed on INH, against a target of 100 percent (Table 27). The Katanga region had the lowest performance in this indicator (44.3 percent) due to stock outs of INH at HIV care sites and difficulties in supplying voluntary testing counseling sites with INH. Despite this overall poor performance, due to collaborative activities between the PNLT and the PNLS, supported by USAID-IHP, Lomami met 100.0 percent of its target and four provinces approached their targets: Sankuru (93.3 percent), Tanganyika (92.8 percent), Kasaï-Central (89.8 percent), and Lualaba (87.9 percent).

To increase INH use amongst PLWHA, the CPLT and the provincial PNLS office should coordinate closely with partners (in particular USAID IHP), organize provincial coordination meetings for joint TB-HIV activities (TB-HIV Task Force), share the updated guidelines on INH (algorithms), increase joint CPLT/PNLS supervision for TB-HIV issues, clarify the INH supply chain for PNLS sites and support the activities of community-based organizations addressing TB-HIV co-infection.

Table 27. Percentage of new-enrolled HIV-positive patients without TB who received (or are receiving) INH prophylaxis through USG- supported programs (2.1.24)

Coordination	Province	PLWHA tested for TB	PLWHA without TB			Target (%)	Achieved (%)
			PLWHA without TB	Placed on INH	Placed on INH (%)		
Eastern Congo	Sud-Kivu	300	243	190	78.2	100	78.2
	Tanganyika	307	291	270	92.8	100	92.8
Eastern Congo total		**607**	**534**	**460**	**86.1**	**100**	**86.1**
Katanga	Haut-Katanga	4,574	4,202	1,450	34.5	100	34.5
	Lualaba	819	758	666	87.9	100	87.9
	Haut-Lomami	556	536	319	59.5	100	59.5
Katanga total		**5,949**	**5,496**	**2,435**	**44.3**	**100**	**44.3**
Kasaï	Sankuru	184	179	167	93.3	100	93.3
	Kasaï-Oriental	997	951	616	64.8	100	64.8
	Kasaï-Central	197	157	141	89.8	100	89.8
	Lomami	22	22	22	100.0	100	100.0
Kasaï total		**1,400**	**1,309**	**946**	**72.3**	**100**	**72.3**
Total		**7,956**	**7,339**	**3,841**	**52.3**	**100**	**52.3**

Source: CPLT Excel database, Accessed February 24, 2020.

- **85.1 percent of households** in target villages have family latrines
- Helped launch clean clinic approach in **70 health facilities**
- Awarded contract to construct **5 boreholes** to supply **2,500 people** with clean water.

WATER, SANITATION, AND HYGIENE

Activities in Quarter 1 of FY2020 focused mainly on (1) getting the various stages of the clean clinics approach started in three ZS in Lomami province and three ZS in Sud-Kivu; (2) training ECZS and DPS members on the WASH needs assessment tool; (3) organizing a workshop on the prioritization, phasing, and development of the WASH implementation plan in Kasaï-Oriental and Sud-Kivu; and (4) continuing to put in place drinking water systems and support for communities to build latrines in Kasaï-Oriental and Sud-Kivu.

Rehabilitated WASH facilities in communities

The contract awarding process for the construction of five water boreholes in Kasaï-Oriental and two gravity flow water distribution systems in Sud-Kivu is still in process. In Quarter 1, the Program helped finalize a construction contract for five boreholes in Kasansa ZS, Kasaï-Oriental. The notification of the successful tenderer is scheduled for January 2020. The installations will supply 2,500 people with drinking water.

In Sud-Kivu, USAID IHP has carried out some activities relating to the upkeep, maintenance, and governance of WASH installations. The Program supported trainings for 60 water management committee members—30 in each ZS (8 women and 22 men in the Katana ZS and 11 women and 19 men in the Miti Murhesa ZS)—as well as management and funding for maintenance of the boreholes. Discussions during the training included reinforcing to committee members that DRC law and the Decentralized Territorial Entities both endorse payment for water services to support maintenance of water installations.

Provided support to communities to build family latrines and handwashing stations in targeted ZS

The Program continued to support communities to build latrines in the five targeted villages of Kasansa ZS in Kasaï-Oriental. Responding to a gap of 568 latrines at the end of FY2019, the community built 114 latrines and wash basins, which is 20.1 percent of the target. Additionally, 99 out of 1,126 households (8.79 percent) dug a garbage pit, 105 out of 820 households (12.8 percent) built family showers, and 12.7 percent of households achieved clean compounds. Currently, there is a gap of 454 households (2,815 people) without latrines. This activity will continue in Quarter 2 with the objective of giving access to latrines to all 454 households by the end of FY2020.

Table 28. Construction of Family Latrines, Kasaï-Oriental											
Aire de Santé	Village	Population	Households	Family Latrines (FY2019)						Latrines (FY2020 Q1)	
				Baseline		Achieved		Gap		Reached	Gap
		Total	Total	#	%	#	%	#	%	#	#
Nsengansenga	Kamuala	2,668	511	164	32	287	56	60	12	15	45
Lac lomba	Kalemba	2,092	452	120	27	287	63	45	10	18	27
Dinsanga	Bena Yombo	699	128	41	32	72	56	15	12	10	5
Katenga	Tshitshimu	6,496	984	524	53	248	25	212	22	32	180
Lukalaba Est	Tendu	6,659	969	547	56	186	19	236	24	39	197
Total		**18,614**	**3,044**	**1,396**	**46**	**1,080**	**35.5**	**568**	**19**	**114**	**454**

Table 29. Construction of other WASH facilities, Kasaï-Oriental									
Aire de Santé	Village	Pop.	House-holds	Garbage Pits		Showers		Clean Compounds	
				FY19	FY20 Q1	FY19	FY20 Q1	FY19	FY20 Q1
Nsengansenga	Kamuala	2,668	511	390	22	405	15	428	18
Lac lomba	Kalemba	2,092	452	404	15	367	17	354	18
Dinsanga	Bena Yombo	699	128	118	4	91	19	106	10
Katenga	Tshitshimu	6,496	984	609	24	678	30	616	39
Lukalaba Est	Tendu	6,659	969	397	34	683	24	598	35
Total		**18,614**	**3,044**	**1,918**	**99**	**2,224**	**105**	**2,102**	**120**

Although these indicators are to be recorded on an annual basis, these tables provide data for Quarter 1 as a way to track progress toward meeting the FY2020 expected results in Kasaï-Oriental. We also produced a data collection tool to track construction of latrines.

Implemented the clean clinic approach

The Program began implementation of the clean clinic approach, which aims to reduce infection rates at health facilities. USAID IHP has leveraged existing tools and processes implemented with UNICEF and Maternal and Child Survival technical assistance as we prepare to implement the clean clinic approach in the three provinces that previously benefitted from the approach since 2017, as well as in Lomami. However, we have identified a number of modifications necessary for the MOH to use the tools and processes. For instance, USAID IHP will not provide cash incentives to health facilities after the completion of each of the eight steps in the process, as UNICEF had done. USAID IHP has also modified the process to be more efficient than the 8–10 month UNICEF process.

While UNICEF focuses on the construction of works, USAID IHP will provide "essential construction." Essential construction refers to construction activities necessary to achieve clean clinic status. USAID IHP prioritizes first and foremost the clean clinic approach and the adoption of sustainable good practices to both establish and maintain clean clinics. Without this fundamental support, construction, which can be both costly and take a long time to implement, may not be well maintained. USAID IHP then complements this foundational support with essential materials and construction to ensure clean, hygienic, and working facilities. Specific examples include handwashing stations and latrines, materials for routine cleaning of facilities, and waste management materials. In order to ensure coordination, USAID IHP and the MOH *Bureau Hygiène et Salubrité Publique* (Hygiene and Public Health Office) conducted a focused, one-day workshop on January 29, 2020, to harmonize these different aspects.

USAID IHP launched the approach in Sud-Kivu and Lomami with awareness-raising activities for key actors and data collected through the baseline service delivery mapping survey, which mapped and

assessed WASH access in target health centers. We conducted the activity in three stages: (1) briefings for DPS executives and USAID IHP staff; (2) BCZS visits, where members of the ECZS, the *médecins chefs de zone de santé* (MCZS, health zone chief medical officers), community activity leaders, and water and sanitation supervisors were briefed on the clean clinic approach; and (3) visits to targeted health centers to raise awareness among registered nurses and community members about the clean clinic approach and the baseline service delivery mapping survey.

By the end of Quarter 1, the Program had visited a total of 70 health centers in Lomami and Sud-Kivu, including in three ZS in Lomami (10 health centers each in Mwene Ditu, Luputa, and Kanda Kanda) and in six ZS in Sud-Kivu (six health centers in Kalehe, three in Katana, three in Miti Murhesa, 11 in Walungu, nine in Mubumbano, and eight in Kaziba). The process will continue in Quarter 2 with the clean clinic approach tools assessment, led by the Directorate of Public Hygiene and Public Health, before training workshops for providers in target DPS.

Trained ECZS and DPS members on the WASH needs assessment tool

USAID IHP technically and financially supported a training workshop for ECZS and DPS members on the WASH needs assessment tool in Kasaï-Oriental and Kasaï-Central. The training taught participants about the composition of the tool, its use, the data collection method, and the process of collection. Participants included three USAID IHP staff members, eight DPS Hygiene and Public Health Office executives, and six ECZS from Kasansa, Luiza, and Ndekesha ZS in Kasaï-Central. There were 18 participants in total, including 6 women and 12 men for Kasaï-Central. After the training, the ECZS carried out a field visit to the *aires de santé* to collect data via the tablet-based assessment tool. The Program analyzed the data and helped to organize a workshop for prioritizing, phasing, and developing the implementation plan for WASH.

Supported the organization of a prioritization, phasing, and WASH implementation plan development workshop

The Program supported a workshop for prioritizing, phasing, and developing a WASH implementation plan in Lomami, Kasaï-Oriental, and Kasaï-Central, based on the data collection results gathered via the WASH needs assessment tool. After prioritization and phasing, each DPS developed an implementation plan. Three USAID IHP staff members, three ECZS members and 11 DPS *Bureau Hygiène et Salubrité* Publique (Hygiene and Public Health Office) executives attended each workshop.

The needs assessment aims to collect and analyze enough information on the WASH situation in target *aires de santé* to select priority actions and develop guidelines for an effective implementation plan. The assessment targets the community, those in charge of community water management, the ECZS, and health facility and CODESA staff. Assessment topics include water resources, water quality, sanitation, hygiene, social and cultural barriers, community water management, a ZS evaluation, and a health facility assessment.

Among all the needs assessment tools already in use, the DPS and ECZS beneficiaries have stated that this tool, provided by USAID IHP, is simple and has the advantage of making a rapid assessment of the WASH situation. It allows them to quickly identify the WASH issue, plan priority interventions, facilitate the development of implementation plans for WASH activities and monitor the situation in each village involved from one year to another using the same assessment criteria.

Lessons learned

The awareness-raising activities led by USAID IHP seem to have had a positive impact in the communities where they took place. Following one month of awareness-raising, the villages of Kamuala, Kalemba, Bena Yombo, Tshitshimu, and Ntendu in the Kasansa ZS of Kasaï-Oriental achieved a success rate of over 60 percent for construction of latrines in FY2019 . It is anticipated that the construction will continue in these areas. This will be confirmed during collection of annual data at the end of FY2020.

Another lesson was that the DPS and ZS management teams in Lomami, Kasaï-Central, and Kasaï-Oriental found the USAID IHP-developed WASH needs assessment tool adopted easy to use.

Next steps

- Collect data from households that have built latrines and other basic sanitation facilities in Kasaï and Sud-Kivu.
- Support the organization of a workshop in Kinshasa for the evaluation of clean clinic approach tools by the MOH Directorate of Public Hygiene and Public Health.
- Technically and financially support a training of trainers for the Lomami DPS and trainings for providers in Sud-Kivu, Kasaï-Central, and Kasaï-Oriental as part of the clean clinic approach.
- Continue the process of implementing the clean clinic approach in targeted health centers.
- Sign the contract and start constructing five boreholes in the villages of Kamuala, Kalemba, Bena Yombo, Tshitshimu, and Ntendu in the ZS of Kasansa, Kasaï-Oriental.
- Consolidate strategies for training water committee members as part of the collaboration between the Food for Peace-funded Budikadid project and USAID IHP to implement interventions in the Kasansa ZS.
- Continue the process of awarding the rehabilitation contract for the gravity flow water distribution systems in Kabamba (Katana ZS) and Lwiro (Miti Murhesa ZS) in Sud-Kivu.

4. OBJECTIVE 1

Strengthen Health Systems, Governance, and Leadership at Provincial, Health Zone, and Facility Levels in Target Health Zones

Leadership and coaching training in Kinshasa. (*Credit:* USAID IHP)

- **9 provinces** and **178 ZS** have aligned Annual Operations Plans
- **510 community action groups** revitalized
- **9 provinces** launched *contrat unique* process
- **206 maternal deaths** analyzed in **3 provinces**
- **72 CODESA** received support for monitoring meetings
- Quality controls in **14 ZS** and **58 health facilities** improved data quality

During the FY2020 Quarter 1, USAID IHP continued to provide health systems strengthening support in (1) strengthening the capacities of the DPS and ZS managers to develop their 2020 PAO in all nine DPS and 178 ZS, in collaboration with other stakeholders; (2) monitoring and supervising the implementation of activities through operational support to the nine DPS and some easily accessible ZS and the organization of training workshops on coaching techniques and training in primary health care management in some provinces; (3) improving transparency through logistical support to the *Inspections Provinciales de la Santé* (IPS, Provincial Health Inspectorates); (4) coordinating and evaluating the health system through support to the various monthly, quarterly and annual monitoring meetings and reviews. USAID IHP also strengthened role of communities as controllers and co-managers of the health care centers.

IR 1.1: ENHANCED CAPACITY TO PLAN, IMPLEMENT, AND MONITOR SERVICES AT PROVINCIAL, HEALTH ZONE, AND FACILITY LEVELS

Provided financial support to running costs of the *Divisions Provinciales de Santé*

Indirect: ✔ 1.1.1 ✔ 1.1.2 ✔ 1.1.3 ✔ 2.7.1

During the last three months of 2019, each of the nine DPS received monthly operations support in the form of supplies and services based on their needs. Program teams in the provinces made and delivered these purchases directly. This support enabled each DPS to have supplies/spare parts for its monthly office operation and/or to ensure the maintenance of its equipment. In Sankuru, part of the monthly operating costs was used regularly to purchase fuel and lubricant to power the generator, which provided the DPS managers with an energy source for their daily work.

Provided financial support to running costs of some ZS

Indirect: ✔ 1.1.1 ✔ 1.1.2

USAID IHP currently can only provide support to ZS in the form of purchased supplies; therefore, the Program is only supporting the operational costs of the ZS located close to the USAID IHP's provincial program offices. As a result, only 96 ZS received supplies and other goods in support of their operations this quarter. Because ZS needs are critical, we will gradually increase the number of ZS receiving this support from USAID IHP based on a mutual agreement with the DPS. However, there are other ZS that receive financial support from other partners, including PRODS, which supports some ZS in Kasaï-Oriental and Lomami.

Supported the 2020 PAO process at the national level, DPS level and in the ZS, in collaboration with other stakeholders

Indirect: ✔ 1.1.1

At the national level:

USAID IHP provided technical and financial support to the *Direction d'Etude et Planification* (Department of Studies and Planning) for the organization of a workshop on the 2020 PAO process, titled "Briefing the *encadreurs nationaux polyvalent* (ENP, multidisciplinary national supervisors)" from December 2 to 4, 2019. The workshop aimed to strengthen the capacity of the ENP to support the ECZS, ECDPS, and IPS

during the defense and validation stage of developing their consolidated 2020 PAO. USAID IHP trained the ENP to supervise planning teams at the central level and to develop the 2020 PAO for each functional unit at the central MOH level.

Based on the lessons learned from the 2019 PAO process, USAID IHP briefed the ENP on the *contrat unique*. During their stay in the provinces, the ENP supervised the DPS through the different steps of the process of getting their *contrats unique* signed based on financial commitments from the various provincial-level stakeholders: technical and financial partners (TFPs), central government, provincial government, and community.

USAID IHP provided financial support to each ENP team that visited the nine Program-supported provinces. Our financial support covered associated expenses (transport, housing, per diem, and communications). We collaborated with stakeholders including Gavi, the Vaccine Alliance; the World Bank; UK Department for International Devleopment; and the European Union.

At the DPS level:

USAID IHP provided technical and financial support to the nine provinces for their 2020 PAO process, including joint missions for all nine DPS. At the provincial level, the Program organized joint missions to support the ECZS in the consolidation of the 2020 ZS and health facility PAO. Drawing on lessons learned from 2019, province teams ensured the involvement of all stakeholders through a participatory and inclusive process. For the first time, the heads of Decentralized Territorial Entities were invited to participate in some provinces.

Technical and financial support provided by USAID IHP also enabled each DPS to organize a defense and consolidation workshop for the 2020 ZS and DPS PAO. These workshops, held at each DPS office, brought together the ECZS, ECDPS, IPS, and supervisors from the central level for the consolidation and technical validation of each functional unit's PAO. As of the end of the quarter, the general assemblies of the *Comités Provinciaux de Pilotage du Secteur de la Santé* (CPP-SS, Provincial Health Sector Steering Committees) were underway for the validation of the 2020 PAO and the signing of the *contrats unique*. The next Program quarterly report will include details on all 2020 PAO process deliverables and the *contrats unique*.

At the ZS level:

USAID IHP, in collaboration with other stakeholders, provided technical and financial support to all 178 ZS for the 2020 PAO planning process. Each ZS helped each health facility draft its 2020 PAO. This participatory and inclusive process, which spanned from functional units to the provincial level, allows the real needs of beneficiaries to be taken into account from the bottom up. Moreover, the beneficiary ZS were able to consolidate their 2020 POA with the support of the EPP, USAID IHP staff, and other stakeholders. In almost all ZS, the Program funded the 2020 PAO consolidation sessions at the BCZS. Board meetings are being held in most of the ZS for the validation and approval of 2020 ZS PAOs.

Conducted PICAL assessments in a few ZS

Direct: ✔ 1.1 Fee ✔ 1.2.1 ✔ 1.2.2 ✔ 1.4.3 **Indirect:** ✔ 1.5.1

In FY2019, USAID IHP supported institutional assessments using the PICAL tool in seven DPS and two ZS. In FY2020, the Program is focusing mainly on two areas: the replication of institutional analyses in

the targeted ZS (five ZS per province); and the implementation of institutional strengthening plans in each province based on PICAL analyses conducted in FY2019.

PICAL assessments were conducted in Mwene Ditu ZS in Lomami province from December 5 to 20, 2019. Following the PICAL analysis in the ZS, USAID IHP trained five ENP, five EPP, and the USAID IHP Provincial Capacity Building Advisor on the use of the ZS-adapted PICAL tool. The training aimed to increase the capacity of the provincial team (the five EPP and the Capacity Building Advisor) to conduct institutional analyses in the other targeted ZS with minimal technical support.

The Program supported province teams throughout the process, beginning with a briefing for staff and institutional capacity assessment of the BCZS. This was followed by a presentation of results and the development of an intermediate plan for strengthening BCZS institutional capacities.

Conducted training workshops on leadership and management, including coaching techniques, for Ministry, DPS, and IPS executives

Direct: ✔ 2.7.1 **Indirect:** ✔ 2.7.2

At the national level:

Apart from the weaknesses specifically identified in each DPS's institutional analysis, provincial teams primarily struggle with low capacity to coach, lead, and support ZS. In response, USAID IHP in FY2020 is supporting a capacity-building program for MOH executives on coaching techniques, leadership, and management.

Leadership and coaching training in Kinshasa. Photo: USAID IHP.

The first workshop on this topic was held from October 28 to 31, 2019, in Mitendi, a suburb of Kinshasa. DGOGSS executives and the USAID IHP team participated in the workshop, which aimed to give participants techniques that they could replicate in all nine provinces. There were 26, including 15 from the DGOGSS, seven from USAID IHP, three USAID IHP local capacity building consultants, and one independent consultant. The training consisted of theoretical and practical sessions on different leadership approaches; the main roles and responsibilities of leaders, including their responsibilities for change management; and emotional intelligence in team management. Participants practiced dialogue and coaching techniques in groups and individually.

At the DPS level:

USAID IHP conducted a first round of training on coaching techniques, leadership, and management in four provinces using a pooled training approach. The Mwene Ditu pool training (November 18-22, 2019) included teams from Lomami and Kasaï-Oriental. The Likasi pool training (December 17-21, 2019) included Haut-Katanga and Lualaba. There were 68 participants—39 for the Mwene Ditu pool and 29 for the Likasi pool. They included DPS and IPS executives, staff from other partners, and USAID IHP provincial staff.

The workshop encouraged central and provincial MOH staff to develop vision and values statements for their organizations. Staff learned that the coaching approach they had previously used was actually supportive supervision; effective coaching should encourage ownership of decisions and solutions, rather than direct instruction.

Photo: Stanley Musumba, Abt Associates for USAID IHP.

USAID IHP supported the training of DPS and IPS managers on coaching techniques and gender in Haut-Katanga.

As part of the implementation of a capacity building plan for the DPS of Sud-Kivu, USAID IHP supported a workshop from October 4-8, 2019 in Bukavu that brought together the Head of the DPS, all six DPS office heads, six DPS analysts, six program heads, and one administrative staff member from Sud-Kivu. The purpose of the workshop was to update skills lists and job descriptions for the DPS. Although the activity was initially planned for FY2019 Quarter 4, it was postponed due to the unavailability of DPS staff. Twenty-two people participated, primarily DPS executives. Other participants came from the Provincial Public Service Division, the IPS, the General Secretariat for Health, and the provincial MOH. The workshop produced an updated skills list and updated job descriptions.

Trained cadres of ZS in primary health care management

Indirect: ✓ 2.1.1 ✓ 2.1.2, ✓ 2.1.3, ✓ 2.1.4, ✓ 2.1.5, ✓ 2.1.6, ✓ 2.1.7 ✓ 2.1.8 ✓ 2.1.9 ✓ 2.1.10 ✓ 2.1.11 ✓ 2.1.12 ✓ 2.1.13 ✓ 2.2.14 ✓ 2.1.15 ✓ 2.1.16 ✓ 2.1.17 ✓ 2.1.18 ✓ 2.1.19 ✓ 2.1.20 ✓ 2.1.21 ✓ 2.1.22 ✓ 2.1.23 ✓ 2.1.24 ✓ 2.1.25 ✓ 2.1.26 ✓ 2.1.27 ✓ 2.1.28 ✓ 2.1.29

DPS institutional analyses identified the training of DPS and ZS managers on primary health care management as a key activity. Accordingly, during FY2020 Quarter 1, USAID IHP supported the training of DPS executives in primary health care management in Tshumbe in Sankuru province from November 6 to 16, 2019. We collaborated with the DGOGSS and the Director of the Continuing Education Department to organize these trainings. The Program supported the material and logistical organization of the training and the deployment of a team of trainers from the central MOH to facilitate province trainings. The goals of the training were to build the managerial capacity of the ECDPS, enhance their ability to support ZS, create a team of provincial trainers for the training, and encourage the ongoing supervision of the ECZS. During the coming quarter, this training activity will continue in all provinces where the need has been expressed. Next in Sankuru, provincial trainers will facilitate the training of ZS managers. USAID IHP will coordinate with the DGOGSS as we continue technical support to the DPS for this activity.

Provided technical and financial support to the coaching missions of the ZS by the ECDPS

Indirect: ✓ 22 ✓ 1.1.2

USAID IHP provided technical and financial support to the ECDPS to supervise and coach ZS staff in all nine provinces. During this quarter, joint missions with the USAID IHP provincial staff were particularly important in supporting the ECZS during the 2020 PAO process. The ECZS conducted detailed situational analyses, prioritizing areas of intervention and selecting activities to include in the 2020 PAO. Each activity in the 2020 PAO has a clearly identified and easily disbursable source of funding.

Provided financial support to the functioning of the CPLT

Indirect: ✓ 1.1.2 ✓ 1.1.3 ✓ 2.1.17 ✓ 2.1.18 ✓ 2.1.19 ✓ 2.1.20 ✓ 2.1.21 ✓ 2.1.22 ✓ 2.1.23 ✓ 2.1.24 ✓ 2.1.25 ✓ 2.1.26

USAID IHP provided quarterly support to office operating expenses in the CPLT in Lomami, Sankuru, Kasaï-Central, and Kasaï-Oriental. The support consisted of the direct purchase of office supplies, maintenance products, generator fuel and lubricant, airtime credit, spare parts, and maintenance costs for CPLT vehicles and motorcycles. Other partners have supported the CPLTs in other provinces.

Next steps:

- Continue implementing the institutional capacity building activities included in the remediation plan for each Program-supported province.
- Continue institutional analyses in the targeted ZS.
- Monitor and evaluate the *contrat unique* in all nine DPS.
- Monitor and evaluate the PAO activities in the DPS and ZS receiving USAID IHP funding.
- Continue direct support to the DPS and ZS by covering their operating expenses while awaiting the establishment of a direct grant mechanism between USAID IHP and the DPS.

Lessons Learned

- The institutional analyses carried out were detailed, the problems and bottlenecks well-identified, and the choice of priorities well-informed in the institutional strengthening plans. As a result, the PAO included appropriate prioritization and selection of activities for USAID IHP support.
- The provincial teams trained on coaching and leadership techniques provided strong support to the ZS in the 2020 PAO planning process. The ZS level PAO processes led by provincial teams that had been trained on coaching and leadership techniques was particularly productive.
- The 2020 PAO process, coupled with the *contrat unique* process, made it possible to obtain firm commitments from stakeholders who feel involved and accountable to third parties in the funding of selected activities.
- The 2020 PAO process helped encourage state officials to respect government-level commitments within the partnership framework for health. After the 2019 PAO plan, we observed that without respect for government commitments, TFPs' efforts would prove to be insufficient to effectively meet the population's health needs.
- The ECDPS understood during this 2020 PAO exercise that the capacity reinforcement plans resulting from the PICAL assessments are multi-donor advocacy tools and should not be limited only to USAID IHP interventions.
- Unfortunately, the PAO planning process remains separate from the provincial and national government budgetary cycles, with little involvement from authorities from Decentralized Territorial Entities down to the local level.

IR 1.2: IMPROVED TRANSPARENCY AND OVERSIGHT IN HEALTH SERVICE FINANCING AND ADMINISTRATION AT PROVINCIAL, HEALTH ZONE, FACILITY, AND COMMUNITY LEVELS

During the quarter, the Program worked to improve transparency, financial management, and administration at the DPS, ZS, and health facilities, including at the community level. We concentrated in particular on quarterly support for IPS inspection missions and on covering monthly operating expenses. Inspection missions were carried out with more objectivity and thus, have generating increased transparency, confidence and sharing of responsibilities between decision-makers, providers and beneficiaries of healthcare services. USAID IHP effectively collaborates with the DGOGSS, along with the DPS, *Inspection Générale de la Santé* (IGS, General Health Inspectorate), and IPS to advocate for increased GDRC funding to the IGS and IPS. In addition, there has been significant progress in the process of establishing the fraud and abuse reporting hotline.

Provided support to quarterly trips of IPS for audits and oversight of ZS

Direct: ✔ 1.2.1 ✔ 1.2.2 ✔ 1.2.3

From December 12 to 27, 2019, seven IPS conducted audit and control missions at the ZS level. The Lomami IPS led the audit and control missions in two ZS (Kamana and Kalonda). The Haut-Lomami IPS led missions in four ZS (Mulongo, Bukama, Kinkondja and Lwamba). The Sud-Kivu IPS led missions in two ZS (Uvira and Nundu). The Sankuru IPS led missions in two ZS (Djalo Ndjeka and Ototo), where there were problems with diversion of drugs sent to the health facilities. The Kasaï-Oriental IPS led audit and control mission in the Tshilenge ZS. The Kasaï-Central IPS led missions in nine ZS (Dibaya, Lubondayi, Yangala, Luiza, Luambo, Ndekesha, Bilonda, et Kalomba) and the Tanganyika IPS led missions

in three ZS (Ankoro, Kiambi and Manono) (see text box for more information). USAID IHP supported a total of 23 ZS receiving the IPS audit and control missions during the quarter. The visits aimed at detecting resource management shortfalls to improve transparency and encourage good practices.

IPS audit and oversight visits in Tanganyika Province ZS

The Tanganyika IPS conducted audit and oversight visits in three ZS (Ankoro, Kimabi, and Manon) and 15 health structures between December 12-27, 2019. The team visited three BCZS, three general referral hospitals, and three health centers per ZS to detect issues in human resources, material and financial management and to take corrective measures to improve service delivery and to discourage improper practices. The visits revealed poor record-keeping, the absence of petty cash management, insufficient financial management tools, inadequate record-keeping of financial documents, the absence of a cash disbursement plan, and the absence of an updated management procedures manual. Several corrective measures were taken establishing an internal control system led by the structure's manager (MCZS, hospital director, registered nurse); empowering accountants to adopt operational and/or accounting practices; providing management tools meeting industry standards; and developing a cash disbursement plan to ensure that resources are spent according to planned activities.

Table 30. Percentage of DPS and health zones supported by the program that are audited with USAID IHP technical and/or financial support (Indicator 1.2.3)

Region	Province	Total ZS	ZS Audits Supported	FY2019 Target	Achieved Q1
Eastern Congo	Sud-Kivu	34	2	25%	5.9%
	Tanganyka	11	3	25%	27.3%
Total Eastern Congo		**45**	**5**	**25%**	**11.1%**
Kasaï	Kasaï-Central	26	0	25%	0.0%
	Kasaï-Oriental	19	1	25%	5.3%
	Lomami	16	2	25%	12.5%
	Sankuru	16	2	25%	12.5%
Total Kasaï		**77**	**5**	**25%**	**6.5%**
Katanga	Haut-Katanga	26	0	25%	0.0%
	Haut-Lomami	16	4	25%	25.0%
	Lualaba	14	0	25%	0.0%
Total Katanga		**56**	**4**	**25%**	**7.1%**
Total General	**Result**	**178**	**14**	**25%**	**7.87%**

Source: Project Monitoring Report

Provided financial support to running costs of the IPS

Indirect: ✓ 1.1.2

All nine IPS received monthly support for their offices operation expenses. This support consisted of a direct purchase and delivery of office supplies, spare parts for vehicles and/or motorcycles, fuel for generator operation, and airtime credit for inspectors in the provinces to monitor alerts from health facilities. The frequency of this support allows inspectors to fulfill their mandate and gradually establish a climate of confidence and transparency at the health structure manager level.

Planned for implementation of the fraud hotline platform to increase transparency and reporting on abuse

Indirect: ✓ 1.2.4

During the quarter, USAID IHP began preparing for the technical integration of the fraud hotline platform with Airtel (the mobile network operator in the DRC). Discussions with Orange and Vodacom (also mobile network operators in the DRC) are still ongoing. A server was successfully delivered to Kinshasa and will be installed in a local data center at the start of the FY2020 Quarter 2. This local infrastructure is essential to the successful implementation of the Accountability Hotline for health workers.

USAID IHP is negotiating a national short code with the local telecommunications regulatory body (ARPTC) with support from the MOH's Office of the *Inspection Générale de la Santé* (IGS, General Health Inspectorate) and the USAID IHP team. After several consultation meetings between the Program and the IGS, the team developed a joint implementation plan for the hotline and sent a tool to healthcare professionals (likely to be end users of the system) for their feedback. The IGS and USAID IHP teams are working to pilot this hotline in the targeted provinces during Quarter 2 of FY2020.

Next steps:

- Continue to provide technical support to the IPS audit and control missions in targeted ZS
- Continue to provide technical support for the operations of IPS offices
- Begin to pilot the reporting hotline for fraud and abuse in the targeted provinces

IR 1.3: STRENGTHENED CAPACITY OF COMMUNITY SERVICE ORGANIZATIONS AND COMMUNITY STRUCTURES TO PROVIDE HEALTH SYSTEM OVERSIGHT

During the quarter, USAID IHP focused on strengthening community organizations to ensure the proper functioning of health care services at the community level. We supported the operations of existing CODESA and the establishment of CAC in targeted ZS. These activities, which are essential for the implementation of the community scorecard, will allow revitalized community structures to create frameworks for public accountability vis-à-vis the health service providers.

Provided technical and financial support to CODESA monthly meetings in a few ZS

Direct: ✓ 1.3.1 **Indirect:** ✓ 1.3.2

During the quarter, the program supported 72 CODESA during monitoring meetings in three targeted provinces: 56 CODESA in Lomami, 15 in Haut-Katanga, and one in Haut-Lomami. The other CODESA were unable to receive this support because of operational procedures requiring that program staff travel to provide financial support directly to the targeted CODESAs.

Looking forward, the Program will train RECO on essential family practices, danger signs, and on the evaluation of CAC activities with the help of the community scorecard.

Provided financial and technical support to revitalizing CACs in a few ZS with integration of gender

Indirect: ✔ 1.3.1 ✔ 1.3.2 ✔ 1.3.3

During Quarter 1, USAID IHP provided technical and financial support for the revitalization of 510 CAC in 17 ZS, as shown in Table 31.

Table 31. CACs revitalized in health zones

Province	CAC	ZS
Lomami	46	Tshilomba (6), Tshikala (11), Tshinzoboyi (8), Lubambala (6), Kabiji (7), Kalenda Gare (8)
Kasaï-Central	360	Bobozo, Kananga, Katoka, Lukonga, Ndesha
Haut-Lomami	23	Malemba Kulu
Haut-Katanga	46	Kampemba, Kipushi, Kapolowe
Sud-Kivu	35	Bagira, Kadutu
Total	**510**	**17 ZS**

In the 510 CAC that were revitalized, more than 2,000 RECO (almost half of whom were women) were trained on their roles and responsibilities. The community selected several female candidates to represent these CACs at the *aire de santé* CODESA level.

Next steps:

- Introduce the community scorecard for the monitoring and evaluation of CAC activities.
- Continue to provide support to revitalize the CACs and CODESA.
- Extend support for monthly CODESA meetings to accessible *aires de santé* near USAID IHP provincial offices.

IR 1.4: IMPROVED EFFECTIVENESS OF STAKEHOLDER COORDINATION AT THE PROVINCIAL AND HEALTH ZONE LEVELS

In the context of limited resources, effective activity coordination requires the optimal management of funds allocated to health priorities. During the quarter, USAID IHP supported the functionality of various existing consultation frameworks within the MOH through monthly, quarterly, and annual health sector review meetings. The goal was to ensure information exchange among stakeholders. The Program has encouraged the *contrat unique* process in all provinces for more accountability and partner engagement. This process has been coupled with the PAO, with the goal of producing *contrats unique* for the DPS that will be signed with all stakeholders.

Provided financial support for participation of provincial team in national annual review meeting at the Kinshasa level

Indirect: ✔ 1.4.1 ✔ 1.4.3

USAID IHP provided support to provincial teams to participate in the annual health sector review held in Kinshasa November 4-6, 2019, in collaboration with stakeholders from the *Groupe Inter- Bailleurs Santé* (GIBS, International Health Donors Group). Each provincial team was comprised the Provincial

Minister for Health, the Head of the DPS, and Provincial Health Inspectors from six provinces (Lomami, Tanganyika, Sud-Kivu, Lualaba, Kasaï-Oriental, and Haut-Lomami).

The general objective of the annual review was to contribute to improving the health of the Congolese population in the context of poverty reduction. The specific objectives of the review were to (1) assess PNDS activity progress in 2018; (2) analyze health sector performance based on the results of major surveys conducted in 2018; (3) examine priority issues that hinder the improvement of health care and health service availability and accessibility; and (4) identify actions needed for the successful implementation of the PNDS in 2019. At the end of the workshop, the main recommendations were made to the General Secretariat for Health, the IGS, the Human Resources Directorate, the DEP, the Provincial Health Ministries, the IPS, the National Health Insurance Mutual Programs, and the TFPs. Two recommendations were specifically aimed at the TFPs: (1) the TFPs should get involved in the contractual commitments signed in the *contrat unique;* and (2) the TFPs should make financial information available in real time.

Provided technical and financial support for the semi-annual CPP meeting of the DPS

Indirect: ✔ 1.4.1 ✔ 1.4.3

During the quarter, USAID IHP supported two DPS (Lomami and Kasaï-Oriental) in their semi-annual review of primary health care activities. The activity aimed to assess the level of implementation of the 2019 PAO for both ZS and DPS based on the PNDS 2019-2022. At the end of the workshop, participants highlighted performance progress, problems/challenges, and bottlenecks for appropriate actions.

The DPS Lomami review was held October 16-18, 2019 in Mwene Ditu. Thirty-two DPS executives and *Médecins chef de zone de santé* (MCZS, Health Zone Chief Medical Officers) participated, including one woman. The review in Kasaï-Oriental was held October 15- 20 in Mbuji Mayi. In total, 57 people (48 men and nine women) participated. Participants were primarily DPS executives of the DPS and representatives of specialized programs (*Chefs de Division, Chefs de Bureau*, analysts, representatives of the provincial health minister), as well as MCZS and TFPs.

Provided technical and financial support for the Thematic Group meetings (DPS level)

Direct: ✔ 2.7.1 **Indirect:** ✔ 1.5.2

USAID IHP supported different Thematic Groups meetings in three DPS—Kasaï-Oriental, Sud-Kivu, and Lomami. They included: (1) the Work Planning Group, which aims to finalize the 2020 DPS PAO; (2) the Disease Control Working Group for the epidemiological surveillance of cholera and measles with a particular focus on the Ebola virus epidemic in the East; and (3) the Financing and Contracting Working Group, which is preparing the *contrat unique*. In Sud-Kivu, USAID IHP also supported the Medicines Working Group convened on November 14, 2019. As noted during the meeting, USAID IHP was appointed to Sud-Kivu's regional distribution center steering committee and actively participated in both its first meeting and at the start of construction of the Sud-Kivu's regional distribution center on November 16, 2019 (with Swiss funding).

Provided technical and financial support for the CTMP FP meeting at the province level

Direct: ✓ 2.7.1 **Indirect:** ✓ 2* ✓ 3* ✓ 2.1 ✓ 2.2 ✓ 2.3 ✓ 2.1.1 ✓ 2.2.1

USAID IHP provided technical and financial support for the meeting of the CTMP FP in Lodja, Sankuru on December 20, 2019. Twenty people attended the meeting, including two women. CTMP FP shared the following recommendations: (1) install the territorial committees in the six territories (each of which includes two to three ZS) of Sankuru province; (2) send an advocacy document to the Provincial Authority during the CPP-SS meeting; and (3) develop a remediation plan to address low family planning indicator performance and share it with the PNSR and the ZS Technical Support Offices.

Actively supported a framework for consultation and exchange with other USAID programs in the provinces

Indicators: ✓ 2.7.1

During the quarter, the Eastern Congo and Katanga regions held consultative meetings with other USAID programs.

- **Eastern Congo.** In November 2019, USAD IHP held a consultation meeting in Kalemie, Tanganyika with Food for the Hungry. The objective was to draft a coordination plan for the implementation of nutrition activities in the province following the Kasaï model. After discussions, the two parties agreed to draw up the list of overlapping ZS and activities in those ZS, identify areas of common support, differentiate community interventions from those of care, and distinguish the roles and responsibilities of USAID IHP and Food for the Hungry.
- **Katanga Region**. USAID IHP and Breakthrough Action held a working session in Lubumbashi during the Haut-Katanga DPS meeting. USAID IHP participated in the DPS institutional capacity diagnostic for SBC using the PROGRESS tool to learn the added value of combining the methodology with the PICAL. The session aimed to leverage ongoing efforts to effectively contribute to improving health service delivery and promoting healthy behaviors in the province, and to better coordinate across health communication activities.

Provided support for the implementation of the *contrat unique* of the DPS

Indirect: ✓ 1.4.2

During this quarter, USAID IHP provided support to the launch of the 2020 *contrat unique* process in all nine supported DPS. The ENP who travelled to the provinces for the 2020 PAO process also supported the *contrat unique* process in the provinces as part of their visit. Three DPS began the process of preparing *contrats unique* in their provinces during Quarter 1:

- **In Sud-Kivu**, in November 2019, USAID IHP organized a meeting to assess the implementation of the *contrat unique*. Using their internal performance evaluation tool, the DPS executive team obtained a score of 62.4 percent, which indicated a marked improvement due to the commitment of stakeholders such as USAID IHP.
- **In Sankuru**, we provided financial support to two consultation meetings, with participation from 34 people. The meeting enabled the DPS to prepare the first draft of the *contrat unique* for the implementation of its 2020 PAO, which also informed the DPS budget. Due to the delicate political climate in the DPS, there could be delays in signing the contract.

- **In Kasaï-Oriental**, USAID IHP organized a mini-workshop with the leadership of the provincial MOH to raise awareness of the *contrat unique* among partners, DPS officials, the IPS, and the cabinet of the provincial MOH. At the end of the meeting, stakeholders mapped all the projects that finance the DPS, reviewed the DPS budget, and discussed the flexibilities of different funding sources.

IR 1.5: IMPROVED DISEASE SURVEILLANCE AND STRATEGIC INFORMATION GATHERING AND USE

During Quarter 1, USAID IHP focused on capacity building for DPS and ZS managers and health facility providers to improve disease surveillance and strategic information gathering and use. The Program support aims to implement new approaches to data collection, analysis, transmission and evidence-based decision-making. The Program also provides logistical support to DPS managers, ZS, and service providers to conduct regular visits and meetings to ensure data quality and availability.

Trained DPS and ZS cadres in the analysis of data for decision making, using different management tools

Indirect: ✔ 1.1.1 ✔ 1.4.3

USAID IHP implemented this activity in three provinces during Quarter 1; Sud-Kivu, Lomami, and Kasaï-Oriental. The Program trained 97 DPS and ZS managers, including 20 women, on data analysis for decision-making using various tools, such as DHIS2. Learning focused on: (I) improving DHIS2 data quality monitoring for major datasets—basic services, secondary services, hospital services, Logistics Management Information System (LMIS) health facility, LMIS BCZS, PNLT, and PNLS; (2) improving health facility information management (existence of the health facility, type, geolocation, available services, equipment); and (3) using data to inform activities. Executives from the *Direction du Systeme National d'Information Sanitaire* (DSNIS, Directorate of the National Health Information System) and USAID IHP staff jointly facilitated these training sessions.

Provided technical and financial support to maternal deaths review meetings, with emphasis on analysis, review, and interventions

Direct: ✔ 2.7.1 **Indirect:** ✔ 12 ✔ 2.1.2

In Quarter 1, 206 maternal deaths were reported in Sud-Kivu (119), Sankuru (69), and Lomami (18). USAID IHP supported these provinces' DPS to conduct five analysis and review meetings to address the reported maternal deaths. Representatives from the MOH (IT, MCZS, DPS); and Program staff); the community (CODESA members); and politico-administrative authorities participate in these monthly meetings, which are organized at the DPS and ZS level. The politico-administrative authorities are responsible for taking all lessons from the meeting and following up on recommended corrective actions at the provincial, ZS, facility, and community levels (along with CODESA leadership for community-level actions). The engagement of the politico-administrative authorities and the regularity of these meetings build accountability across stakeholders to implement corrective actions. USAID IHP also planned to support the Haut-Lomami DPS with maternal death reviews, but since all Haut-Lomami ZS were participating in the PAO process throughout the quarter, this support is slated for Quarter 2.

In Lomami, USAID IHP and the DPS analyzed and reviewed the 18 maternal deaths reported in the ZS of Kabinda, Kamana, East Kalonda, Kalambayi, Ngandajika, Lubao, and Wikong. This analysis identified

the factors contributing to maternal deaths in the community that were related to providers and the health system. USAID IHP and DPS responded with four actions:

- Accelerate the training of providers in other ZS (Wikong, Lubao, Kalonda East, Kalenda and Mulumba);
- Organize awareness sessions for the population, especially pregnant women, on the use of maternity services such as ANC and assisted delivery;
- Strengthen awareness of danger signs during pregnancy and health facility referral criteria; and
- Strengthen supervision missions to improve the services of providers assigned to maternity hospitals.

In Sankuru, the maternal death review meeting looked at 65 out of 69 recorded maternal deaths. The main causes of death were hemorrhages, infections, and hypertension (pre-eclampsia and eclampsia) and were split near-evenly between the health facility and community levels. Following the review, the Sankuru DPS, in collaboration with the provincial administrative and political authority, issued a bulletin prohibiting home births or treatment of women in pre-labor or labor by inexperienced health facility providers without referrals.

In Sud-Kivu, USAID IHP helped the DPS organize two maternal death review meetings. Of the 119 recorded maternal deaths during the quarter, the health facility level reported 38 maternal deaths while the ZS of Minova and Bunyakiri reported 34 and 25, respectively. Maternal death review meetings explored 20 of the quarter's cases and highlighted postpartum hemorrhage, infections, and other causes among the main reasons for death. Despite the low percentage of analyzed cases (20 out of 119, or 16.8 percent), the meetings still produced three recommendations:

- Ensure the PNSR validates maternal death data before data entry into DHIS2;
- Invite the MCZS, who records many maternal deaths, to participate in future meetings; and
- Organize formative supervision in maternal and perinatal death surveillance in ZS with high maternal deaths (Bunyakiri, Minova, Kalonge, Kalole, Haut Plateau, Kitutu, and Mwenga).

USAID IHP suggests the following next steps for the DPS and other relevant stakeholders:

- Extend provider training on EmONC, EOC, PAC, and MPDSR in 27 ZS across the seven provinces most affected by maternal and perinatal deaths, for a quasi-total coverage of qualified providers;
- Organize a provider training on comprehensive emergency obstetric and newborn care (CEmONC) in: Haut-Lomami (Kamina, Kabongo, and Malemba Nkulu); Haut-Katanga (Kenya, Sakanya, and Kikula, Kilwa); Lomami (Mwene Ditu, Luputa, and Kamiji); Tanganyika (Kalemie, Manono, and Kongolo); Kasaï-Central (Luiza, Ndekesha, and Dibaya); Sud-Kivu (Kitutu, Mwenga, Miti Murhesa, Haut Plateau, and Kaziba); and Kasaï-Oriental (six ZS which are still to be determined);
- Provide equipment and mannequins to the above-listed ZS to facilitate assimilation during learning;
- Establish an MPDSR provincial committee in each of the remaining provinces, especially in Lualaba and Haut-Katanga
- Extend the MPDSR approach to the ZS level; and
- Organize post-training monitoring and supervision missions to support health service providers who have already received EmONC training.

Provided technical and financial support to the MAPEPI surveillance meetings, in particular, those related to Ebola Virus Disease

Direct: ✓ 2.7.1 **Indirect:** ✓ 1.5.2

USAID IHP provided technical and financial support to the DPS in Haut-Katanga, Haut-Lomami, Lomami, Sud-Kivu, and Tanganyika during the *maladies à potentiel epidémique* (MAPEPI, diseases with epidemic potential) monitoring meetings, particularly related to the EVD. This support is intended to ensure improvement of epidemiological analysis in provinces in general, and specifically for EVD epidemic. This triggered the DPS' interest in sharing province-level epidemiological information with all partners through the health information office.

Table 32 shows the MAPEPI reporting rates for USAID IHP-supported provinces and ZS. The column "Q1 Achieved" reports the percentage of ZS that achieved a MAPEPI reporting rate greater than 95 percent during the quarter. The column "Achievement (%)" reports the percentage achieved as progress against Program targets for each province. For instance, in Lomami, 50 percent of ZS have a MAPEPI reporting rate greater than 95 percent. This 50 percent achievement rate for Quarter 1 is 400 percent of the target, which was only 10.3 percent. Lomami's high achievement relative to other provinces may be explained by the fact that Lomami conducted its first validation meeting of the data at the DPS level and required participation by all ZS. Doing so forced the ZS to improve the completeness of the data in DHIS2 in preparation for this data validation meeting.

Table 32. Percentage of USG-supported provinces and health zones with MAPEPI DHIS2 reporting rates >95%

Region	Province	Target	Q1 Achieved	Num.	Denom.	Achievement (%)
Kasaï	Kasaï-Central	23.2%	15.4%	4	26	66.2%
	Kasaï-Oriental	30.3%	21.1%	4	19	69.4%
	Lomami	10.3%	50.0%	8	16	487.8%
	Sankuru	22.8%	12.5%	2	16	54.9%
Total Kasaï		**22.2%**	**23.4%**	**18**	**77**	**105.0%**
Katanga	Haut-Katanga	33.6%	11.1%	3	27	33.0%
	Haut-Lomami	10.3%	0.0%	0	16	0.0%
	Lualaba	4.0%	7.1%	1	14	179.0%
Total Katanga		**19.8%**	**7.0%**	**4**	**57**	**35.0%**
Eastern Congo	Tanganyika	31.3%	9.1%	1	11	29.0%
	Sud-Kivu	12.8%	11.8%	4	34	92.0%
Total Eastern Congo		**17.3%**	**11.1%**	**5**	**45**	**64.0%**
Total		**20.2%**	**15.1%**	**27**	**179**	**74.7%**

Source: DHIS2, Accessed January 23, 2020.

Ensured availability of Internet connection for the DPS and ZS (purchase megabytes for 3G and 4G or VSAT connection)

Indirect: ✓ 1.5.2 ✓ 1.5.3 ✓ 1.7.2

This activity aims to ensure Internet connectivity in the DPS and ZS within targeted provinces. Internet connectivity allows the DPS and ZS to securely enter health data on the DHIS2 platform and improves the completeness and timely transmission of data (Table 33). It also supports the monitoring of data quality and data analysis for decision-making.

In Sankuru, all ZS not covered by mobile telecommunication networks' activated VSAT (very small aperture terminal) subscriptions. The timeliness and completeness of data collection in Tanganyika and Haut-Katanga remains concerning due to the fact that the ZS are not covered by 3G or 4G networks. The program intends to remedy this during Quarter 2 by ensuring VSAT subscriptions in all ZS experiencing this coverage challenge.

Table 33. Completeness and promptness of quarterly activities (Oct-Dec 2019)

Province	Activity reporting rate	Activity on-time reporting rate
Haut-Katanga	75.1	60.1
Haut-Lomami	80.7	60.0
Kasaï-Oriental	87.1	75.9
Kasaï-Central	85.6	73.1
Lualaba	94.4	81.5
Lomami	98.6	89.4
Sud-Kivu	86.2	73.9
Sankuru	86.1	49.6
Tanganyika	61.9	43.0
Total	84.54	69.24

Source: DHIS2, accessed January 23, 2020

Printed health facility management tools (registers, index cards, report templates, and others)

Indirect: ✔ 1.5.1 ✔ 1.5.2 ✔ 1.7.2

During Quarter 1, USAID IHP supported four provinces (Haut-Katanga, Haut-Lomami, Lualaba, and Sud-Kivu) in printing and distributing different management tools to the DPS and ZS. However, quantities remain insufficient to cover all health facilities and some tools were not included in the quantities provided. The program team is making necessary arrangements for printing revised tools to meet health facilities' expressed needs.

Provided financial support to monthly monitoring meetings at *aire de santé* level

Indirect: ✔ 1.1.1 ✔ 1.4.3 ✔ 1.5.1 ✔ 1.5.2

This activity aimed to ensure the analysis and validation of data prior to their encoding into the DHIS2. To guarantee quality and avoid inconsistencies, this exercise should be supported up to the *aire de santé* level. However, as USAID IHP can only effect direct payments, it is difficult to reach all heath areas. The program is working to finance a review at the BCZS level.

The monthly monitoring meetings at the *aire de santé* level are important for the quality assurance of data collected at the primary site level. The meetings are held monthly at the BCZS level to analyze the situation of each *aire de santé* and allow the ZS to develop a realistic monitoring plan informed by evidence of real problems that the meetings identify.

The USAID IHP office in Kasaï-Central supported two monthly reviews in Lomami and Kasaï-Central provinces and in 15 ZS (Bilomba, Ndekesha, Luiza, Lubondaie, Dibaya, Yangala, Luambo, Kalomba, Kananga, Bobozo, Mikalayi, Bunonde, Tshikula, Tshibala and Masuika).

Provided support to data quality control field visits

Indirect: ✔ 1.1.1 ✔ 1.4.3 ✔ 1.5.1 ✔ 1.5.3

USAID IHP conducted data quality control field visits in four provinces (Haut-Katanga, Haut-Lomami, Kasaï-Oriental, and Tanganyika) to help improve data quality. In each province, the Program selected some ZS and health facilities to undergo quality control of the data that was entered into DHIS2 and presented through indicators of the internal monitoring system. Overall, these field visits covered 14 ZS and 58 health facilities, including the BCZS, general referral hospitals, and health centers (Table 34).

Table 34. BCZS and Structures Field Visits Conducted by Province in FY2020 Q1

Province	ZS	BCZS	General Referral Hospitals	Reference Health Centers	Health Centers	Health Posts	# Structures	DHIS2 Indicators	Project Indicators
Haut-Katanga	4	4	0	12	0	0	12	4	0
Haut-Lomami	1	1	0	2	0	0	2	4	6
Kasaï-Oriental	6	6	0	18	0	0	18	4	0
Tanganyika	3	3	3	9	0	0	12	4	0

Source: Project Monitoring Report.

Key findings from data quality control field visits:

- ECZS are not trained in NHIS and DHIS2.
- Management tools are out of stock and existing ones are poorly archived.
- Health facilities do not receive feedback from the ECZS and data analysis meetings are almost never held.
- Timeliness of reporting and completeness of data entered into DHIS2 are both low.
- There is a lack of internal system data control forms that are filed and have data entered into DHIS2.
- There is a lack of classification and data entry protocol in the BCZS.
- ZS and health facilities have a high turnover of personnel trained on NHIS/DHIS2.
- Non-compliance with guidelines, especially the deadline for data transmission, is common.
- There is often failure to resolve errors (inconsistencies) found during data processing.
- BCZS and health facilities lack routine data management tools.

These findings have helped USAID IHP anticipate challenges and plan corrective actions to improve data quality during Quarter 2 in all audited and non-audited facilities.

Lessons learned:

- Trained DPS and ZS executives are able to use data for decision-making.
- Data verification at the BCZS and health center level is essential to identify problems related to data reporting.

Next steps:

- Extend data quality control practices to other ZS or *aires de santé* to improve data quality at all levels.
- Organize NHIS/DHIS2 training for data managers in the ZS.
- Provide other health information management tools.
- Implement the capacity building plan developed jointly by the DPS and ZS.

IR 1.6: IMPROVED MANAGEMENT AND MOTIVATION OF HUMAN RESOURCES FOR HEALTH

During the quarter, the Program's efforts on management and motivation of human resources for health (HRH) focused on orienting DPS managers on gender mainstreaming and women's skills building (see Gender section, Chapter 7). This phase, which is essential for the implementation of the USAID IHP gender strategy, triggers a process of improving women's participation at all levels and in particular at the decision-making level of the DRC's health system.

Provided orientation to DPS staff on gender-based HRH planning and deployment

USAID IHP organized orientation sessions on gender mainstreaming in HRH planning and implementation for DPS managers, as described in the Gender section (Chapter 7).

Lessons learned:

- Gender mainstreaming in planning promotes concrete and effective integration of gender equality at the individual, work unit, and organizational levels.
- Staff aging presents an opportunity to trigger retirement and a staff rejuvenation process to improve the gender balance.
- There is a need to promote the de-politicization of hiring in the public sector.

Next Steps

- Implement a gender audit in each DPS office and in some ZS.
- Integrate the recommendations from the PICAL analyses into DPS institutional strengthening plans.
- Establish networks of gender champions for advocacy and increased awareness of gender inequalities

IR 1.7: INCREASED AVAILABILITY OF ESSENTIAL COMMODITIES AT PROVINCIAL, HEALTH ZONE, FACILITY, AND COMMUNITY LEVELS

USAID IHP included three supply chain activities in its FY2020 work plan: supply chain coordination meetings, printing and distribution of logistics management tools, and last mile product transport. During this reporting period, last mile transport was not implemented due to the lack of a financial transaction model meeting internal procedures. In collaboration with the *Programme Nationale d'Approvisionnement en Medicaments* (PNAM, National Drug Supply Program) the DPS, and GHSC-TA, the Program completed InfoMed trainings in the four provinces in the Kasaï region. All 178 target ZS have now been trained on the use of InfoMed. USAID IHP conducted monitoring and supportive supervision visits at the ZS and their health facilities on various aspects of the supply chain, jointly with the DPS and GHSC-TA.

Participated in supply chain coordination meetings with GHSC-TA

Direct: ✔ 2.7.1 **Indirect:** ✔ 1.7.3

In Kinshasa, the supply chain meetings between GHSC-TA and USAID mainly focused on the stock-out of essential medicines and MNCH supplies that have been reported in the supported ZS since Quarter 3 of FY2019. GHSC-TA and USAID IHP examined various options and proposed an emergency order, which is awaiting USAID/DRC's approval.

Supply Chain Advisors from the nine provincial USAID IHP offices held monthly coordination meetings with GHSC-TA. Tanganyika and Sankuru organized one technical working group meeting, Kasaï-Central organized two, and Sud-Kivu organized three. For various reasons, other provinces did not hold the technical working group meetings. Instead, informal meetings were held with the DPS. The discussions highlighted the following challenges.

- Stock-outs of essential medicines and MNCH supplies in the regional distribution centers date back to August 2018. This extended delay in supply delivery negatively impacts drugs' availability at the ZS level, up to the last mile.
- There are stock outs of malaria, family planning, and TB supplies in the health facilities even though the products are available at the BCZS.
- Logistical data on the InfoMed platform is incomplete and not up-to-date (see Table 37).

Solutions to be implemented immediately and during FY2020 Quarter 2:

- Request that USAID authorize GHSC-TA to place an international emergency order for essential medicines/MNCH supplies or to grant an exemption for a locally procured order.
- Support the ZS and health facilities in the quantification of needs, product requisition, the development of a *Plan de Distribution-ZS* (PDD-ZS, health zone distribution plan), documented distribution plan, and stock rationalization.
- Strengthen supportive supervision in supply chain management.
- Strengthen the Internet connection at the BCZS. In addition to providing modems and megabytes to ZS, USAID IHP embarked on an ambitious project to activate VSAT in ZS that do not have access to 3G connections. This includes 11 of 34 ZS in Sud-Kivu, six in Kasaï-Central, and eight in Sankuru.

Table 35 shows the quantity of supply chain management tools printed locally and distributed between October and December 2019 to cover the needs of the ZS until March 2020. These supplies were in addition to the tools produced in Kinshasa and distributed during previous quarter in the nine target provinces. A few printing and distribution gaps still need to be filled, specifically for the health facility monthly synthesis reports. DPS and USAID IHP quantifications had not anticipated the MOH's request to enter stock data in the new LMIS InfoMed system retroactively dating back to January 2019. As a result, health facilities needed more synthesis reports.

Table 35. Printing and distribution of supply chain management tools

	Quantities supplied								
	H-K	Lua	H-L	K-O	K-C	Lom	San	S-K	Tan
Beneficiary ZS	27/27	14/14	-	19/19	-	16/16	11/16	28/34	5/11
Stock cards	55,950	3,500	-	-	-	7,045	13,181	14,750	13,600
RUMER* Registers	546	250	-	-	-	56	147	185	-
Monthly synthesis reports, BCZS	162	14	-	228	-	-	-	-	-

	Quantities supplied								
	H-K	Lua	H-L	K-O	K-C	Lom	San	S-K	Tan
Monthly synthesis reports, health facilities	10,764	404	-	3,804	-	-	12,864	745	-
Delivery note booklets	135	56	-	-	-	39	129	236	50
Requisition form booklets	1,119	264	-	-	-	-	-	-	

* Régistre d'utilisation des medicaments et des recettes, Register of the use of medications and income

Source: Project Activity Report.

Trained ECZS on the use of InfoMed DRC and related dashboards

Indirect: ✔ 1.1.1 ✔ 1.4.3 ✔ 1.5.3 ✔ 1.7.1 ✔ 1.7.2 ✔ 1.7.3

USAID IHP and GHSC-TA supply chain and M&E staff supported DHIS2 and InfoMed trainings that were carried out by PNAM. USAID IHP targeted ZS stock and data managers in the Kasaï region, regional distribution center technical staff, health information cell managers (InfoSan), and the DPS Technical Support Office. Participants practiced entering and validating logistics data in the new modules of DHIS2, LMIS (health facilities), and LMIS (BCZS) before loading them on the InfoMed portal. The ten different InfoMed dashboards allow for a variety of analysis and can help inform logistical decisions at all levels of the supply chain. Although some inconveniences were reported, such as unexpected Internet interruptions and outdated IT tools, participants were generally satisfied with the trainings. During the training, Program staff noted that insufficient pharmacists and assistant pharmacists were assigned in ZS. In addition, the profile descriptions for data managers were missing. As a result, data managers in several BCZS have insufficient knowledge in IT, office automation, and/or data management. Staff also observed that the MCZS should have participated in the trainings, given their central role in data validation and data sharing in the DHIS2/InfoMed system. These findings were included in the training reports and staff made recommendations to the MOH to address the challenges in post-training follow-up. USAID IHP and PNAM are considering integrating an InfoMed module during the ECZS training in supply chain management training planned for Quarter 2.

Table 36. Participant professional categories

	Professional categories of participants					
	Doctors	Phar./Ass.Ph	Nurses	Data managers	Other	Total
Kasaï-Central	1	8	18	31	4	62
Kasaï-Oriental	3	12	12	7	13	47
Lomami	1	5	14	18	2	40
Sankuru	1	3	30	0	10	44
Total	6	28	74	56	29	193
Professional mix	3%	15%	38%	29%	15%	100%

Source: Project Activity Report.

Haut-Katanga had the highest number of female participants in the DHIS2/InfoMed system training, (46 percent of the total participants) and Katanga had the second highest number (34 percent). In the other regions this proportion was significantly lower, with 18 percent from the Kasaï region, and 13 percent from the Eastern region.

Reporting on Results

Number of service delivery points that experienced a shortage of one of the tracer products during the reporting period

Throughout FY2019 and through FY2020 Quarter 1, essential medicines and MNCH stock-outs have increased significantly from the ZS pharmacy to health facility levels and from two to three active substances (ORS, Zinc, Iron Folate) to nearly the entire MNCH range. A Program analysis on data from August 2019 (LMIS1 and II of DHIS2, with a completion rate of 77 percent) shows that for the eight products studied (Amoxicillin cp, Ceftriaxone inj, Metronidazole, Oxytocine amp, ORS, Zinc, Ciprofloxacin Cp, Sulfate of Magnesium), no ZS had more than two months' average consumption as consolidated stock on hand at the ZS depot or its health facility. GHSC-TA is announcing the next deliveries to the regional distribution centers by June 2020 at the earliest. The Program is awaiting USAID's decision to authorize an emergency order either locally or internationally.

The very low LMIS reporting rate (29.3 percent) does not allow us to extract and interpret accurate data showing actual stock-out numbers for FY2020 Quarter 1.

Number of ZS supported by the USG with an LMIS completion rate greater than 95 percent

Following the InfoMed trainings in FY2020 Quarter 1, each supported province is now theoretically able to encode the logistics data in the DHIS2 LMIS modules and upload them to the InfoMed platform. However, the LMIS health facility completion rate remains low (around 29 percent) compared to the completion rate for the previous DHIS2 LMIS I and II modules (Table 37).

Table 37. LMIS Health Facility Reporting Rates (October-December 2019)

Region	Province / Data	LMIS Health Facility Reporting rate	LMIS Health Facility Reporting rate on time
Kasaï	Kasaï-Central	15.9	5.6
	Kasaï-Oriental	17.2	7.7
	Lomami	59.3	22.8
	Sankuru	51.2	11.8
Katanga	Haut-Katanga	43.3	15.7
	Haut-Lomami	7	0.69
	Lualaba	26.9	13.2
Eastern Congo	Tanganyika	29	11.5
	Sud-Kivu	22.6	4.1
Total		**29.29**	**9.74**

Source: DHIS2, Accessed January 23, 2020.

Completeness rates of the old modules were around 80 percent between the 15th and 25th of the month, compared to 29 percent for the new modules. Although significant progress was made with the current DHIS2 LMIS modules and the InfoMed platform dashboards, they are still trial versions that need further configuration. For example, the LMIS health facility health pyramid is not yet complete for several ZS and not all prerequisites for a correct launch of InfoMed were met. Additional challenges include the following.

- **Skills.** Those who operate the system (MCZS, ZS pharmacists, and data managers) or DPS-level staff that should support the ZS often have insufficient IT skills.
- **Connectivity.** The effectiveness of ZS Internet connection at the ZS was below our expectation. Several VSAT antennas had not been operational for several years and we encountered technical difficulties in operationalizing them. In addition, the mobile network had no 3G or 4G coverage.
- **IT environment.** Computers at the ZS are old, with applications that are too slow or incompatible with InfoMed. The batteries are also down, so the data entered and not saved is lost in the event of a power failure. There is also a lack of dedicated data entry staff.
- **Communication.** There has been delayed agreement on retrospective data encoding and entry from January 2019 in the new LMIS/DHIS2.

These challenges have been addressed jointly with PNAM and GHSC-TA, and we are confident that the situation will gradually improve once a more mature system is in place.

Number of ZS supported by the USG presenting a budgeted distribution plan (PDD-ZS)

USAID IHP would like to gradually introduce a process enabling the ZS to plan supply distribution to health facilities and execute the plan (where possible) without third party support. At the end of the first quarter for FY2020, 68 of the 178 ZS had a distribution plan in place at the end of 2019 (Table 38).

Table 38. Percentage of USG-supported provinces and ZS with a documented and budgeted plan (PDD-ZS) in place (Indicator 1.7.3)

Region	Provinces	Number of ZS	Number of PDD-ZS	Percentage
Kasaï	Kasaï-Central	26	8	30.8%
	Kasaï-Oriental	19	16	84.2%
	Lomami	16	0	0.0%
	Sankuru	16	8	50.0%
Kasaï total		77	32	41.6%
Katanga	Haut-Katanga	27	11	40.7%
	Haut-Lomami	16	2	12.5%
	Lualaba	14	8	57.1%
Katanga total		57	21	36.8%
Eastern Congo	Sud-Kivu	34	15	44.1%
	Tanganyika	11	0	0.0%
Eastern Congo total		45	15	33.3%
Total		**179**	**68**	**38.0%**

Source: Project Monitoring Report

As part of this process, the ZS would evaluate the planning and supply process to identify strengths, lessons learned, and weaknesses to be addressed. If the weaknesses cannot be resolved by the ZS independently, the information would be shared with the DPS or partners to address the challenges and ensure the availability of health supplies at health facilities. To accompany the processes, the PDD-ZS has been developed as an Excel file, making it easier for ZS pharmacists to plan deliveries to health facilities. The tool will allow well-planned supply of products across different ZS and *aires de santé* and will track the spending of the drug credit line item as allocated to each health area.

Some DPS, such as Kasaï-Oriental, are enthusiastic about the newly proposed process. Others, such as Sud-Kivu, seem reluctant to support it, saying that the tools are too detailed and cumbersome and advocating for simplification. DPS and ZS are resisting in Tanganyika and Lomami, presenting difficulties

for the Program in getting the tool accepted. In Quarter 2, USAID IHP will consider simplifying the tool (without losing its essence), providing more support to ZS, and better explaining the tool's advantages.

IR 1.8: STRENGTHENED COLLABORATION BETWEEN CENTRAL AND DECENTRALIZED LEVELS THROUGH SHARING OF BEST PRACTICES AND CONTRIBUTIONS TO POLICY DIALOGUE

USAID IHP's mandate to strengthen collaboration between central and decentralized levels is critical for sharing lessons learned, new strategies, and approaches. This collaboration helps to better inform the Program's interventions to contribute to the improvement of the Congolese health system. In Quarter 1, USAID IHP placed an emphasis on holding regular *Comité de Gestion* (COGE, Management Committee) meetings at the ZS level and strengthening collaboration between the Ministry of Gender, Family and Children and the MOH to promote gender mainstreaming within health institutions.

Provide financial support to the organization of COGE meetings in a few ZS

Direct: ✔ 2.7.1

USAID IHP provided financial support for the organization of COGE meetings in four provinces: (1) Sud-Kivu, where 24 out of 34 ZS held meetings while the other ZS received support from GIZ and *Louvain Coopération*; (2) Sankuru (five ZS); (3) Lomami (four ZS); and Haut-Lomami (one ZS). Rather than being a venue for dispute, this consultative framework enabled ZS stakeholders to share experiences and lessons learned from activity implementation. The lessons learned will help redefine strategies and direct support towards ZS priorities. The other ZS were not able to receive this support because of the constraints related to the direct funding of activities which requires the travel of USAID IHP staff to the field to cover the activity.

Other information exchange and collaboration activities

Following recommendations from a recent workshop facilitated by the Ministry of Gender, Family and Children, USAID IHP supported the collaboration of the Ministry of Gender and the MOH. The workshop aimed to support the MOH on gender mainstreaming and the establishment of a gender unit within the MOH General Secretariat. During Quarter 1, USAID IHP organized six advocacy and sensitization meetings with decision-makers from both ministries. This helped accelerate the appointment of gender unit members within the MOH at the national level and at the province level in Lomami.

Tanganyika launched monthly review sessions of good practices for gender mainstreaming. USAID IHP supported advocacy meetings with the Vice-Governor of Lomami and the provincial Ministry of Gender. USAID IHP's Gender Advisor actively participated in humanitarian response coordination meetings through national SGBV, Protection, Nutrition, and Gender clusters and sub-clusters.

Lessons learned:

- Collaboration and involvement of senior ministry officials on gender issues helps to accelerate and prioritize the enforcement of laws and policies promoting gender equality, which has a positive impact on the use of public services.

- Inter-ministerial collaboration at the provincial level allows for information and knowledge sharing and increases the number of actors of the public service system who integrate gender mainstreaming into all their activities.
- The frequency of GOGE meetings allows ZS managers to regularly review their strategies in order to make the necessary improvements.

5. OBJECTIVE 2

Increase Access to Quality, Integrated Health Services in Target Health Zones

A Congolese woman learns about modern contraceptive methods in Kasaï-Oriental. (*Credit:* USAID IHP)

- **111 providers** trained on basic emergency obstetric and newborn care
- **869 children** immunized through two mini-campaigns
- **256,851 new acceptors** of modern contraceptive methods
- **5,794 people** screened for TB during campaign in Kasaï-Oriental
- **228 RECO** and professionals trained to manage childhood illnesses at iCCM sites
- **370 providers** trained on malaria case management
- **3,275 liters of oil and diesel fuel** provided to keep cold chains operating to protect vaccines

During Quarter 1, USAID IHP supported the MOH at various levels of the health pyramid and at the community level to implement activities to increase the supply of quality health services in the areas of maternal, newborn and child health; family planning; nutrition; malaria; tuberculosis; and water, sanitation and hygiene.

USAID IHP employed several approaches, including: (1) training managers from the DPS and ZS and providers; (2) establishing pools of trainers and teams for monitoring maternal and perinatal deaths; (3) actively searching for unvaccinated children and suspected TB patients among vulnerable populations and specific groups; (4) transporting vaccines and sputum samples to health area central offices; (5) purchasing fuel for cold chain equipment, small equipment for community care sites, and utensils for observed S/P intake; and (6) providing technical and financial support for data analysis, monitoring, and supervision meetings at various levels of the health system.

USAID IHP also contributed technically and financially to three national conferences: *la 4ième Conférence Nationale pour le repositionnement de planification familiale* (The 4th National Conference for the Repositioning of Family Planning); the 1st National Resource Mobilization Forum for the Every Newborn Action Plan (ENAP, *plan d'action chaque nouveau-né*); and *le 9ieme Congrès de la Société Congolaise de Gynécologie et Obstétrique* (9th Congress of the Congolese Society of Gynecology and Obstetrics).

IR 2.1: INCREASED AVAILABILITY OF QUALITY, INTEGRATED FACILITY-BASED HEALTH SERVICES

Supported supervisory visits of executives from specialized directorates and programs at the national level to the DPS (PRONANUT)

Indirect: ✔ 2.1.10 ✔ 2.1.11 ✔ 2.1.12 ✔ 2.1.13

During this quarter national level executives conducted an integrated supervision mission to the DPS Sankuru. This supervision focused on the management of nutrition data and activities related to preschool consultations, IYCF, nutritional surveillance and early warning system, integrated management of acute malnutrition, and community-based nutrition. The delegation visited the DPS/ PRONANUT Provincial Committee and the ZS of Omendjadi and Djalo-Ndjeka.

Table 39. Supervisory visits to DPS / PRONANUT

Sites	Locations visited
DPS	PRONANUT Provincial Committee
Djalo-ndjeka ZS	BCZS
	Djalo Méthodiste
	Djalo catholique
	Otshudi
	Vimbo
Omendjadi ZS	BCZS
	Longanga
	Omendjadi
	Yambi
	Kotshiakoyi

It was determined that it was possible to strengthen the capacities of the ECDPS and ZS and the local supervision of providers at the *aire de santé* level. On the improvement points identified, a recovery plan has been developed to be implemented by the DPS and the PRONANUT Provincial Committee.

Provided technical and financial contribution to Every Newborn Action Plan (ENAP) forum in November 2019

Indirect: ✔ 2.1.2 ✔ 2.1.3 ✔ 2.1.4 ✔ 2.1.5 ✔ 2.1.6 ✔ 2.1.7 ✔ 2.1.8 ✔ 2.1.9

The program provided technical assistance through participation in the 1st National Resource Mobilization Forum for the ENAP in November, in which delegations from the provinces (government, parliament, DPS) participated alongside their national level counterparts to advocate for the mobilization of MNCH fund. USAID IHP is preparing to hold provincial forums in the DPS of Sud-Kivu, Tanganyika, Lualaba, and Lomami in Quarter 2.

Supported the Congress of the Congolese Society of Gynecology and Obstetrics

Direct: ✔ 2.7.1

USAID IHP provided financial support to the Congolese Society of Gynecology and Obstetrics, which aims to improve healthcare by evaluating the quality of gynecology-obstetrics care and services and disseminating WHO guidelines. This support consolidates the framework for collaboration between the Program and technical specialists in maternal health.

Created a pool of 10 trainers at DPS level covering critical maternal and neonatal mortality reduction program elements

Indirect: ✔ 12 ✔ 19 ✔ 2.1.2 ✔ 2.1.3 ✔ 2.1.5 ✔ 2.1.7 ✔ 2.1.8 ✔ 2.6 ✔ 2.7

During this quarter, USAID IHP continued to develop pools of provincial trainers on basic emergency obstetric and newborn care (BEmONC), essential newborn care (ENC), essential obstetric care (EOC), and *surveillance de décès maternel et périnatal* (SDMPR, peri-natal death surveillance and response) in Sankuru and Haut-Katanga. The project trained a 24 senior DPS trainers—14 in Sankuru and 10 in Haut-Katanga—who will facilitate decentralized training of additional cadres such as the ECDPS plus follow-up activities in health facilities. The final province originally planned for this support, Sud-Kivu, received support from UNICEF.

Training presentations focused on the following themes:

- Prevention and control of infection,
- Refocused ANC
- Eutocic delivery and partogram filling
- Essential newborn care, newborn resuscitation, sepsis of the newborn, low birth weight
- Maternal resuscitation: management of shock, unconscious patient, severe pre-eclampsia and eclampsia,
- Management of postpartum hemorrhage and 3rd quarter hemorrhage,
- Post-abortion care (PAC)
- Management of obstetric complications: shoulder dystocia, breech delivery, twin birth and umbilical cord prolapse,
- Operative vaginal delivery: suction cup and forceps,

- Repair of the tear of the soft parts and episiotomy,
- Monitoring of maternal and perinatal deaths.

Lessons learned

The establishment of the pool of provincial trainers has enabled the decentralization of training delivery to ECDPS managers and the appropriation of the activity through monitoring in health facilities.

Organized provider training in emergency obstetrics and neonatal care, post-abortion care, and maternal death surveillance and response

Indirect: ✔ 19

Following USAID IHP support of DPS provincial trainer pools, the Program supported four DPS—in Lualaba, Kasaï-Central, Lomami and Haut-Katanga—to successfully implement their first service provider trainings. Trainings occurred in over 10 days in 10 health zones: Kanzenze, Dilala, Fungurume, Manika (Lualaba), Luiza, Luambo, Lusambo (Kasaï-Central), Ludembi Lukula, Kalambayi (Lomami) and Kipushi (Haut-Katanga). During that time, USAID IHP and the DPS trained 111 providers (49 men and 62 women) in BEmONC, covering mainly the following themes: emergency obstetric and newborn care (EmONC), ENC, PAC, and MDSR with focus on maternal and neonatal resuscitation; management of 3rd quarter and postpartum hemorrhages; management of pre-eclampsia and eclampsia; manual aspiration of the uterus; shoulder dystocia, breech delivery, twin birth; active management of the third delivery period; and correct use of partographs.

Provided support to dissemination of norms and guidelines to the different provinces

Indirect: ✔ 12 ✔ 19 ✔ 2.1.2 ✔ 2.1.3 ✔ 2.1.5 ✔ 2.1.7 ✔ 2.1.8 ✔ 2.6 ✔ 2.7

USAID IHP shipped more than 2,000 copies of the MOH's *Santé reproductive, maternelle, des nouveau-nés, des enfants, et des adolescents* (SRMNEA, reproductive, maternal, newborn, child and adolescent health) standards and guidelines to provinces.

In addition, during FY2020, USAID IHP provided technical and financial support to the DPS in Lomami and Haut-Katanga to distribute remaining MNCH data collection tools from IHPplus to health facilities. USAID IHP helped implement provider training on use of these tools and health education for pregnant women attending ANC visits. In Haut-Katanga, 42 health care providers and 24 e*quipe cadre de la zone de santé* (ECZS, health zone management team) members from four ZS attended the training sessions. In Lomami, 30 health care providers and 24 ECZS members from three ZS (Mwene-Ditu, Kanda-Kanda, and Kalenda) attended. These sessions will help improve the quality of care and services provided to pregnant women during ANC visits and during birth, which will, in turn, improve maternal and neonatal health outcomes.

Strengthen the capacity of trainers in IMNCI and flow charts

Indirect: ✔ 2.1.2 ✔ 2.1.3 ✔ 2.1.4 ✔ 2.1.5 ✔ 2.1.6 ✔ 2.1.7 ✔ 2.1.8 ✔ 2.1.9

USAID IHP supported the DPS in Haut-Katanga and Kasaï-Central to enhance the skills of **206 service providers** with IMNCI flowcharts. Specifically, USAID IHP and the DPS trained providers from health centers, hospitals, and BCZS in Haut-Katanga (107 between Kafubu, Lukafu, Kenya, Lubumbashi, and Kipushi) and Kasaï (99 between Ndekesha, Yangala, and Demba) in the adequate management of

prominent childhood illnesses, other diseases, and appropriate drug use. When possible, following the training, USAID IHP and DPS gave providers copies of learning tools to keep (e.g., copies of IMNCI flowcharts, booklets, and patient care sheets). The availability of tools coupled with the training allows providers to treat newborn and childhood illnesses according to clinical standards. This also allows supervisors to identify gaps in care. Moving forward, USAID IHP will support the DPS in post-training monitoring and including IMNCI flowchart training into the curriculum for provincial trainers, especially as training is extended to additional ZS and provinces (e.g., Tanganyika and Sud-Kivu).

Strengthened the routine Expanded Program on Immunization by implementing the Reach Every Child approach

Direct: ✓ 3.1.1 ✓ 8 ✓ 9 ✓ 10 ✓ 11 ✓ 2.1.9 **Indirect:** ✓ 3.1.1

To ensure universal immunization, USAID IHP helped organize two Reach Every Child approach activities in Sud-Kivu, Kasaï-Central, and Lomami. Firstly, USAID IHP helped the DPS of Sud-Kivu and Kasaï-Central conduct formative supervision of immunization activities for *aires de santé* with lower performance. In late December 2019 in Lomami, USAID IHP organized mini-campaigns to immunize children. This mini-campaign made it possible to immunize 869 children: 618 children from 0 to 11 months of age and 251 children from 12 to 23 months of age. 533 children received BCG immunizations, 90 received Pentavalent 3rd dose, and 256 received VAR.

Provided financial contribution to the costs of running the cold chain, in collaboration with other partners

Indirect: ✓ 8 ✓ 9 ✓ 10 ✓ 11 ✓ 2.1.9

USAID IHP gave 3,275 liters of oil and diesel fuel to Lomami, Tanganyika, and Kasaï-Oriental to ensure that their cold chains were operational and vaccines were kept in good condition (Table 40), including:

- 720 liters (oil) **Lomami** to distribute to five ZS (Kamiji, Mwene-Ditu, Kalenda, Luputa, and KandaKanda) and two PEV branch offices (Kabinda and Mwene-Ditu);
- 1,155 liters (oil) to **Tanganyika** to distribute to the PEV office and two ZS (Mbulula and Moba);
- 1,400 liters (diesel) to the Mbuji-Mayi PEV, **Kasaï-Oriental**, in partnership with UNICEF, to operate the cold room following a city power shortage in October 2019.

Table 40. Oil and diesel fuel provided to DPS and PEV branch offices by USAID IHP to maintain the cold chain to protect vaccine viability, Q1 (in liters)

Fuel Type	Lomami	Tanganyika	Kasaï-Oriental	Totals
Oil	720	1,155	-	1,875
Diesel	-	-	1,400	1,400

Source: Project Activity Report

USAID IHP will continue providing fuel support in coordination with the DPS and TFPs to ensure that power outages do not damage vaccines and the cold chain functions regularly at the provincial level.

USAID IHP's service delivery mapping survey identified a total of 2,241 structures with at least one solar-powered refrigerator, as shown in Table 41.

Table 41. Solar-powered refrigerators in structures supported by USAID IHP								
Province	At least one solar-power refrigerator				Total Health Facilities	Total BCZS	% Health Facilities	% BCZS
	Health Facilities							
	Health Centers	Hospitals	Total	BCZS				
Haut-Katanga	163	29	**192**	21	941	26	20.4	80.8
Haut-Lomami	168	8	**176**	14	584	16	30.1	87.5
Kasaï-Central	271	40	**311**	25	833	26	37.3	96.2
Kasaï-Oriental	218	13	**231**	14	566	19	40.8	73.7
Lomami	134	13	**147**	10	694	16	21.2	62.5
Lualaba	149	14	**163**	11	447	14	36.5	78.6
Sankuru	119	18	**137**	14	291	16	47.1	87.5
Sud-Kivu	483	66	**549**	29	1080	34	50.8	85.3
Tanganyika	184	5	**189**	8	295	11	64.1	72.7
TOTAL	1,889	206	**2,095**	**146**	**5,731**	**176**	**36.6**	**83.0**

Source: Baseline service delivery mapping report, USAID IHP, November 2019

Provided financial contribution to fund transport of vaccines and PEV inputs from the province level to BCZS and from BCZS to health facilities

Indirect: ✔8 ✔9 ✔10 ✔11 ✔2.1.9

To ensure the availability of vaccines and PEV inputs in ZS and health facilities, USAID IHP provided 2,332.6 liters of oil and diesel fuel to the DPS and PEV branches in Kasaï-Central, Kasaï-Oriental, and Lomami (Table 42):

- 80 liters (diesel) in Kasaï-Central to transport inputs and vaccines from the Luiza PEV branch to the ZS;
- 167.6 liters (diesel) to the PEV branch to transport vaccines to ZS in Kasaï-Oriental;
- 2,085 liters (oil) to Lomami to transport PEV vaccines from 12 BCZS (Kamiji, Mwene-Ditu, Kalenda, Luputa, Kandakanda, Lubao, Ludimbi Lukula, Kamana, Kalonda Est, Kalambayi, Mulumba, and Wikong) to health facilities.

Table 42. Oil and diesel fuel provided to DPS and PEV branch offices by USAID IHP for transport of vaccines and inputs, Q1 (in liters)				
Fuel Type	Kasaï-Central	Kasaï-Oriental	Lomami	Totals
Oil	-	-	2,085	2,085
Diesel	80	167.6	-	247.6

Source: Project Activity Report

This financial support for vaccine transport was essential for the organization of vaccination sessions for children and pregnant women within the DPS deadline. USAID IHP will continue to provide these inputs to ZS with vaccines and inoculation equipment. The Program will also support training of DPS executives and branches on the implementation of Mashako Plan activities.

Provided family planning training for DPS and ZS staff

Indirect: ✓ 2.1 ✓ 2.1.1 ✓ 2.2 ✓ 2.3

USAID IHP established pools of provincial trainers in FP, including postpartum family planning (PPFP), in all provinces, completing the activity in Haut-Katanga and Haut-Lomami during Quarter 1. The project collaborated with DPS to conduct a training of trainers for 20 provincial participants (12 men and eight women) from two Provincial Committees of the *Programme National de Santé de la Reproduction* (PNSR, National Reproductive Health Program), the Technical Support Office of the ZS, and hospitals. Trainers then trained FP providers in the Haut-Katanga shortly after, plus provider trainings continued in additional health zones in Kasaï-Central, Sankuru and Kasaï-Oriental.

During the period, USAID IHP supported the training of 133 FP (66 women and 67 men) nurses, midwives, and maternity managers from nine ZS: Kipushi (Haut-Katanga), Lubilanji, Muya (Kasaï-Oriental), Kananga, Luiza, Luambo (Kasaï-Central), Katako-Kombe, Omendjadi, and Wembo nyama (Sankuru). In addition, the project supported retraining of 12 family planning providers from three ZS in Sankuru: Katako Kombe, Dikungu and Wembo.

Lastly, USAID IHP provided the following data delivery and management tools to the province of Kasaï-Central: 80 service registers, 80 management registers, 1,000 orientation tokens, 1,000 check list, 80 notebooks and pen, 1000 color leaflets, 70 images boxes, 70 local language conversation guides.

Strengthened coaching capacity of the ECDPS for nutrition interventions at ZS and community level

Direct: ✓ 2.1.10 ✓ 3.2

During Quarter 1, USAID IHP organized a nutritional intervention coaching workshop on integrated management of acute malnutrition, the nutritional surveillance and early warning system, revitalized preschool consultations, IYCF, NAC, Vitamin A supplementation, deworming with Mebendazole and Albendazole, data management, and collection tools to enhance monitoring of the nutrition activities package at the ZS level in Kasaï-Central, Kasaï-Oriental, and Lomami. USAID IHP trained a total of 30 people—10 from USAID IHP and 20 across three DPS—with the latter comprising members of the DPS (Head of Technical Support Office, Head of Health Information Office, two *encadreurs provincials polyvalent* (EPP, multidisciplinary provincial supervisors), IPS, and PRONANUT (Table 43). The training focused on enabling provincial supervisors to monitor nutrition activities with ECZS, providers, and RECO during coaching and supervision visits in the ZS. It took place from October 28 to November 3, 2019, in Mwene-Ditu, Lomami.

Table 43. Nutritional coaching training participants

Province	EPP/DPS		PRONANUT		IPS		USAID IHP		TOTAL	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Kasaï-Central	3	2	0	0	1	0	3	1	7	3
Kasaï-Oriental	4	0	2	0	1	0	2	1	9	1
Lomami	2	1	1	1	1	0	3	0	8	2
TOTAL	**9**	**3**	**3**	**1**	**3**	**0**	**8**	**2**	**24**	**6**

Source: Project Activity Report

Following the workshop, USAID IHP will support field trips for coaching and supervision at the health zone level by the trained managers. In addition, USAID IHP will support the same training of the ECDPS and EPP of the DPS of Haut-Katanga, Tanganyika and Haut-Lomami.

Train or offer refresher training for providers in preschool consultation, IYCF, and/or community-based nutrition

Direct: ✓ 2.1.10 **Indirect:** ✓ 2.1.11 ✓ 2.1.12 ✓ 2.1.13 ✓ 3.2

USAID IHP supported the training and retraining of 147 service providers and ECZS members in CPSr and IYCF in Lualaba (Kasaji, Dilolo, and Sandoa) and Kasaï-Oriental (Kansele, Lubilanji, and Lukelenge) during Quarter 1 (Table 44).

Table 44. Preschool consultations and IYCF training participants

Provinces	ZS	Total Participants	Men	Women
Lualaba	Kasaji	28	23	5
	Dilolo	24	22	2
	Sandoa	27	22	5
Lualaba total		**79**	**67**	**12**
Kasaï-Oriental	Kansele	21	17	4
	Lubilanji	24	18	6
	Lukelenge	23	13	10
Kasaï-Oriental total		**68**	**48**	**20**
TOTAL		**147**	**115**	**32**

Source: Project Activity Report

These training sessions increased the number of health facilities with providers trained on new approaches to nutritional interventions, which will ensure appropriate monitoring and nutritional care of children, thus combating malnutrition. The Program will ensure post-training follow-up, continuing training efforts in Kasaï-Central, Lomami, Sankuru, and Sud-Kivu and extending the training to other ZS in Kasaï-Oriental (Miabi, Kasansa, Cilundu, Bibanga, Kabeya Kamuanga, Mpokolo, Dibindi, Bonzola, Bipemba) and Lualaba (Bunkeya, Kanzenze, Fungurume).

Support refresher training for providers on prevention and case management of malaria for pregnant women

Indirect: ✓ 2.1.14

To improve the quality of care for pregnant women, USAID IHP supported training on the prevention and treatment of malaria in pregnant women in five provinces. As shown in Table 2 in the Malaria Program Area section (Chapter 3), between October and November 2019, a total of 583 providers were retrained across 20 ZSin Haut-Katanga, Kasaï-Central, Sankuru , Lomami, and Kasaï-Oriental.

Provided water filters, cups, and related maintenance and cleaning advice, all for direct observation of adherence to intermittent preventive treatment in pregnancy

Indirect: ✓ 2.1.14

Observed S/P intake during ANC is an MOH strategy adopted to improve malaria prevention among pregnant women. USAID IHP supports this effort by providing health facilities with small utensils (filters, basins, cans, cups, and spoons) to facilitate intake. USAID IHP launched this activity in Lomami, targeting health facilities in Kanda Kanda and Mwene-Ditu ZS, and will extend to more provinces in Quarter 2.

Provided provider training on malaria diagnosis, based on RDTs, and on treatment of confirmed cases of simple and severe malaria

Direct: ✓ 2.1.16 **Indirect:** ✓ 2.1.14

To improve malaria care quality, USAID IHP organized trainings for 370 providers (299 men and 71 women) in five provinces—Haut-Lomami, Lualaba, Lomami, Sankuru, Kasaï-Oriental, and Sud-Kivu—in the management of malaria cases, as shown in Table 5 in the Malaria Program Area section (Chapter 3).

Organized quarterly validation meetings at the CSDT level

Indirect: ✓ 2.1.17 ✓ 2.1.18 ✓ 2.1.19 ✓ 2.1.20 ✓ 2.1.21 ✓ 2.1.22 ✓ 2.1.23 ✓ 2.1.24 ✓ 2.1.25 ✓ 2.1.26 (All TB indicators)

During Quarter 1, USAID IHP funded a validation meeting of TB epidemiological data from the FY2019 Quarter 4 tuberculosis control program in seven CPLT supported by the project: Sud-Kivu, Tanganyika, Kasaï-Oriental, Haut-Katanga, Sankuru, and Kasaï-Central.

- In **Sud-Kivu**, nurse supervisors from the 34 ZS of the DPS Sud-Kivu and some partners involved in the health sector, in particular Cordaid, participated in the validation meeting. A team from the PNLS and the health information service (InfoSan) also attended. During the meeting, participants reviewed TB epidemiological data from 34 ZS, area by area, and identified and corrected all inconsistencies and other errors. The health information team at the provincial level then encoded the validated data into the DHIS2 software, the database of which was then shared with all stakeholders. The TB data validation meeting for FY2020 Quarter 1 will take place in Quarter 2.
- In **Tanganyika**, 20 key stakeholders participated in the validation meeting, including 11 from the ZS, six from the CPLT, one from *Club des Amis Damien*, one from PNLS, and one from USAID IHP. A workshop objective was to contribute to improving the quality of TB data; the observations made during the workshop are: the low completeness of TB data in the DHIS2, the absence of data monitoring meetings at the CSDT level, the prolonged shortages of laboratory reagents (good taste alcohol) and of the anti-tuberculosis essential generic medicines, including INH. Recommendations were made, and included the briefing and support of the nurse supervisors responsible for TB on the use of the DHIS2, financial support for data validation at the CSDT level and support for regular transport of anti-tuberculosis laboratory reagents and MEG to the ZS by the regional distribution centers and to the CSDT by USAID IHP.
- In **Kasaï-Oriental**, USAID IHP provided 19 nurse supervisors, supervised by teams of the CPLT and PNLS in each ZS, with CSDT registers and divided them into six groups to validate FY2019, Quarter 4 TB data. With the support of executives from the Health Information Bureau, the groups then encoded TB data and verified it in DHIS2. USAID IHP also purchased an internet bundle to facilitate data entry.

- In **Haut-Katanga**, USAID IHP organized the review of FY2019 Quarter 4 TB data in two pools (Likasi and Lubumbashi) that brought together providers from 12 ZS with low DHIS2 capacity. Participants received a briefing on the use of DHIS2 and the TB indicators. One recommendation from the meeting was to organize monitoring meetings with chief nurses at the BCZS.
- In **Sankuru**, the Q4 TB data validation meeting covered 16 ZS. This validation enabled the CPLT to identify priority problems with TB management in each ZS to take measures to improve TB indicators. At the end of this review, a supervision mission targeting in priority the poor performing ZS should be carried out during Quarter 2.
- In **Kasaï-Central**, the TB data validation workshop covered all 26 ZS at the CPLT level. It brought together the nurse supervisors and managers from the DPS (CPLT and PNLS). This meeting made it possible to correct inconsistencies in the data produced by the ZS, due to the lack of regular internal TB data validation reviews and to improve the completeness of the data entered by the ZS into the DHIS2.
- In **Lomami**, in November 2019, USAID IHP supported the CSDTs of five ZS to conduct TB activity monitoring meetings, held under the responsibility of the chief nurses in Kamiji, Kalenda, Kanda Kanda, Luputa and Mwene-Ditu. These monitoring meetings helped analyze data, identify inconsistencies and aberrations, and improve their quality.

Provided support to the quarterly supervision visits of the CPLT to the ZS

Indirect: ✔ 2.1.17 ✔ 2.1.18 ✔ 2.1.19 ✔ 2.1.20 ✔ 2.1.21 ✔ 2.1.22 ✔ 2.1.23 ✔ 2.1.24 ✔ 2.1.25 ✔ 2.1.26

To improve service quality and follow-up for TB patients, the USAID IHP program provides financial support to the CPLT to ensure the supervision of CSDT activities. During Quarter 1, the Program supported CPLT in five provinces—Sud-Kivu, Lomami, Sankuru, Kasaï-Central, and Haut-Katanga.

In Sud-Kivu, USAID IHP and CPLT conducted supervision visits to nine ZS (Fizi, Kimbi Lulenge, Katana, Kalehe, Kamitu, Kitutu, Miti Murhesa, Mubumbano, and Walungu) that had either low detection rates, MDR-TB patients, a low cure rate, a low TB screening rate in HIV+ patients, or were located in mining areas with vulnerable populations. Supervision trips supported the ECZS, with participants including 10 TB focal point nurses, the heads of the CSDT in the general referral hospitals, and two or three CSDTs close to the BCZS.

In Lomami, USAID IHP and CSDT supported supervision visits in eight ZS (Kalambayi, Kalonda Est, Kamana, Lubao, Ludimbi Lukula, Luputa, Mulumba, and Mwene-Ditu). The visits notably led to effective corrective measures in the CSDT of Luputa and Mwene-Ditu.

In Sankuru, at the end of the PYQ3 TB data validation meeting, the CPLT identified several challenges, in particular, a poor filling of information forms, an inconsistency in TB-HIV data compared to that of PNLS, and shortcomings in data entry into the DHIS2. To provide corrective measures to these various challenges, the CPLT organized formative supervision missions to four problematic ZS (Wembonyama, Dikungu, Ototo, Dibele). With challenges linked to the detection of TB cases and the application of tuberculosis infection control measures, corrective actions focused on briefing laboratory technicians on the maintenance of the microscope, the Ziehl–Neelsen staining technique, microscope slides' quality control and infection prevention and control measures (elimination of waste produced by the laboratory and placing the microscope slides into the case).

In Kasaï-Central, the CPLT made supervision visits to 10 ZS (Maswika, Luiza, Mwetshi, Benatshidi, Katende, Lubunga, Luambo, Kalomba, Benaleka and Mutoto), to help improve TB management. The provincial coordinating doctor, the coordinating supervisor, two laboratory technicians, and the stock

manager formed the supervision team to help identify challenges such as the mismatch of TB/HIV data between the structures, the BCZS, and the CPLT. The supervision team recommended support of the monitoring of activities in the CSDT and the BCZS, as well as the distribution of data collection and transmission tools in the CSDT at the ZS and the CPLT level.

In Haut-Katanga, the CPLT supervision visits took place in four ZS: ZS Lukafu (BCZS and CSDT Lubanda), Sakania ZS (Bcz, Hop Sakania, CSDT Mokambo, CSDT Kasumbalesa and CSDT Muhona); ZSU Kenya (BCZ and CSDT Kenya) and ZSU Mumbunda (BCZ and CSDT Mumbunda). These visits made it possible to identify challenges such as not mastering the DHIS2 tool, many providers do not prepare monthly reports on the inventory and consumption of anti-tuberculosis drugs, a high rate of unfavorable therapeutic outcomes (lost). Among the actions carried out by the CPLT during these visits, we can cite the delivery and explanations of the TB patient monitoring sheet to BCZ members and CSDT providers, the delivery and explanations of order booklets to the CSDTs, the briefing on the preparation of the monthly anti-tuberculosis drugs inventory and consumption report and the withdrawal of surplus drug packages from CAMELU to be delivered to BCZ Lukafu on the 2nd day of supervision.

Paid quarterly operating costs of 5 CPLT (Sud-Kivu, Sankuru, Kasaï-Oriental, Lomami, and Kasaï-Central)

Indirect: ✔ 2.1.17 ✔ 2.1.18 ✔ 2.1.19 ✔ 2.1.20 ✔ 2.1.21 ✔ 2.1.22 ✔ 2.1.23 ✔ 2.1.24 ✔ 2.1.25 ✔ 2.1.26

After the end of the Challenge TB project in March 2019, and while awaiting a new mechanism to support the functioning of five CPLT in Sud-Kivu, Sankuru, Kasaï-Oriental, Lomami, and Kasaï-Central, formerly supported by Challenge TB, USAID asked USAID IHP to provide quarterly support for the operation of these five CPLT. By providing direct support in terms of office supplies, internet data subscription, fuel, communication costs, vehicle maintenance, vehicle spare parts, office maintenance supplies and generator maintenance, USAID IHP has and continues to assist the 5 CPLT fulfill their coordinating role for TB activities in the province in this interim time USAID IHP has identified a major challenge in this support—the dissatisfaction of the CPLT—with the change to input-based support, purchased by USAID IHP and delivered to the CPLT—since they had previously received cash for operating costs.

Provided payment support for costs of transportation of samples (CST to CSDT and XPert sites)

Indirect: ✔ 2.1.17 ✔ 2.1.18 ✔ 2.1.19 ✔ 2.1.20 ✔ 2.1.21 ✔ 2.1.22 ✔ 2.1.23 ✔ 2.1.24 ✔ 2.1.25 ✔ 2.1.26

In Lualaba, with the help of RECO and support from USAID IHP, the CPLT organized the transport of sputum samples of 41 suspected TB cases, including 20 men and 21 women, in the ZS of Dilala (CSDT of HPK and Kanina) and Manika (CSDT of Kizito, Manika and Mwangeji). The project sent a total of 65 samples to the GeneXpert site for rifampicin sensitivity testing. However, due to stock outs since the beginning of December 2019, these samples have not yet been tested.

Provided nutrition support to MDR-TB and XDR-TB patients

Indirect: ✔ 2.1.10 ✔ 2.1.13 ✔ 2.1.22

In collaboration with the CPLT of each province and community workers of the *Club des Amis Damien* and the *Ligue Nationale Anti-tuberculeuse et Anti-lépreuse du Congo* (LNAC, National Anti-tuberculosis and Anti-leprosy Association of Congo), USAID IHP provided nutritional kits to 58 patients, including 56 cases of MDR-TB and 2 cases of XDR-TB, distributed as follows: Sud-Kivu 34 MDR-TB patients and two XDR-TB patients; six in Tanganyika, CPLT Lomami with 11 MDR patients in the ZS of Kabinda, Lubao, Kamana, Mwene-Ditu and Mulumba; 5 MDR-TB patients in Haut-Lomami in the ZS of Kamina and Malemba. In the other provinces supported by USAID IHP, nutritional kits were purchased and distributed to beneficiaries of the Global Fund. All 58 patients received nutritional kits. The nutritional kit costs the equivalent of $60 per patient per month, half of which goes to the purchase of maize flour, beans, sugar, milk and vegetable oil and the other half for transportation costs for follow-up medical visits. The distribution of this nutritional kit reinforces the package of care for MDR-TB and XDR-TB patients, thus contributing to the improvement of their nutritional status and therapeutic success. The distribution of these nutritional kits complement the package of care for MDR-TB and XDR-TB patients, and contributes to the improvement of their nutritional status and therapeutic success. The distribution of these nutritional kits still faces the logistical challenge of reaching all the patients who are, scattered throughout the province. Support provided by the members of the *Club des Amis Damien* and LNAC as well as the RECO, is although partial, a response to this challenge.

Provided support to active TB screening for special/vulnerable population groups

Direct: ✓ 3.1.1 ✓ 3.3.1 **Indirect:** ✓ 3.2.2

To improve the detection TB cases in the community, active screening among vulnerable populations with the support of community workers is one of the innovative strategies defined by the PNLT.

In **Haut-Lomami**, USAID IHP supported the Kamina CPLT for active screening for TB cases among prisoners in the Kamina prison located in the Kamina health zone and among the local population in the Malemba, Kinkondja and Mulongo health zones. This activity, which was carried out with the support of community health workers, allowed for the detection of 68 new cases of TB within these populations.

In **Kasaï-Oriental**, the CPLT with the help of the community health workers organized from October 30 to November 05, 2019, an active TB case screening in two ZS (Kabeya Kamuanga and Bibanga). The active screening, which involved 16 health areas (six in Kabeya Kamuanga and 10 in Bibanga), started with TB awareness activities in households and in local schools (the primary schools of Citolo, Buwetu, Keenankuna and in the Didikolela Institute). Table 45 summarizes the mini-campaign results.

Table 45. Number of tuberculosis cases detected during the active TB case screening carried out from October 30 to November 05, 2019 in the ZS of Kabeya-Kamuanga and Bibanga, in the province of Kasaï-Oriental.

ZS	People reached			Suspected of TB			Cases confirmed		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Kabeya-Kamuanga	858	1,007	1,865	253	321	574	14	13	27
Bibanga	1,709	2,220	3,929	302	238	540	2	3	5
Total	**2,567**	**3,227**	**5,794**	**555**	**559**	**1,114**	**16**	**16**	**32**

A child receives nighttime care at an iCCM site in Kasaï-Central. Photo: Aimé Tshibanda, Pathfinder for USAID IHP.

Supported contact tracing around MDR-TB index cases

Direct: ✔ 3.1.1 **Indirect:** ✔ 2.6 ✔ 2.7 ✔ 3.2.2

For MDR-TB index cases contact tracing, USAID IHP has supported the DPS of Kasaï-Oriental, Haut-Lomami and Lomami to conduct tracing of MDR-TB index cases contacts during Quarter 1 of FY2019, in collaboration with the ECZS and the community health workers. This screening campaign is part of the improvement of MDR-TB detection through early cases diagnosis and immediate treatment (screening and treatment), which limits the spread of the infection in the community.

In five ZS of the province of Kasaï-Oriental (Muya, Kansele, Diulu, Bonzola, and Miabi), with the support of community workers, a visit to various households and to relatives of MDR-TB patients was carried out to collect sputum samples from people living in close contact with these patients. The samples collected were taken to the GeneXpert site for TB and drug resistance screening.

In the province of Lomami, the activity was carried out in the ZS of Makota, Mwene Ditu, Mulumba and Luputa. To effectively achieve this, 20 RECO and 34 service providers and laboratory technicians were briefed on contact cases tracing.

In the province of Haut-Lomami, USAID IHP supported the CPLT in investigating contact cases of MDR-TB in the CSDT of four ZS (Kamina, Malemba, Mulongo and Kinkondja). This activity led to the detection of two new MDR-TB cases which were immediately enrolled for treatment, thus contributing to breaking the transmission chain within the community.

IR 2.2 INCREASED AVAILABILITY OF QUALITY, INTEGRATED COMMUNITY-BASED HEALTH SERVICES

Provided technical and financial support, for support supervision for iCCM sites by the head nurses and the health team

Indirect: ✔ 3.1.2 ✔ 4-13 ✔ 2.12 ✔ 2.13 ✔ 2.14 ✔ 2.15 ✔ 2.16 ✔ 2.17 ✔ 2.18 ✔ 2.19 ✔ 2.2.4

During the quarter, USAID IHP supported training of 228 nurses and RECO across 11 ZS in three provinces—Lualaba, Kasaï-Central, and Sankuru—in community management of major diseases impacting children's health. The number of RECO trained during the first quarter was lower than projected. A plan has been developed to catch up during the following quarters in order to meet the targets for the year as well as to train more female RECO. The training focused on strengthening RECO site capacity to provide care as well as strengthening coaching and supervision capacities of IT and ECZS. More than half (124) of those trained were RECO and the other 80 were nurses who supervise trained RECO.

USAID IHP will continue supporting retraining of RECO sites, especially since associated tools have been revised at the national level. USAID IHP will complement retraining with the provision of delivery and management tools as well as minor materials' needs. In future quarters, this support will extend to the Kasaï-Central ZS of Kananga, Lubondaie, Luambo, Luiza and Bilomba as well as of the provinces of Sankuru, Haut-Katanga, Haut-Lomami, Lomami, Kasaï-Oriental, Sud-Kivu, and Tanganyika.

Table 46. ECZS staff, nurses, and RECO trained in community management of childhood diseases

Provinces	ZS	Total	ECZS		Nurses		RECO	
			Men	Women	Men	Women	Men	Women
Lualaba	Mutshatsha	18	2	0	7	0	9	0
	Dilala	10	1	1	3	0	4	1
Lualaba total		**28**	**3**	**1**	**10**	**0**	**13**	**1**
Kasaï-Central	Kalomba	32	2	0	10	0	20	0
	Tshibala	24	2	0	9	2	10	1
	Tshikula	12	2	0	5	0	4	1
	Mikalayi	39	2	0	13	0	24	0
	Dibaya	33	3	0	8	2	16	4
	Yangala	29	3	0	10	4	9	3
Kasaï-Central total		**145**	**12**	**0**	**46**	**6**	**73**	**8**
Sankuru	Lodja	34	3	0	10	1	15	5
	Djalo	21	5	0	6	1	9	0
Sankuru total		**55**	**8**	**0**	**16**	**2**	**24**	**5**
Total		**228**	**23**	**1**	**72**	**8**	**110**	**14**

Source: Program Activity Report

Provided iCCM sites with small equipment and utensils where needed

Direct: ✓2 ✓3 ✓4 ✓5 ✓6 ✓7 ✓8 ✓9 ✓10 ✓11 ✓14 ✓15 ✓2.2.1 ✓2.2.4

USAID IHP supports iCCMs to fulfill their major function of stocking materials, management tools, and drugs. During this quarter, USAID IHP supplied 13 iCCMs in Sud-Kivu (five in Mubumbano and eight in Kaniola) with 13 sets of small materials including solar flashlights, cups, tablespoons, handwashing basins, scales, jugs, buckets and 20l empty jerry cans. In Kasaï-Central, USAID IHP provided management tools—114 iCCM registers, 1,368 monthly reports, 46 counselling cards including three in color, 46 guidance notes, 46 images of adverse reactions, 20,520 management cards in black and white—to nine ZS (Kananga, Dibaya, Lubondaie, Kalomba, Ndekesha, Bilomba, Luiza, Yangala, and Luambo). USAID IHP provided small equipment to those ZS, including 138 stainless steel cups (three per iCCM for Ndekesha, Bilomba, Luiza, and Luambo ZS), dozens of spoons (iCCM of Ndekesha, Bilomba, Luiza, and Luambo), 46 20-liter cans (one per iCCM for Ndekesha, Bilomba, Luiza, and Luambo), 63 rechargeable lamps (Luambo, Luiza, Kalomba, Ndekesha and Bilomba), and 30 drug boxes (Luiza, Ndekesha and Bilomba.

Train/retrained CBDs and RECO in family planning and ensured women's representation among volunteers

Indirect: ✔ 2 ✔ 3 ✔ 2.2.1 ✔ 2.4.2 ✔ 3.3.1

As part of the extension of the community-level contraceptive distribution strategy, USAID IHP supported the training and supply to distributors in Kasaï-Central, Haut-Katanga, and Sankuru. The projected assisted in training 136 CBDs (76 men and 60 women) in six ZS: Kapolowe, Kipushi (Haut-Katanga), Yangala (Kasaï-Central), Katako kombe, Wembo nyama and Dikungu (Sankuru). Normally, the Evidence to Action project would support CBD training in the three convergence provinces of Grand Kasaï, but since the project is closing out, USAID IHP took on this role. Next, USAID IHP will complement training support with the distribution of standard protection kits to trained CBDs.

Trained/retrained RECO in infant and young child feeding

Indirect: ✔ 2.1.10 ✔ 2.1.11 ✔ 2.1.12 ✔ 2.1.13 ✔ 3.2

USAID IHP conducted a number of activities, including the promotion of IYCF, this quarter to address the pervasive challenge of malnutrition in the health zones that USAID IHP support.

In **Haut-Katanga**, USAID IHP supported the training of 51 actors on IYCF best practices and communication techniques. Training participants included 15 providers (8 men, 7 women), 30 community health workers (19 men, 11 women) and six management team members (three men, three women). Trainings occurred in the ZS of Kapolowe [*aires de santé* of Lupidi 1, Lupidi 2, Kapolowe station, Kibangu and Lwisha], Kowe (*aires de santé* of Kamalondo, GMI -Likasi, Kipushi, Kasapa and Prefabricated Camp) and Kafubu (*aires de santé* of ADRA31, Shindayika, Kikwanda, Kisangwe and Kikanda).

Photo: Aimé Tshibanda, Pathfinder for USAID IHP.

USAID IHP supported community case management activities for IMCI in Kasaï-Central.

USAID IHP reached 126 people (109 women and 17 men) with messages about ICYF best practices for mothers including EBF, complementary food, feeding in pregnancy, correct handwashing, and use of ITNs. USAID IHP supported the creation of 15 IYCF support groups, five per health zone, to improve habits and beliefs related to the best practices and to contribute to the adoption of good eating habits in communities. In future quarters, USAID IHP will support DPS and zonal leadership to monitor the operationalization of IYCF support groups, provide IYCF support groups with counseling cards via the ECZS, and extend the approach to other health zones.

In December 2019, in **Kasaï-Central**, USAID IHP supported the training of 44 IYCF providers in the Dibaya and Luiza health zones, according to the following distribution.

Table 47. IYCF provider trainings in Kasaï-Central			
ZS	Health center serivce providers	BCZS staff	Total
Dibaya	5	17	22
Luiza	5	17	22
Total	**10**	**34**	**44**

Source: Program Activity Report

From October 18 to 24, 2019, in nine *aires de santé* of the Tshumbe ZS in Sankuru, with the support of two PRONANUT executives, 432 people including 179 women were sensitized, 85 IYCF support groups were revitalized and 48 demonstration sessions conducted including nine culinary and 37 on good practices of exclusive breastfeeding.

These sensitizations and training of RECO on IYCF enabled participants to realize the importance of exclusive breastfeeding and correct nutrition on the growth of the child.

Trainings are planned for the community health workers from the DPS of Kasaï-Oriental, Sankuru, Lualaba, Haut-Lomami, Lomami, Tanganyika; train members of IYCF support groups in Tanganyika; monitoring support groups in Haut-Katanga.

Photo: Aimé Tshibanda, Pathfinder for USAID IHP.

USAID IHP supported community case management activities for IMCI in Kasaï-Central.

IR 2.3 IMPROVED REFERRAL SYSTEM FROM COMMUNITY-BASED PLATFORMS TO HEALTH CENTERS AND REFERRAL HOSPITALS

During this quarter, USAID IHP focused extensively on the design and preparation of the mReferral system. After several rounds of internal review and feedback, the Program produced a design document on which we will base the pilot system. Some of the key points of feedback received included adding the codes for referral and including danger signs for the patient and estimated pregnancy due dates for pregnant women. Using the comprehensive design document, USAID IHP will pilot the mReferral system in February 2020 in Kasaï-Central, Haut-Katanga, and Tanganyika. We will have two ZS in each and two *aires de santé* in each ZS, for a total of 12 sites.

IR 2.4 IMPROVED HEALTH PROVIDER ATTITUDES AND INTERPERSONAL SKILLS AT FACILITY AND COMMUNITY LEVELS

No activities under this intermediate result took place during FY2020 Quarter 1.

IR 2.5 INCREASED AVAILABILITY OF INNOVATIVE FINANCING APPROACHES

No activities under this intermediate result took place during FY2020 Quarter 1.

IR 2.6 IMPROVED BASIC FACILITY INFRASTRUCTURE AND EQUIPMENT TO ENSURE QUALITY SERVICES

Rehabilitated WASH water supply in communities

Direct: ✓ 2.6.2

The contract awarding process for the construction of five water boreholes in Kasaï-Oriental and two gravity-fed water supply systems in Sud-Kivu is continuing. In Quarter 1, the Program finalized the construction contract for five boreholes in Kasansa ZS, Kasaï-Oriental. The notification of the successful tenderer was scheduled for January 2020. The installations will supply 2,500 people with drinking water.

USAID IHP has implemented activities relating to the upkeep, maintenance, and governance of WASH installations in Sud-Kivu. These include the training of 60 members of water management committees, including 30 in each the Katana ZS (8 women and 22 men) and 30 in the Miti Murheza ZS (11 women and 19 men.

Provided support to communities to build family latrines and handwashing stations in targeted ZS

Direct: ✓ 2.6.3

As described in the WASH Program Area section (Chapter 3), USAID IHP supported communities to build latrines in the five targeted villages in the Kasansa ZS in Kasaï-Oriental. At the end of FY2019, there remained 568 households without latrines. Our goals is for all of these households to have latrines by the end of FY2020; during Quarter 1, we made progress, with the target villages building 114 latrines and wash basins.

Implemented the clean clinic approach

Direct: ✓ 2.6.4

During FY2020 Quarter 1, the Program began implementation of the clean clinic approach, which aims to reduce infection rates at health facilities. We launched the approach in Sud-Kivu and Lomami, as described in the WASH Program Area section (Chapter 3). Work will continue in Quarter 2 with a clean clinic approach tools assessment, to be led by the Directorate of Public Hygiene and Public Health and training workshops for providers in target provinces.

IR 2.7 STRENGTHENED COLLABORATION BETWEEN CENTRAL AND DECENTRALIZED LEVELS THROUGH SHARING OF BEST PRACTICES AND CONTRIBUTIONS TO POLICY DIALOGUE

Provided technical and financial support to activities of the *Comité Technique Multisectoriel Permanent de Planification Familiale*

Direct: ✓ 2.7.1 **Indirect:** ✓ 2 3 ✓ 2.1 ✓ 2.2 ✓ 2.3 ✓ 2.1.1 ✓ 2.4.2

To strengthen collaboration on family planning, USAID IHP supports meetings for discussion and orientation of the various actors towards synergistic actions for more efficiency. During this quarter,

USAID IHP supported the CTMP FP with the Fourth National Conference to Reposition Family Planning, as discussed in the Reproductive Health and Family Planning Program Area section (Chapter 3).

Participated in meetings, workshops, and reviews of specialized MOH programs

Direct: 2.7.1 **Indirect:** ✓ 14 ✓ 15 ✓ 16 ✓ 17 ✓ 2.1.14 ✓ 2.1.15 ✓ 2.1.16 ✓ 2.1.17 ✓ 2.1.18 ✓ 2.1.19 ✓ 2.1.20 ✓ 2.1.21 ✓ 2.1.22 ✓ 2.1.23 ✓ 2.1.24 ✓ 2.1.25 ✓ 2.1.26 ✓ 2.4

National Malaria Control Program. USAID IHP participated in the costing workshop on malaria interventions, finance and gap analysis for the next three years in Kisantu in December 2019 and in the 2019-2023 Malaria Strategic Plan validation workshop.

National Tuberculosis Control Program. During FY2020 Quarter 1, as part of USAID's IHP's technical and financial support to the PNLT, IHP's TB and Supply Chain Advisor participated in a workshop to develop the National Strategic Plan 2021-2023 for the fight against TB. A main objective, based on the recommendations and orientations of the external review conducted in September 2019, was to revise the national strategic plan 2018-2020 and develop a new strategic plan 2021-2023, including targets for 2023. Participants supported this process by formulating the results framework for the strategic plan, identifying the indicators for each result, developing mechanisms for implementing the National Strategic Plan, and identifying priority strategies. A first draft of the National Strategic Plan 2021-2023 was developed by the end of the workshop.

Supported technically and financially the TB/HIV task force quarterly meetings

Direct: ✓ 2.7.1 **Indirect** ✓ 2.1.17 ✓ 2.1.18 ✓ 2.1.19 ✓ 2.1.20 ✓ 2.1.21 ✓ 2.1.22 ✓ 2.1.23 ✓ 2.1.24 ✓ 2.1.25 ✓ 2.1.26

With funding from USAID, USAID IHP supports quarterly organization of the TB/HIV task force in the target provinces to help maintain coordination of TB/HIV co-infection case management efforts at the provincial level between the TB and HIV programs to ensure synergy across these interventions.

In Kasaï-Central, a November 29, 2019 meeting was attended by 20 people, including 13 men and seven women representing 6 partner organizations (USAID IHP, Cordaid, *Union Congolaise des Organisations des Personnes vivant avec le VIH* (UCOP+, Congolese Union of Organizations of People with HIV), Hope for Life (EPVI), Food for Peace, and the *Programme National Multisectoriel de Lutte contre le Sida* (PNMLS, National Multisectoral AIDS Control Program). Some challenges identified included: inconsistent data between facilities, lack of other HIV reporting and collection tools in the seven ZS with integrated HIV activities, and a low proportion of PLWHA tested at GeneXPert. Participants discussed potential solutions to address these challenges such as intensifying formative supervision, supplying facilities with tools, and paying for the transportation of samples.

A quarterly meeting of the TB/HIV Task Force was held in Kalemie in Tanganyika. The Nyunzu ZS has a high prevalence of TB/HIV co-infection (25.8 percent; 23 out of 89 TB patients are PLWHA). In addition, there is a relatively low proportion of TB patients tested for HIV (41 percent). It was concluded that the Nyemba ZS should make a systematic inventory of all TB and HIV inputs in its central depot. The group concluded co-infection rates should be validated between the CPLT and PNLS. Other findings were that the ZS Kansimba, Kongolo, Manono and MBULULA pull the province downward and that the percentage of TB patients tested for HIV and who know their HIV status is 74.5 percent.

In Sud-Kivu, the TB/HIV Task Force meeting was attended by 30 people, including 22 men and 8 women. The analysis of indicators revealed the following 85 percent of CSDTs administer ART, only 6 out of 11 machines of GeneXpert are working (CPLT, the provincial general referral hospital of Bukavu, Panzi, Katana, Baraka, Shabunda, Uvira, Walungu), the percentage of PLWHA who have been tested for TB remains very low (33 percent) far from the national target and is at 14.6 percent for at those under 15 years of age; the prevalence of TB in PLWHA is 14 percent; the percentage of co-infected receiving co-trimoxazole is 85 percent while the target is 100 percent; 6 new MDR-TB cases detected, including 2 in Kamituga, 2 Kimbi lulenge, 1 in Fizi and 1 Shabunda. For the five new HZ (Kalonge, Kitutu, Kimbi Lulenge, Mulungu and Itombwe) which have integrated the HIV package, activities are progressing normally.

6. OBJECTIVE 3

Increased Adoption of Healthy Behaviors, Including Use of Health Services, in Target Health Zones

Congolese voice artists workshop a community-generated script for an SBC radio prototype. (*Credit:* Youssouf Bamba, Matchboxology for USAID IHP).

- Family planning mini-campaigns reached **24,492 people** in 3 provinces
- **2,028 people** attended awareness sessions on sexual and gender-based violence
- **21,924 people** reached through champion community and RECO activities and campaigns
- TB campaigns reached **5,794 people**
- **1,969 people** reached during World Pneumonia Day

During Quarter 1 of FY2020, USAID IHP supported mobilization and sensitization approaches for encouraging the adoption of healthy behaviors and the use of health services in targeted health facilities. These approaches consisted of supporting: (1) the Health Family Campaign (HFC), using a human-centered design approach; (2) the celebration of international and national days dedicated to health promotion; (3) the organization of mini-campaigns and community debates; (4) the organization of school competitions; (5) the organization of short message service (SMS) and interactive voice response (IVR) campaigns; and (6) collaboration with civil society organizations. USAID IHP will also begin implementing the "gender champions" model, which consists of setting up networks of groups of people committed to the promotion of gender equality rights for women and girls.

The Program supported these activities in each of the nine provinces in coordination with activities to improve the supply and delivery of quality health services. USAID IHP also strengthened collaborative activities with other USAID programs.

IR 3.1: INCREASED PRACTICE OF PRIORITY HEALTHY BEHAVIORS AT THE INDIVIDUAL, HOUSEHOLD, AND COMMUNITY LEVELS

Supported the organization of international health days and weeks in the provinces and in Kinshasa

Direct: ✔ 2.6.3 ✔ 3.1.1 **Indirect:** ✔ 4 ✔ 5 ✔ 2.6.4

USAID IHP supported the organization of events and activities at the national and provincial levels to celebrate World Pneumonia Day and World Toilet Day, promoting the adoption of behaviors conducive to the prevention and management of diseases at the national level and in the targeted provinces.

World Pneumonia Day

In November 2019, the Program, along with other donors, provided technical and financial support for World Pneumonia Day. This 11th World Pneumonia Day celebration was organized under the theme "Fighting Pneumonia and Saving a Child."

USAID IHP provided financial support to the MOH through the directorate of the *Programme National de lutte contre les Infections Respiratoires Aigues* (PNIRA, National Program for the Fight against Acute Respiratory Infections). USAID IHP also provided technical support to PNIRA to organize a debate conference in Kinshasa on November 20, 2019. This conference debate, facilitated by the director of PNIRA, representatives of the Ministries of Urban Planning and the Environment, and a PRONANUT representative, raised awareness for pneumonia prevention. Additionally USAID IHP sent push messages via voice on behalf of the MOH to promote World Pneumonia Day. During the conference, USAID IHP demonstrated the importance of strong SBC messaging.

USAID IHP provided technical and financial support to celebrations in Ototo and Omendjadi ZS in **Sankuru** from November 23-25, 2019. Awareness campaign activities focused on pneumonia prevention measures. In total, nurses conducted 480 household visits, 12 focus groups, and four public awareness-raising sessions. The campaign reached at least 1,969 people, including 1,175 women and 794 men.

World Toilet Day

In November 2019, USAID IHP provided technical and financial support to the celebration of World Toilet Day in four provinces, described below. The year's theme was "Act and Leave No One Behind."

- **Kasaï-Central.** From November 20-22, 2019, USAID IHP supported three DSP-led advocacy meetings for the MCZ and heads of various departments of the General Referral Hospital in Ndekesha ZS. The meetings aimed to establish commitments to improving sanitation in facilities as and building hygienic toilets and water points. The ZS management team also organized three awareness-raising sessions for health professionals at five health centers and two health posts. Registered nurses and health workers were requested to make sure there are separate toilets for men and women and develop a maintenance plan for the toilets. Participants decided to revitalize the hospital hygiene committee and integrate two community representatives.
- **Lomami**. USAID IHP supported World Toilet Day celebrations in the Bakua Bowa *aire de santé* within the Kanda Kanda ZS. Local political and administrative authorities, traditional chiefs, and heads of educational institutions attended the events and committed to supporting ZS and DPS efforts to build hygienic toilets and end open defecation. USAID IHP helped the ZS organize three awareness days to promote hygienic toilets in Bakua Bowa. RECO conducted 1,614 household visits, reaching 608 people. As a result, households built 159 hygienic latrines and made structural improvements to 104 toilets.
- **Sankuru.** From November 25-27, 2019 USAID IHP supported celebrations in Ototo and Omendjadi ZS. 24 actors helped implement sensitization activities; two DPS managers, four members from the ZS management team, four nurses from targeted hospitals, and 14 RECO led health education sessions in health facilities and advocated for the facilities to build and rehabilitate hygienic latrines. RECO reached a total of, 1,124 people (599 women and 525 men) and organized 14 guided visits to model households to raise awareness of the importance of building latrines and using them in a hygienic manner. Following the visits, 159 community members volunteered to promote the model of the latrines visited in their *aire de santé.*
- **Sud-Kivu.** USAID IHP provided technical support for a World Toilet Day ceremony. During the ceremony, the political and administrative authorities and the DPS encouraged the community to get involved in raising awareness for the construction of hygienic latrines.

16-day campaign against sexual and gender-based violence

During Quarter 1 (November 25 to December 10), USAID IHP provided technical and financial support to the Ministry of Gender, Family and Child provincial division and the DPS in **Kasaï-Oriental** to participate in a 16-day global campaign against sexual and gender-based violence. The division and the DPS collaborated to organize a public awareness campaign with the theme "Congolese Youth, Stand Up against Discrimination and Rape". The campaign focused on the harmful effects of sexual and gender-based violence and the measures being taken to put an end to violence against women and girls.

The mayor of the municipality of Bipemba officially launched the 16-day campaign. Community mobilizers from local organizations learned about different types of discrimination and violence against women and girls and how to communicate with young people in school environments. Mobilizers then led 32 awareness sessions in six secondary schools, seven women's organizations and 12 religious action groups. 2,028 people attended these sessions (831 women, 462 girls, 428 men, and 307 boys).

The key lesson from this experience is that the involvement of traditional leaders helps to build gender awareness, which can in turn significantly reduce gender inequality. Inter-institutional collaboration at the provincial level between the DPS and other sectoral divisions makes it possible to reach a large amount of the population with behavior change messages. In Quarter 2, USAID IHP will organize exchanges on violence against women with traditional leaders and their close collaborators.

Restart implementation of community champions

Direct: ✔ 3.1.2 ✔ 3.2.2 **Indirect:** ✔ 3.3.1

Champion communities utilize a community empowerment approach that focuses on community engagement and leadership. USAID IHP uses this approach to promote community mobilization for social and behavioral change in the target populations and to improve access to priority health services.

In **Haut-Katanga**, USAID IHP supported the creation of three champion communities in Lubumbashi ZS: Kasapa 1, Kalubwe 2, and Kiswishi. The ZS management team and other stakeholders—CBOs, NGOs, community leaders, churches, football teams—collaborated with registered nurses to develop a ZS level work plan to meet challenges at the ZS and *aire de santé* levels. The mayor opened the training workshop by signing a commitment act to support the three champion communities in achieving their objectives. A total of 25 community agents and leaders (eight women and 17 men) were trained on the champion community approach.

Supported functional champion communities and RECO on gender, use of antenatal care, family planning, and malaria services

Direct: ✔ 3.1.1 ✔ 3.2.2

In **Lualaba**, USAID IHP supported the organization of family planning and antenatal care awareness-raising activities with RECO, members of four active champion communities (Ushindi, Hekima, Mapendo and Gazelle) and two local NGOs (SIBECO and MLINZI) in nine *aires de santé*. The targeted ZS include the three ZS with champion communities: Dilala (one *aire de santé*), Fungurume (two *aires de santé*), and Manika (one *aire de santé*). In the other ZS without champion communities, USAID IHP supported the services of community-based distributors and NGOs (Bunkeya (one *aire de santé*), Kanzenze (one *aire de santé*) and Mutshatsha (one *aire de santé*).

The campaign reached 13,019 people with family planning messages (8,661 women and 4,358 men) and referred 1,450 people to health facilities (1,125 women and 325 men). A total of 773 women became new users of modern contraception. ANC campaigning reached 2,620 women and 258 men, referred 1,568 pregnant women to health facilities, and resulted in 1,407 women obtaining ANC services (620 women completed ANC1, 355 completed ANC2, 222 completed ANC3, and 210 completed ANC4).

In **Sud-Kivu**, from November 19 to 22, 2019, USAID IHP supported the champion community of Bololoke in Walunugu ZS to update its action plan for the beginning of 2020. 32 members from four *aires de santé* (Bideka, Cagombe, Kalole and Nyandja) took part in the planning meeting with support from ZS management teams and the registered nurses. The group selected ANC and malaria as priority health challenges that the champion communities commit to support in the ZS. Next quarter, the champion communities will report on their planned orientation and awareness activities.

In **Kasaï-Central**, USAID IHP technically supported the evaluation of champion community action plans in the Koleshayi and Dilubuluka health areas of Ndekesha ZS. The Program found that more awareness-raising activities were implemented on promoting exclusive breastfeeding (41 breastfeeding women followed up), the use of family planning (168 women and 53 men reached), and ANC4. In total, the activities oriented 49 pregnant women who were then received in health centers.

In **Kasaï-Oriental**, USAID IHP provided technical and financial support to organize awareness-raising campaigns (from December 9-11, 2019) against sexual violence against women and girls. The campaigns took place in public spaces (especially schools and churches) in Bipenda and Mpokolo ZS (four *aires de*

santé each). The campaigns briefed facilitators/sensitizers on facilitating awareness sessions in schools, churches, and in public places in both ZS. The campaigns also reached: (1) 2,636 students (1,548 girls and 1,088 boys) and 63 teachers (48 men and 15 women) in Bipenda schools; (2) 1,203 people (700 women and 503 men) in Bipenda churches; (3) 1,253 students (663 girls and 590 boys) and 95 teachers (62 women and 33 men) in Mpokolo schools; and (4) 434 people (137 men and 297 women) in Mpokolo churches.

Supported airing of radio spots to raise awareness about the EVD outbreak, in addition to Tearfund's activities

Direct: ✓ 3.1.1

In **Sud-Kivu**, USAID IHP continued to support the broadcasting of radio spots through Maendeleo community radio, RTNK, Neno la uzima, RTNC, and Radio Maria to raise awareness for the EVD epidemic. To ensure the dissemination of consistent and accurate information within the community, from October 5-6, 2019 USAID IHP helped brief six media professionals (three women and three men) from these five media outlets on EVD prevention and the means of fighting EVD in Sud-Kivu.

USAID IHP also supported the DPS in raising EVD awareness among Katana ZS community members from November 27-30, 2019. USAID IHP supported the briefing of 33 community health workers from four health areas within the ZS—Iranga, Nuru, Kabushwa and Mugeri *aires de santé*. In addition, the Program selected and briefed three members of the ZS management team and five community leaders. During the three-day campaign, they reached 775 students (461 girls and 314 boys), 25 teachers (four women and 21 men), in schools and 5,891 people at the community level (households, villages and churches) including 3,170 women and 2,721 men) by using the door-to-door strategy.

The involvement of local authorities, traditional leaders, and health professionals helped to increase the community's understanding of the risks of the disease and preventive measures, such as the creation of handwashing points. Community members acknowledged the need for similar activities moving forward to share information about measures to avoid epidemics.

Provided technical and financial support to mini-campaigns

Direct: ✓ 3.1.1

Indirect: Indirect contribution to all TB, family planning, and behavior change indicators.

During Quarter 1, USAID IHP provided technical and financial support to 17 mini-campaigns in five provinces (Haut-Katanga, Lualaba, Kasaï-Oriental, Lomami, and Sud-Kivu) that raised awareness for ANC, family planning, TB, IYCF, gender, and WASH issues in target populations.

Some community leaders require money to conduct community outreach and mobilization activities. This attitude causes community members to withhold from fully committing to community activities. Therefore, going forward, USAID IHP will organize awareness meetings with community leaders and involve ZS central office management teams prior to planning the mini-campaigns.

Antenatal care

In Haut-Katanga, USAID IHP supported a mini campaign that promoted IPTp with S/P in the Lupidi 1 and Lupidi health areas of Kapolowe ZS. The campaign sensitized 1,076 people on the importance of using the ANC services. 330 pregnant women received quality interventions during the ANC, including S/P

and ITNs. The registered nurses and RECO agreed to 1) follow up with all of the pregnant women that received services to ensure they attended their appointments and 2) continue to encourage other pregnant women to go for consultation.

At the request of the Sud-Kivu DPS, USAID IHP organized mini-awareness campaigns to improve ANC completion rates, particularly for those who start early and have the opportunity to complete all four consultations

From October 17-22, 2019 in Katana and Walungu ZS, the Program provided technical and financial support to a mini-campaign promoting family planning, ANC, and ITNs. The campaign contributed to increasing the use of these services at the ZS level. A total of six *aires de santé* hosted the activity.

The activity began with training to increase the knowledge of RECO, providers, and political and administrative authorities on the benefits of family planning, ANC, and the correct use of ITNs. Awareness sessions in the community (households, churches) followed. 72 RECO (34 women and 38 men), 12 providers (six nurses and six midwives), eight political and administrative authorities, eight community leaders (three women and five men), and six members of the ZS management teams participated.

The community sessions reached 6,848 people (4,854 women and 1,994 men), including 2,958 in Katana and 3,890 in Walungum, and referred 601 pregnant women to health facilities to receive antenatal consultation (383 in Katana and 218 in Walungu). 355 attended the consultations and 96 went early for PNC1 (at the 16th week of pregnancy). These results are rare in this environment due to the rigidity of customs. 930 pregnant women, including 699 from the Walungu ZS, were sensitized on family planning during the mini-campaign. 284 received referrals and counseling at health facilities.

Using games to combat malaria

USAID IHP is collaborating with Breakthrough Action to use an educational audio adventure—the Wanji Game—to empower people to choose paths toward health-seeking behavior. Using mobile phones, players place calls free of charge to play games on their preferred health topics. They are placed within an interactive narrative, using their phones to make decisions that influence the outcome of the story. USAID IHP chose this format because it has been tested in other countries and found to be highly effective. We launched the first game this quarter, drawing 26,843 people, including 26,084 who accessed key messages about malaria.

Family planning

Male resistance to family planning is a major obstacle to their uptake in the DRC. USAID IHP supported mini-campaigns during Quarter 1 that targeted men and women to raise their awareness and promote the use of family planning services. The DPS, the PNSR, and the ECZS were involved in briefing providers, RECO, and the community. Home visits as well as awareness sessions in the public places were organized. Providers were retrained on counseling and informed choice to ensure that they administer modern contraceptive methods correctly and effectively. Men were reached through informal chats with other men, peer educators and household visits. Couples were provided with information on family planning together in church group settings. In total, the campaigns reached 24,492 people with family planning messages and referred 13,140 to care facilities or community-based distributors. Although USAID IHP does not have gender-disaggregated data for every mini-campaign, more than half of those sensitized and referred to receive care were women (Table 48).

In Haut-Katanga, USAID IHP provided technical and financial support to a family planning mini-campaign in the Lupidi 1 and Lupidi 2 health areas in Kilwa ZS. The Program briefed 42 community health workers

(17 women and 25 men) on appropriate communication techniques (group facilitation and face-to-face) and on general information on family planning methods. In the field, workers shared awareness-raising messages on the importance of family planning with households and made referrals to health facilities with tokens. After the outreach, 231 women visited the health facilities and chose a family planning method.

In Kasaï-Oriental, USAID IHP collaborated with the PNSR to organize three family planning mini-campaigns in three ZS (Bipemba, Bibanga, and Miabi). The Program selected 45 RECO and agents to raise awareness in households, chuches, and markets and among planters.

In Lomami, mini-campaigns took place in Kamiji, Malenga, and Muasa *aires de santé* in Kamiji ZS. USAID IHP supported the DPS and ZS to brief 30 people (five DBC, eight community leaders, 12 women leaders, and five nurses) on facilitation techniques and the administration of modern contraceptive methods. For three days, trainees conducted 18 community awareness sessions in markets, churches, and public spaces with the support of traditional leaders. The campaign reached out with family planning messages and referred people were referred to DBC and providers. As a result, providers registered 751 new users and 136 renewal cases.

Table 48. Women and men reached by family planning mini-campaigns

Province / ZS	Reached by FP Campaigns			Referred to Care Facilities		
	Women	Men	Total	Women	Men	Total
Haut-Katanga *(ZS Kilwa)*	1,969	1,076	3,045	835	154	989
Kasaï-Oriental *(ZS Bibanga, ZS Bipemba, ZS Miabi)*	12,145	6,067	18,212	7,567	2,691	10,258
Lomami *(ZS Kamiji)*	2,469	766	3,235	1,607	286	1,893
Total	**16,583**	**7,909**	**24,492**	**10,009**	**3,131**	**13,140**

Tuberculosis

In Kasaï-Oriental, from October 30 to November 5, 2019, USAID IHP provided technical and financial support to the CPLT to organize two mini-campaigns on TB detection in the ZS of Bibanga (10 *aires de santé*) and Kabeya Kamuanga (six *aires de santé*). In addition to the RECO, the ZS and the CPLT sought the contribution from the territory administrator, members of the CC, merchant women and religious leaders to raise awareness in the community.

Involving the APAs and the community leaders in the sensitization and training of RECO on the identification of suspected cases as well as the transport of samples to sites, helped contribute infection control by active screening of cases in the fight against TB. As a next step, the CPLT plans, to continue the mini campaigns for the detection of TB cases in collaboration with the ZS.

IR 3.2: INCREASED USE OF FACILITY- AND COMMUNITY-BASED HEALTH SERVICES

Provided support to question and answer game competitions in secondary schools

Direct: ✔ 3.1.1 ✔ 3.3.1 **Indirect:** ✔ 3.2.2

USAID IHP supported a quiz competition for students at the Butanda school complex at TABAC CONGO in Kalemie, Tanganyika. The activity took place on November 28, 2019 and 41 students participated (20 boys and 21 girls). This activity aimed to improve young people's knowledge of sexual and reproductive health and, if necessary, link them to services. The young people who participated in

this activity appreciated the opportunity to speak out on issues that concern them. They felt that competitions and quizzes were a useful way to keep discussions going on these topics.

Trained RECO and community agents in communication skills, selected key health practices, and danger signs

Direct: ✔ 2.1.11 ✔ 2.1.12 ✔ 2.1.13 ✔ 3.1.1 ✔ 3.1.3 ✔ 3.2.2 ✔ 3.3.1

In Haut-Katanga, USAID IHP provided technical and financial support to the training of 30 RECO (12 women and 18 men) from the Kafubu (five *aires de santé*), Kapolowe (six *aires de santé*) and Kowe (five *aires de santé*) ZS on the IYCF approach. The strengthening of theoretical and practical knowledge focused on defining key concepts, targets, and action plans; SBC; promotion of infant feeding, (sick child, nutrition in the context of HIV, promoting nutrition for pregnant women); clinical guidelines; and scopes of work. Push notifications to alert RECO that audio job aids were available were provided by Viamo. As part of the training, counseling field trips, focusing on the practice of optimal breastfeeding in maternity hospitals and in communities, were implemented.

USAID IHP also supported a cooking demonstration session in the Kibangu *aire de santé* of Kapolowe ZS), which was organized with local foods in four Etoiles. The demonstration included awareness-raising activities for the community on healthy behaviors for families (exclusive breastfeeding up to six months, complementary feeding and diet for pregnant women, correct handwashing, and correct use of ITNs). There were a total of 126 participants including 109 women and 17 men. Among the women, there were 28 pregnant women, 34 lactating women, and 47 women of reproductive age.

IR 3.3: REDUCED SOCIO-CULTURAL BARRIERS TO THE USE OF HEALTHCARE SERVICES AND THE ADOPTION OF KEY HEALTH BEHAVIORS

Provided support to community health forums for youth

Direct: ✔ 3.3.1

In Sud-Kivu, from November 28 to December 4, 2019, USAID IHP provided technical and financial support to organize community debates in seven *aires de santé*: Luhuhi, Kabamba, and Kabushwa in Katana and Lubona ZS and Burhua, Mubumbano and Cihusi in Mubumbano ZS. These debates offered 200 young people, including 98 girls/women and 102 boys/men, the opportunity to discuss, share their knowledge and experiences, to get informed about issues such as adherence to family planning and preventing sexually transmitted infections. The discussions focused on increasing youth access to information on contraception and linking them to services offered by health facilities. At the close of the forum, the young people established a calendar of monthly meetings to exchange and share information on health issues with facilitation from the ZS in coordination with the PNSR. The community debate served as a framework for open discussion amongst youth; therefore, the BCZS decided to create a pool of youth trainers and to invite non-schooled young people to subsequent meetings.

Provided support to community forums to address safe delivery

Indirect: ✔ 3.2.2

In Tanganyika, on December 13, 2019, USAID IHP supported the organization of a forum to discuss the possibility of bringing people from the Nyemba ZS to encourage pregnant women to give birth in health

facilities. 41 people took part in the meeting, including 17 men and 24 women (22 RECO, 10 community leaders, two community facilitators from the ZS, one PNSR manager, one pastor, and five registered nurses). At the end of the forum, participants identified barriers, in particular the marked presence of traditional birth attendants, and also made a commitment to implement dedicated sensitization activities for men to take responsibility and to support their wives in giving birth at the health facility. A remediation plan has been developed with a focus on raising awareness in households, prayer groups, churches, and venues where men regularly meet. Peer-to-peer education is preferred and encouraged.

Organized focus groups on antenatal care and exclusive breastfeeding

Indirect: ✔ 3.1.1 ✔ 3.2.2 ✔ 3.3.1

During the last quarter USAID IHP supported the organization of ten focus groups of 6-12 pregnant and lactating women in Kasaï-Central in the Kalomba, Bilomba, Luambo, Dibaya and Ndekesha ZS. The purposes of the focus groups was to gather the information from women about their understanding and use of ANC services and exclusive breastfeeding services and to promote and encourage correct use of these services.

- **Antenatal care**: the women said that they do not complete their ANC visits because of the lack of financial means. After paying for the form, the health facility requires other fees for each consultation, which prevent them from completing the ANC sessions.
- **Exclusive breastfeeding:** Lactating women stated that they do not exclusively breastfeed due to various factors such as undernourishment, they must stop early in order to take care of farming activities, small businesses, etc.

Women in the focus groups were interested in receiving information about the benefits of ANC visits and exclusive breastfeeding. The management teams of the health facility central offices decided to support the CODESA during community meetings to further explain the benefits of using the services.

IR 3.4: INCREASED COLLABORATION BETWEEN THE CENTRAL AND DECENTRALIZED LEVELS THROUGH THE SHARING BEST PRACTICES AND CONTRIBUTIONS TO THE POLITICAL DIALOGUE

Supported sharing experiences during meetings of Communication Task Force and Meetings of Civil Society Organizations

Direct: ✔ 2.7.1 ✔ 3.4.1 **Indirect:** ✔ 2.7.3

During the quarter, USAID IHP supported three civil society meetings in two provinces: Haut-Lomami and Kasaï-Central. The purpose of these meetings was to share information on opportunities to support gender promotion efforts and operationalize the communication task force, which is an appropriate framework for bringing all stakeholders together.

In Haut-Lomami, USAID IHP provided technical and financial support to the organization of a Communication Task Force meeting on December 4, 2019). The meeting brought together 26 people including 7 women and 19 men members of organizations that are actively working in the health sector. The objectives of this meeting were to set up a coordination of health communication activities at the DPS level, define the role of each organization and develop an action plan. At the end of this meeting, various commissions were established for the proper functioning of the CTF, and a roadmap was developed for an effective launch of community mobilization activities for health and gender promotion.

In Kasaï-Central, USAID IHP provided technical and financial support for the monthly review meeting where positive practices related to gender mainstreaming were shared in Ndekesha ZS. The review was attended by 30 people from different entities including the ZS, health facilities, schools, CODESA, churches, cooperatives, higher education institutions. This sharing of experiences was an opportunity for men to question the practices that degrade women within the household and the community.

The key lesson learned is that the involvement of civil society in raising community awareness and in finding solutions to health problems has made it easier to bring men together to discuss all issues without taboo in the presence of women. All participants in the review agreed to implement the action plan on gender mainstreaming in Ndekesha ZS and to hold a monthly meeting.

Held quarterly coordination meetings with Breakthrough Action

Indirect: ✔ 2.7.1 ✔ 3.4.1

During the quarter, USAID IHP and Breakthrough Action worked closely together to develop and implement a joint work plan. The main activities include refining the HFC strategy, taking into account the human-centered design approach developed by Matchboxology and organizing workshops to adapt the different prototypes proposed in the human-centered design approach. USAID IHP also plans to integrate malaria mini campaigns into Breakthrough Action's VIVA campaign.

USAID IHP and Breakthrough Action held meetings on the following topics: the sharing of responsibilities for the development of prototypes (responsibilities of Matchboxology and Breakthrough Action), participation in workshops for the development of prototypes and preparation of workshops for the adaptation of prototypes in the provinces (six prototypes will be tested in the field). This will allow the production of communication media to be used for the Healthy Family Campaign. USAID IHP will then use these materials at the operational level.

In Haut-Katanga, the first work meeting was held between Breakthrough Action, USAID IHP and the DPS on December 13, 2019. At the end of the meeting, the participants agreed it was necessary to organize a working session between Breakthrough Action and USAID IHP to facilitate understanding of the interventions in the province of Haut-Katanga and the development of a joint work plan. Breakthrough Action's action plan, which is being finalized for year 2, will be shared among stakeholders as soon as it is completed. The DPS Haut-Katanga has made a commitment to integrate the priority activities of the capacity building plan resulting from the SBC analysis as part of its PAO in 2020.

7. REPORTING ON ADDITIONAL AREAS

GENDER

During this quarter, USAID IHP began implementing the revised gender integration strategy in Kinshasa by finalizing the survey protocol for the gender audit of the MOH in collaboration with the Ministry of Gender, Family, and Children. The Program also supported biannual gender reviews of primary health care activities in two provinces—Lomami and Kasaï-Oriental—as well as the DPS senior staff orientation workshop for integrating gender into planning and deployment of the MOH's human resources in two provinces, Sankuru and Lomami. Finally, USAID IHP launched implementation of its gender champion model by setting up the first networks of men and women committed to promoting gender equality in two ZS in Sankuru, where the approach has already been piloted by the USAID IHP community engagement team since the revitalization of the CAC.

USAID IHP's gender integration work is implemented through various coordination mechanisms in support of humanitarian and development activities at the national level in Kinshasa and at the provincial level. The Program actively participates in monthly meetings of the gender thematic group, protection cluster and sub-cluster groups focused on Sexual and Gender based violence (SGBV). USAID IHP launched a space for community of practice on gender in the Ndekesha ZS in Kasaï-Central and in the Kalemie ZS in Tanganyika for sharing, learning, and networking on gender inclusion. USAID IHP also ensured that the process of CAC revitalization in Tanganyika and Sud-Kivu provinces integrated a module on gender and women's rights.

Finally, to strengthen USAID IHP staff capacity to better support the DPS and community structures to integrate gender in their activities, two community engagement specialists from Lomami and Kasaï-Oriental participated in a five-day training on gender integration in development programs provided by UN Women, the United Nations' agency for gender equality, women's leadership, participation, and empowerment.

Participation in the biannual gender review

USAID IHP held the biannual gender review of the Lomami DPS on October 2019 in Mwene Ditu, which was attended by 32 DPS and MCZS senior staff. The review of the Kasaï-Oriental DPS, held October 15-20 in Mbuji Mayi, was attended by 48 men and 9 women. Participants included senior staff of the DPS and specialized programs representatives of the provincial MOH, 19 MCZS, and other technical and financial partners of the DPS, all of whom participated in the gender awareness-raising session that was part of the review.

For these biannual reviews, USAID IHP provided participants with guidance on gender-sensitive approaches in their PAO implementation cycles, starting with developing gender-sensitive indicators; planning activities that take into account the specific needs of men, women, girls and boys; balancing gender considerations from the start of activity implementation to the monitoring and evaluation stage. Observations on gender integration included:

- Data are not always disaggregated by gender in DPS and other MOH institution reports;
- Indicators are not gender-sensitive;
- Other DPS partners are not focusing enough on gender integration and women's specific needs; and
- Women are under-represented in DPS institutions, particularly in general referral hospitals and health centers.

DPS senior staff orientation workshop for gender equality in human resources

In Lomami, the gender breakdown across all health personnel categories (from 2015 to date) is 74 percent men and 26 percent women. The majority of women are found in amongst midwives and nurses, whereas men comprise all of the MCZS and the majority of the general practitioner categories. To improve gender balance in the recruitment and deployment of staff of the various DPS institutions (IR 1.6), USAID IHP supported the organization of a senior staff orientation workshop for gender equality in human resources in Lomami and Sankuru provinces. The goals of the workshop were to (1) provide guidance to relevant DPS and BCZS management team members on gender concepts, the importance of gender mainstreaming, and legal provisions that guarantee equal rights for men and women to participate in management; (2) highlight major challenges in implementing gender equality in recruitment; and (3) develop an action plan to heighten awareness of in gender inclusion when recruiting staff in ZS. The proposed action plan for gender integration is summarized below in Table 49.

Three working groups from the workshop identified problems inherent in gender in Lomami and Sankuru, their root causes, possible solutions and actions. Discussions and questions around the gender mainstreaming action plan generated the following recommendations:

- Prioritize recruitment of women with a higher level of education to motivate those with a lower level of education;
- Depoliticize recruitment in various public services;
- Support staff retirement at retirement age (65 years old) and respect parity in staff replacement;
- Provide transport logistics to help those that work far from urban centers; and
- Discourage any requirement of a marriage certificate as a condition for woman's employment.

Table 49. Action Plan

Actions	Description	Responsible	Deadline
Recommendations	Incorporate recommendations into DPS Recovery Plan	Capacity Building Advisor, DPS	October 2019
Service provider training	Organize service provider training	DPS, USAID IHP	January 2020
Advocacy	Organize advocacy sessions for implementation of recommendations to decision-makers at all levels	DPS, USAID IHP	Ongoing
Community mobilization	Integrate messages on women's and girls' rights and gender equality into all awareness-raising sessions	DPS, USAID IHP	Ongoing

Gender audit

To strengthen inter-institutional collaboration, USAID IHP is carrying out the gender audit of the MOH in collaboration with the Ministry of Gender, Family and Children, which has a mandate to ensure gender mainstreaming in other sectoral ministries. The MOH has agreed with the Ministry of Gender, Family and Children to participate in the audit. Two experts from the Ministry of Gender will work with USAID IHP to finalize the investigation protocol, data collection, and analysis.

Setting up gender champions network in Sankuru province

This activity seeks to integrate a network of gender champions in 2 pilot health zones to increase the representation of women in the institutions of the Sankuru DPS. The purpose of establishing gender

champion networks and training the network members is to improve priority health attitudes and behaviors at the individual, family and community levels.

During the quarter, USAID IHP established two gender champion networks in Lodja and Tshumbe, then supported the election of four steering committee members for each network. USAID IHP's workplan targeted both ZS as pilot ZS because of their partnerships with local NGOs that promote gender equality: Association for the Defense of the Rights of Women and Children and Competence, Intelligence, Development and Expertise. Fifty people, including 25 women, attended this workshop and training activity for the gender champion networks from October 2019 in Lodja and Tshumbe ZS.

Monthly review of good practices on gender integration in programs and structures

To address the lack of gender sensitivity in the day-to-day operations of most of state-run and private health structures, USAID IHP held its first monthly practice community session in the ZS of Ndekesha (Kasaï-Central) and Kalemie (Tanganyika) with the following objectives:

- Increase gender sensitivity of actors at the personal, interpersonal and community level within their respective organizations by clarifying key gender concepts;
- Analyze the gender equality situation in organizations and structures; and
- Share good practices and examples of experiences that integrate gender sensitivity into work with survivors of gender-based violence, including sexual violence.

This session allowed participants to share experiences and discuss the deep traditional beliefs that influence attitudes of some community actors, as heard in discriminatory proverbs and sayings such as:

- Giving birth to girls is giving birth to toads.
- Woman is a weak creature in everything.
- Sitting with women means sitting with children.
- The woman's place is only in the kitchen.
- Living with the woman is living with the witch.
- Women do not build a house or village.
- Female dogs are never used for hunting.
- You do not dry the skin or leather of the beast caught by the woman. (You do not glorify the fortune of the woman.)[5]

Despite this bleak picture, participants shared two good experiences:

1. One woman, a school head, has in her school six teachers: three women and three men. Inspired by their female teachers, adolescent girl students at the school are learning about different role models for female leadership than those roles traditionally reserved for women, Her school's retention rate of girls has increased, as has the rate of those who successfully complete primary education, from 50 percent to 70 percent.
2. A man whose wife had chosen a contraceptive method without her husband's knowledge (because he did not want to use family planning) and who had threatened to bring the nurse to justice, participated in the practice community session. After learning about gender equality and women's

[5] Proverbs collected from participants during experience-sharing session in Ndekesha health zone in Kasaï-Central.

right to access health services, as well as the benefits of family planning, the man made a commitment to accompany his wife in obtaining family planning services.

Other achievements

- USAID IHP participated in a health exhibition that celebrated 16 days of activism against violence against women and girls in collaboration with USAID at the U.S. Embassy in Kinshasa (see Objective 3).
- USAID IHP integrated modules on women's and girls' rights, as well as the benefits of women's participation in community management and well-being, into CAC and CODESA trainings, information and awareness sessions.
- The Secretary General for Health established a gender unit at the MOH in December 2019 and designated five senior staff as members, among them the director of the Study and Planning Directorate. This recommendation was made at the USAID IHP gender integration workshop in September 2019, which was organized with the MOH and the Ministry of Gender, Family and Child, a collaboration that began in Year 1 of the program.

Lessons learned

One of the lessons learned from this past quarter is that collaboration and involvement at the highest level of public administration on gender issues can help to accelerate the application of gender equality laws and policies. In turn, this can have a positive impact on use of public services including health. The provinces of Sankuru and Haut-Katanga have held awareness-raising on women's rights and gender equality, leading to increased participation of women in community management mechanisms such as the revitalized CAC. Additionally, communities of practice allow for the discussion of progressive values and can lead to more gender-sensitive approach at the community level, where women's rights are respected, as seen in Kasaï-Central.

Next Steps

- Organize a gender audit in the nine DPS offices and some health areas.
- Incorporate recommendations from the audit into Lomami and Kasaï-Oriental DPS recovery plan.
- Help to establish and train members of the MOH gender unit.
- Support the organization of a DPS senior staff orientation workshop on gender quality in HR, in Sud-Kivu, Haut-Lomami, Kasaï-Oriental and Tanganyika provinces.
- Continue with the gradual implementation of gender champion networks in the provinces of Tanganyika, Kasaï-Central and Kasaï-Oriental.

CONFLICT SENSITIVITY

In Quarter 1, USAID IHP reviewed the conflict sensitivity and do no harm implementation strategy to prepare to operationalize it beginning in Year 2, Quarter 2. This quarter's review included ensuring the results of the conflict sensitivity and do no harm analysis were well understood and ready to translate into forthcoming activities, namely participatory analysis and training of trainers (ToT) on conflict sensitivity and do no harm. Pre-implementation of both the participatory analysis occurred during this quarter in preparation for implementation in Feb-March 2020 and April-May 2020, respectively. Participatory analysis will highlight key contextual changes in the implementation sites, review organizational practices, and update the implementation strategy for Year 3 onwards. The analysis will include a USAID IHP staff perception survey to assess the extent to which organizational practices may

inadvertently create harm in the communities where we operate (e.g., by exacerbating already existing intercommunity or ethnic conflicts). The ToT will take place in April-May 2020 in Lubumbashi (for all three Katanga Region provinces), Bukavu (for both Eastern Congo provinces), and Mwene Ditu (for all four Kasaï Region provinces). Two members of each provincial DPS will participate as will USAID IHP staff, including all provincial directors and senior provincial coordinators and some EEI. The findings from the conflict sensitivity and do not harm analysis will primarily inform the training curriculum, but sample topics may include conflict resolution and internal advocacy techniques, scenario planning and stakeholder analysis. Cumulatively, these activities will ensure that USAID IHP programming generates positive impact in the communities where we operate and does so in a conflict-sensitive manner.

ENVIRONMENTAL MITIGATION AND MONITORING

Based on the observations of the USAID/DRC environmental office mission during the site visit on environmental compliance in South Kivu in May 2019 and as we begin to support the clean clinic approach in FY2020 and beyond, USAID IHP began preparing documents related to the risks and impact of medical waste on health and the environment. These documents must be made available to health facilities for waste management. These will be documents (posters, posters, text messages, pictograms, etc.) to draw the attention of service providers to the sorting, collection, transport, storage, treatment and elimination of the waste generated by training and health structures.

As described under Objective 1, the Program is supporting training on DHIS2/InfoMed in all target provinces and ZS. Online management of logistics information through DHIS2 and the InfoMed dashboard will reduce the production of paper formats. As an indication, the monthly summary reports of BCZS will no longer be in paper format but only online. In the future, the health facility reports will disappear as well. This will minimize the use of large amounts of paper and thus help reduce the impact on the environment. As part of USAID IHP's supply chain work, we also plans to include in training for management teams materials on waste management (pharmaceutical waste) and key messages on posters.

In December 2019, the Program launched the clean clinic approach in three ZS in Lomami province and six ZS in South Kivu. This approach aims to fight nosocomial infections and improve WASH services in health care establishments as well as measures to protect the environment. During Quarter 2, we will support training for provincial trainers and training of service providers on the clean clinic approach; knowledge, attitudes, and practices surveys; improvements; and maintenance plans in these different health facilities.

8. ACTIVITY RESEARCH, MONITORING, AND EVALUATION

Conducted baseline household survey

USAID IHP will monitor 16 Program indicators through periodic household surveys. During FY2020 Quarter 1, we completed data collection in the final 20 *aires de santé*. Using three questionnaires, our teams interviewed a random sample of 8,978 households, 8,988 women 15-49 years of age, and 3,380 men 15-59 years of age in the nine target provinces (see Table 50). Data collection was conducted by a team of 279 people in the field, including 225 investigators and 45 supervisors and nine field managers.

The survey collected included detailed information about household resources and demographics as well as behavioral data about attitudes and beliefs about health services and client satisfaction.

Table 50. Results of Household and Individual interviews

Region/province	Household Interviews			Individual Interviews	
	Selected	Interviewed	Rate of response	Women 15-49 years old	Men 15-59 years old
Kasaï Region	4,000	3,985	99.6	4,097	1,434
Kasaï-Central	1,000	1,005	100.5	958	442
Kasaï-Oriental	1,000	999	99.9	1,115	387
Lomami	1,000	981	98.1	929	313
Sankuru	1,000	1,000	100.0	1,095	292
Katanga Region	3,000	2,997	99.9	2,876	1,098
Haut-Katanga	1,000	1,001	100.1	1,013	361
Haut-Lomami	1,000	997	99.7	859	305
Lualaba	1,000	999	99.9	1,004	432
East Region	2,000	1,996	99.8	2,015	848
Sud-Kivu	1,000	997	99.7	1,074	408
Tanganyika	1,000	999	99.9	941	440
Total	**9,000**	**8,978**	**99.8**	**8,988**	**3,380**

Source: USAID IHP calculation as of January 27, 2020

USAID IHP subjected the data to intensive processing and cleaning in order to identify duplicates, inconsistencies, and outliers. The Program's Director of Research, Monitoring, and Evaluation directly supervised this exercise, with support and assistance from the Abt Associates home office team in the United States. Cleaning was complete in December 2019. The three datasets were merged and analyzed and the tabulation plan was completed.

Completed baseline service delivery mapping survey

USAID IHP also completed a baseline service delivery mapping survey this quarter. The survey assessed service delivery, collecting detailed information on staff services, equipment, and capabilities available in every public and private health facility in the nine USAID IHP target provinces. Survey data included GPS coordinates, photos, and various types of facility information on topics such as human resources, medication management, infrastructure and equipment, and access to water and electricity. This survey also examined administrative roles and responsibilities at all levels of the health system: from the DPS, BCZS and general referral hospital/referral health center level to iCCM sites. The Program will use mapping survey data to identify opportunities to improve equitable and efficient service delivery through USAID IHP implementation and to track six of our indicators.

An interviewer conducts surveys for the USAID IHP Baseline Household Survey in Kabinda, Lomami. Photo: USAID IHP.

Because data collection was delayed in some areas, a preliminary report was submitted with the available data in November 2019. Data collection will be completed during Quarter 2 and the dataset will be made available to USAID, the MOH, and other Program partners shortly after with an updated report.

Table 51. Provincial differences in completion of service delivery mapping survey

Province	# Surveys collected	# Surveys expected (DHIS2 pyramid)	Rate of Completion (%)
Haut-Katanga	842	970	86.8
Haut-Lomami	502	537	93.5
Kasaï-Central	730	734	99.5
Kasaï-Oriental	485	536	90.5
Lomami	631	679	92.9
Lualaba	375	383	97.9
Sankuru	230	441	52.2
Sud-Kivu	851	894	95.2
Tanganyika	257	285	90.2
TOTAL	**4,903**	**5,459**	**89.8**

Source: USAID IHP calculations as of January 27, 2020

Finalized M&E platform and its use in the reporting process

The USAID IHP Research, Monitoring, and Evaluation team held a number of working sessions to finalize designs and test modules for the M&E platform. The objective of the platform is to streamline reporting to ensure the consistent and correct collection of data and reduce vulnerability to error. This quarter, the team focused on developing the data entry interface for the project monitoring report data (data that is uniquely collected by the Program through USAID IHP activities).

In FY2020 Quarter 2, we will continue to develop the activity reporting module and begin to prepare training for technical staff to enter data into the platform. We expect the platform to have the functionality to completely produce the Annex A indicator data table in time for the FY2020 Quarter 3 report.

Prepared biweekly Activity Tracking Reports

At the end of FY2019 and throughout FY2020 Quarter 1, USAID IHP has been reporting to USAID on the implementation of work plan activities every two weeks. This has become a critical tool for internal reporting and has also provided useful feedback to the development of the activity reporting module on the M&E platform.

9. LESSONS LEARNED

Regaining credibility with stakeholders has generated momentum in Program implementation.

USAID IHP was able to resolve issues related to per diem challenges and financial disbursement constraints that slowed down the implementation of activities last year and also negatively impacted Abt's relationships with stakeholders and reputation in-country. During meetings with national and province-level MOH partners, the project openly acknowledged these operational challenges and their negative impact on the program, in particular ensuring participation at the community level. Helping sensitize and mobilize communities to generate their homegrown solutions to community based problems of access, quality, availability of primary health care services, is of the utmost importance, to ensure that the health system can continue operating on its own past the end of the project. Now that solutions have been put in place, we are able to leverage the momentum generated from this stakeholder dialogue, and we can move forward with achieving our program's targets together.

Ensuring a participatory approach to staff engagement is critical during strategic shifts in the program.

During the last quarter, USAID IHP's WASH activities were evaluated in great depth by the Mission. The conclusion was that integrated programs such as USAID IHP are not the appropriate vehicles for USAID investments to address the unmet need for water and sanitation infrastructure in many urban and semi urban populations. USAID proposed a 360 degree shift in strategy, and instructed IHP to immediately begin implementing activities with focus on facility-level sanitation, using the Clean Clinics approach. Although the project was able to change its technical strategy quickly to meet USAID's demands, it was difficult for staff to endorse and then implement the strategy. In addition to complete transparency, it was critical to sensitize the team on the rationale behind the strategy change, otherwise resistance or rejection of the approach could have a damaging effect on activity implementation

Institutional strengthening plans of provinces must be prioritized and funded through domestic resources.

The institutional self-assessments and the subsequent planning for institutional strengthening as laid out in USAID IHP's Year 2 workplan, are gaining traction beyond all expectations. A similar organizational development approach was previously conducted with Ministry of Health Directorates, with Kinshasa based hospitals and even with the Kinshasa School of Public Health. Now, the demand for such assessments reaches beyond to the health zones.

One of the key assumptions is that institutional strengthening plans of the provinces would inform our own program planning. However, USAID IHP cannot continue to fund or support these types of activities indefinitely. At the same time, province based institutional assessments and strengthening plans need to be owned by all province partners, and such plans should incorporate contributions by other partners. Investment commitments are needed from leadership at the national and provincial levels; securing domestic resources will not only help to prioritize these activities but to ensure their sustainability.

Coordination of technical assistance to ensure complementarity of activities at the province level

During this quarter, USAID has asked to explain the value added of the different regional offices, including regional technical assistance. Also, during the Annual Review of the PNDS 2019-2022, the

MOH asked us to reflect on the value add of technical assistance, particularly in light of the multiple donors and donor-funded activities that are going on in the same locations where we operate. The MOH has requested that our technical assistance be planned in coordination with other donor-funded programs, so that it is complementary and less redundant. Although USAID IHP already collaborates extensively with key USAID implementing partners, to an external observer such as the MOH, our technical assistance resources require better coordination or pooling at the province level.

ANNEX A: PERFORMANCE INDICATORS, TARGETS, AND ACHIEVEMENTS (ANNUAL)

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
Goal:	**Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities**											
1	IHP DRC Impact: MMR, U5MR, Neonatal MR, Infant MR, TB case notification rate, malaria mortality rate, CPR, and acute and chronic malnutrition rates*	Impact†										Data will come from the DHS or MICS survey. Data from the 2017-2018 MICS is not yet available.
		Kasaï										
		Katanga										
		E. Congo										
2	FP: Percentage of married women using any modern method of contraception	Outcome	10.8%	6.7%	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	10.9%	6.2%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	14.3%	5.7%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	5.3%	8.6%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
3 Fee Proxy	FP: Number of acceptors new to modern contraception in USG-supported family planning service delivery points (PROXY)	Outcome	848549	900226	225056	256851	114.1%	N/A	N/A	DHIS 2	The indicator to exceed the target of 114.1% the region of Kasaï and Katanga have a completion rate> 110%.	We will continue to work with DPS to ensure continued progress.
		Kasaï	368326	390757	97689	115540	118.3%	N/A	N/A	DHIS 2		
		Katanga	272927	289548	72387	86879	120.0%	N/A	N/A	DHIS 2		
		E. Congo	207296	219921	54980	54432	99.0%	N/A	N/A	DHIS 2		
4 Fee	MNCH: Percentage of children 0-59 months of age for whom treatment/advice was sought for acute respiratory infection	Outcome	53.0%	54.3%	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	48.9%	57.7%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	54.4%	57.0%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	76.9%	46.3%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
5 Fee Proxy	MNCH: Number of children under five years of age that received treatment for an acute respiratory infection from an appropriate provider	Outcome	1143154	1212772	303193	299236	98.7%	N/A	N/A	DHIS 2	The indicator did not reach the target, but the satisfactory development.	Strengthen formative supervision in the SSC.
		Kasaï	569695	604389	151097	151815	100.5%	N/A	N/A	DHIS 2		
		Katanga	229925	243927	60982	60305	98.9%	N/A	N/A	DHIS 2		
		E. Congo	343534	364456	91114	87116	95.6%	N/A	N/A	DHIS 2		
6 Fee	MNCH: Percentage of children 0-59 months for whom treatment/advice was sought for diarrhea	Outcome	58.1%	42.0%	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	55.0%	38.8%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	63.6%	37.3%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	64.1%	50.5%	N/A	N/A	N/A	N/A	N/A	EDM 2019		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
7 Fee Proxy (Standard/ PPR)	MNCH: Number of cases of child diarrhea treated in USG- supported programs (PROXY)	Outcome	1041286	1104700	276175	233638	84.6%	N/A	N/A	DHIS 2	The indicator did not reach the target, we observe a very high rate of 98.4% in the Katanga region. Make ORS available in health facilities.	Make ORS available in health facilities.
		Kasaï	476895	505938	126484	100400	79.4%	N/A	N/A	DHIS 2		
		Katanga	239799	254402	63601	62579	98.4%	N/A	N/A	DHIS 2		
		E. Congo	324592	344360	86090	70659	82.1%	N/A	N/A	DHIS 2		
8 Contract	MNCH: Percentage of children age 12-23 months who received all basic vaccinations	Outcome	44.8%	48.8%	N/A	N/A	N/A	N/A	N/A	DHIS 2	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	40.0%	44.0%	N/A	N/A	N/A	N/A	N/A	DHIS 2		
		Katanga	45.4%	49.4%	N/A	N/A	N/A	N/A	N/A	DHIS 2		
		E. Congo	52.2%	56.2%	N/A	N/A	N/A	N/A	N/A	DHIS 2		
9 Fee Proxy	MNCH: Number of children less than 12 months of age who received three doses of pentavalent vaccine (PROXY)	Outcome	1157027	1227490	306873	301437	98.2%	N/A	N/A	DHIS 2	The indicator did not reach the target, but the satisfactory development with a rate of 105.3% observed in the region of Kasaï-Central.	Strengthen routine formative supervision and EPI.
		Kasaï	479997	509229	127308	134065	105.3%	N/A	N/A	DHIS 2		
		Katanga	344494	365474	91368	91250	99.9%	N/A	N/A	DHIS 2		
		E. Congo	332536	352787	88197	76122	86.3%	N/A	N/A	DHIS 2		
10	MNCH: Number of children less than 12 months of age who received measles vaccine from USG-supported programs	Outcome	1115918	1183877	295968	291626	98.5%	N/A	N/A	DHIS 2	The indicator did not reach the target, but the satisfactory development with a rate of 105.0% observed in the Katanga region.	Strengthen routine formative supervision and EPI.
		Kasaï	478162	507282	126820	126640	99.9%	N/A	N/A	DHIS 2		
		Katanga	330445	350569	87642	92065	105.0%	N/A	N/A	DHIS 2		
		E. Congo	307311	326026	81506	72921	89.5%	N/A	N/A	DHIS 2		
11	MNCH: Percentage of children less than 12-23 months of age who received measles vaccine from USG-supported programs	Outcome	64.3%	68.3%	N/A	N/A	N/A	N/A	N/A	DHIS 2	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	61.6%	65.6%	N/A	N/A	N/A	N/A	N/A	DHIS 2		
		Katanga	58.0%	62.0%	N/A	N/A	N/A	N/A	N/A	DHIS 2		
		E. Congo	75.6%	79.6%	N/A	N/A	N/A	N/A	N/A	DHIS 2		
12 Fee	MNCH: Percent of pregnant women attending at least four antenatal visits with a skilled provider from USG-supported health facilities	Outcome	30.7%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	28.5%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	37.8%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	24.6%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
13 Fee Proxy	MNCH: Number of pregnant women attending at least 4 antenatal care visits with a skilled provider (PROXY)	Outcome	778425	825831	206457	206446	100.0%	N/A	N/A	DHIS 2	The indicator has reached the target set by the program.	Maintenir les acquis.
		Kasaï	418461	443945	110986	111056	100.1%	N/A	N/A	DHIS 2		
		Katanga	174119	184723	46180	49421	107.0%	N/A	N/A	DHIS 2		
		E. Congo	185845	197163	49291	45969	93.3%	N/A	N/A	DHIS 2		
14 Fee	MALARIA :Percent of children under 5 years of age for whom treatment/advice was sought for fever	Outcome	80.0%	41.7%	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	76.1%	41.1%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	90.3%	45.4%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	83.6%	40.0%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
15 Fee Proxy	MALARIA: Number of children under 5 years of age with confirmed malaria who received treatment for malaria from an appropriate provider in USG-supported areas (PROXY)	Outcome	2868866	3043580	760894	856122	112.5%	N/A	N/A	DHIS 2	The indicator exceeded the target by 12.5%	We will continue to work with DPS to ensure continued progress.
		Kasaï	1397311	1482407	370602	436474	117.8%	N/A	N/A	DHIS 2		
		Katanga	681602	723112	180777	213796	118.3%	N/A	N/A	DHIS 2		
		E. Congo	789953	838061	209515	205852	98.3%	N/A	N/A	DHIS 2		
16 Fee	MALARIA :Proportion of children 0-59 months who slept under an Insecticide treated net (ITN) the previous night	Outcome	65.3%	57.5%	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	71.2%	49.7%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	55.1%	65.9%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	62.0%	61.3%	N/A	N/A	N/A	N/A	N/A	EDM 2019		
17 Fee Proxy	MALARIA :Number of insecticide-treated nets (ITN) distributed during antenatal and/or child immunization visits (PROXY)	Process	1163227	1222086	305522	210336	68.8%	N/A	N/A	DHIS 2	The indicator did not reach the target, the lowest value is observed in the central Kasaï 58.9%.	Take MIILD available in the FOSA for routine CPN and CPS.
		Kasaï	552961	580941	145235	85572	58.9%	N/A	N/A	DHIS 2		
		Katanga	217673	228687	57172	52658	92.1%	N/A	N/A	DHIS 2		
		E. Congo	392593	412458	103115	72106	69.9%	N/A	N/A	DHIS 2		
18 Fee	Improved satisfaction by clients/citizens with the services they receive: % of individuals reporting satisfaction with health center services	Outcome	66.9%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	69.8%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	70.1%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	56.1%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
19 Fee	Number of Basic Emergency Obstetric and Neonatal Center (BEmONC) or Comprehensive Emergency Obstetric Center (CEmONC) sites available in each province	Output	346	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the mapping survey.
		Kasaï	85	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		Katanga	179	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		E. Congo	82	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
20 Fee	Documentation and publication of operational research in peer reviewed journal	Process	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	No publications were expected for this quarter.	We are presenting findings from the household and mapping survey this year and will produce articles for publication.
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
21 Fee	Conflict Sensitivity Analysis and Implementation Strategy	Process	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator has been completed. The revised Conflict Sensitivity Analysis and Implementation Strategy was submitted October 19, 2018, and approved by USAID on October 24, 2018.	N/A
		Kasaï	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
22 Fee	Percent of targeted facilities with quality improvement action plans documented and being implemented	Outcome	0	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator is reported annually. This activity will begin this year so there is no baseline yet	N/A
		Kasaï	0	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	0	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	0	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
23 Fee	Capacity Development Approach	Output	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator has been completed. The Capacity Development Approach was submitted October 5, 2018, and approved by USAID on November 11, 2018.	N/A
		Kasaï	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
24 Fee	Gender Analysis and Gender Implementation Strategy	Process	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator has been completed. The Gender Analysis and Implementation Strategy was submitted November 2, 2018, and approved by USAID on December 10, 2018.	N/A
		Kasaï	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
Result 1: Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones												
1.1 Fee	Annual score derived from PICAL for USG-supported provincial health divisions	Output	1.7	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator is reported annually.	N/A
		Kasaï	1.7	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	1.5	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	2	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
1.2	Percent of annual Provincial action plans and budgets aligned with National action plans and budgets (expected contract result)	Outcome	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator is reported annually.	N/A
		Kasaï	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
1.3	Percentage of health zones with annual action plans and budgets that are aligned with provincial action plans and budgetss (expected contract result)	Outcome	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator is reported annually.	N/A
		Kasaï	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
IR 1.1: Enhanced capacity to plan, implement, and monitor services at provincial, health zone, and facility levels												
1.1.1	Percentage of DPS and health zones that have used data to produce their annual plans data analysis (expected contract result)	Outcome	100%	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator is reported annually.	N/A
		Kasaï	100%	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	100%	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	100%	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
1.1.2	Percentage of targeted sub-national health level divisions that successfully implement 80% of resourced action plan activities (expected contract result)	Outcome	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator is reported annually.	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
1.1.3	Number of Results Based Financing (RBF) grants signed (expected contract result)	Outcome	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not started this activity	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
IR 1.2: Improved transparency and oversight in health service financing and administration at provincial, health zone, facility, and community levels												
1.2.1	Score for financial management sub-domains of the PICAL assessment for provincial health divisions (contract deliverable)	Outcome	2.3	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator is reported annually.	N/A
		Kasaï	2.3	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	3	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	2	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
1.2.2	PICAL assessment accountability sub-domain score for provinces and health zones receiving USG assistance (contract deliverable)	Output	2.1	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator is reported annually.	N/A
		Kasaï	1.8	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	2	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	2.5	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
1.2.3	Percentage of DPS and Health Zones supported by the program that are audited with USAID IHP DRC technical and/or financial support (contract deliverable)	Output	39.1%	25%	25%	7.8%	31.5%	14	178*	Project monitoring report	The indicator did not reach the target, the lowest value observed in the Katanga region (22.1%)	Increase audits in regions supported by the program.
		Kasaï	44.2%	25%	25%	6.5%	26.0%	5	77	Project monitoring report		
		Katanga	42.1%	25%	25%	7.1%	28.6%	4	56*	Project monitoring report		
		E. Congo	26.7%	25%	25%	11.1%	44.4%	5	45	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
1.2.4	Number of tickets on the fraud and complaints hotline issue tracker (expected contract result)	Output	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This activity has not yet begun.	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
IR 1.3: Strengthened capacity of Community Service Organizations (CSOs) and community structures to provide health system oversight												
1.3.1	Percentage of active CCSOs/CODESAs in health zones fully supported by the program, which receive financial support (contract deliverable)	Output	0	TBD	TBD	2.3%	0.0%	72	3188	Project monitoring report		
		Kasaï	0	TBD	TBD	4.3%	0.0%	56	1316	Project monitoring report		
		Katanga	0	TBD	TBD	1.7%	0.0%	16	963	Project monitoring report		
		E. Congo	0	TBD	TBD	0.0%	0.0%	0	909	Project monitoring report		
1.3.2	Number and Percentage of supported CSOs/CODESAs using accountability tools (such as scorecards and audit reports) to monitor and / or demand improvement of financial management and/or service delivery (contract deliverable) (contract deliverable)	Outcome	0	TBD	TBD	0.0%	0	0	3188	Project monitoring report	This activity has not yet begun.	N/A
		Kasaï	0	TBD	TBD	0.0%	0	0	1316	Project monitoring report		
		Katanga	0	TBD	TBD	0.0%	0	0	963	Project monitoring report		
		E. Congo	0	TBD	TBD	0.0%	0	0	909	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
1.3.3 Fee (Standard: CDCS-#)	Number of community service organizations (CSOs)/Health Area Development Committees (CODESAs) supported by the program that are woman-led (contract deliverable)	Outcome¥	205	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the mapping survey.
		Kasaï	67	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		Katanga	107	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		E. Congo	31	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
IR 1.4: Improved effectiveness of stakeholder coordination at the provincial and health zone levels												
1.4.1	Percent of stakeholders who agree that their views are reflected in planning/policy processes	Output	41.5%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	44.6%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	40.9%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	37.2%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
1.4.2 (Standard: CDCS-#)	Percent of coalitions or networks strengthened to fulfill their mandate as a result of USG assistance (contract deliverable)	Output	100%	TBD	N/A	100%	100%	5	5	Project monitoring report	We met our targets.	We will continue to work with DPS and BCZS to ensure we are assisting them as needed.
		Kasaï	100%	TBD	N/A	100%	100%	2	2	Project monitoring report		
		Katanga	100%	TBD	N/A	100%	100%	3	3	Project monitoring report		
		E. Congo	0%	TBD	N/A	0%	0%	0	0	Project monitoring report		
1.4.3	Annual score of provincial level health divisions in PICAL sub-dimension 2.6 to assess for use of inclusive stakeholder feedback to inform decision-making and implementation (contract deliverable)	Output	0.9	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This indicator is reported annually.	N/A
		Kasaï	0.8	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	1	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	1	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
IR 1.5: Improved disease surveillance and strategic information gathering and use												
1.5.1	Number of provinces that demonstrate information management in the preparation of the quarterly work plan reports (contract deliverable)	Output	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet started this activity.	N/A
		Kasaï	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
1.5.2	Percentage of USG supported provinces and health zones with MAPEPI DHIS2 reporting rates > 95% (expected contract result)	Output	16.2%	20.2%	20.2%	15.1%	74.7%	27	179	DHIS 2	The indicator did not reach the target, the highest value in the Kasaï region 105.3%.	Train the ECZS in MAPIPI, Supply the ZS in mega.
		Kasaï	18.2%	22.2%	22.2%	23.4%	105.3%	18	77	DHIS 2		
		Katanga	15.8%	19.8%	19.8%	7.0%	35.4%	4	57	DHIS 2		
		E. Congo	13.3%	17.3%	17.3%	11.1%	64.2%	5	45	DHIS 2		
1.5.3	Percentage of targeted DPS, ECZS and FOSA teams that use real-time data dashboards in routine management tasks (contract deliverable)	Output	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet started this activity.	N/A
		Kasaï	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	100%	N/A	N/A	N/A	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
IR 1.6: Improved management and motivation of human resources for health												
1.6.1	Average score of provinces and health zones assessed for HR management monitoring systems (contract deliverable)	Output	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet started this activity.	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
1.6.2	Number of DPS/ECZS health workers trained in Human Resources Management using iHRIS (expected contract result)	Output	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet started this activity.	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
1.6.3	Number of ECDPs who have been coached according to Ministry of Health guidelines for Human Resources Management (expected contract result)	Output	N/A	TBD	N/A	10	N/A	N/A	N/A	Project monitoring report	We have not yet started this activity.	N/A
		Kasaï	N/A	TBD	N/A	0	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	10	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	0	N/A	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
1.6.4	Number of providers who have benefited from using the Pathways to Change tool to improve their attitudes and behaviors (expected contract result)	Output	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet started this activity.	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
IR 1.7: Increased availability of essential commodities at provincial, health zone, facility, and community levels												
1.7.1 (Standard: CDCS)	Number and percentage of USG-assisted service delivery points that experience a stock out of selected tracer commodities at any time during the reporting period (contract deliverable)	Output	71.7%	67.7%	67.7%	30.0%	155.7%	1830	6103	DHIS 2	This indicator demonstrates improvement with reduced numbers of facilities experiencing a stockout. We are reporting the percent difference between the target and achieved.	We will make tracer drugs available in health facilities and improve the encoding of drug data in DHIS2
		Kasaï	77.9%	73.9%	73.9%	33.3%	154.9%	867	2602	DHIS 2		
		Katanga	61.4%	57.4%	57.4%	22.4%	161.0%	483	2160	DHIS 2		
		E. Congo	76.0%	72.0%	72.0%	35.8%	150.3%	480	1341	DHIS 2		
1.7.2	Percent of USG supported health zones with LMIS reporting rates > 95% (expected contract result)	Output	32.4%	36.4%	36.4%	2.8%	7.7%	5	179	DHIS 2	We did not achieve our targets for this indicator.	We need to help the MOH with training to improve reporting rates
		Kasaï	42.9%	46.9%	46.9%	3.9%	8.3%	3	77	DHIS 2		
		Katanga	31.6%	35.6%	35.6%	0.0%	0.0%	0	57	DHIS 2		
		E. Congo	15.6%	19.6%	19.6%	4.4%	22.7%	2	45	DHIS 2		
1.7.3	Percent of supported sub-national level health divisions with a documented and budgeted distribution plan (expected contract result)	Output	56.4%	100%	100%	38.0%	38.0%	68	179	Project monitoring report	We did not achieve our targets for this indicator.	All ZS are working on having a distribution process in place.
		Kasaï	46.8%	100%	100%	41.6%	41.6%	32	77	Project monitoring report		
		Katanga	59.6%	100%	100%	36.8%	36.8%	21	57	Project monitoring report		
		E. Congo	68.9%	100%	100%	33.3%	33.3%	15	45	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
1.7.4	Percentage of Health Zones with improved conditions of medicines storage according the planned renovation (expected contract result)	Output	1.3	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the mapping survey.
		Kasaï	0	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		Katanga	2.1	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		E. Congo	2.9	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
IR 1.8: Strengthened collaboration between central and decentralized levels through sharing of best practices and contributions to policy dialogue												
1.8.1 (Standard DR.3.1-3)	Number of consensus-building forums (multi-party, civil/security sector, and/or civil/political) held with USG assistance (contract deliverable)	Output	0	TBD	N/A	0	0%	N/A	N/A	Project monitoring report	We did not do this activity this quarter.	N/A
		Kasaï	0	TBD	N/A	0	0%	N/A	N/A	Project monitoring report		
		Katanga	0	TBD	N/A	0	0%	N/A	N/A	Project monitoring report		
		E. Congo	0	TBD	N/A	0	0%	N/A	N/A	Project monitoring report		
Result 2: Increased access to quality, integrated health services in target health zones												
2.1 CDCS (Standard/ PPR)	FP: Couple years of protection (CYP) in USG-supported programs	Outcome	1,000,409	1061334	265335	303237	114.3%	N/A	N/A	DHIS 2	All regions exceeded their targets.	We might consider adjusting the targets, particularly in Katanga and the East.
		Kasaï	383,777	407148	101788	104464	102.6%	N/A	N/A	DHIS 2		
		Katanga	329,122	349165	87291	104138	119.3%	N/A	N/A	DHIS 2		
		E. Congo	287,511	305021	76256	94635	124.1%	N/A	N/A	DHIS 2		
2.2	FP: Couple years of protection (CYP) after exclusion of LAM and Standard days methods (SDM) for FP in USG-supported programs	Outcome	937,735	994843	60367	283132	469.0%	N/A	N/A	DHIS 2	All regions exceeded their targets.	We suggest adjusting the targets for all regions to more effectively track performance.
		Kasaï	360,468	382421	23205	97628	420.7%	N/A	N/A	DHIS 2		
		Katanga	303,164	321626	19516	95322	488.4%	N/A	N/A	DHIS 2		
		E. Congo	274,103	290796	17645	90182	511.1%	N/A	N/A	DHIS 2		
2.3	FP: Number of counseling visits for FP/ RH as result of USG support	Output	192,080	1125282	281321	1504	0.5%	N/A	N/A	DHIS 2	Performance results for this indicator are very weak and we believe it is associated with the quality of the data.	Activate the training on the additional module and make available the management tools of the additional module in the FOSA.
		Kasaï	150,200	488446	122112	1391	1.1%	N/A	N/A	DHIS 2		
		Katanga	26,796	361935	90484	98	0.1%	N/A	N/A	DHIS 2		
		E. Congo	15,084	274901	68725	15	0.0%	N/A	N/A	DHIS 2		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
2.4 (Standard: CDCS)	MALARIA:Percent of pregnant women who received doses of sulfadoxine/ pyrimethamine (S/P) for Intermittent Preventive Treatment (IPT) during ANC visits	Outcome	67.2%	80%	80%	71.2%	89.0%	251591	353249	DHIS 2	We exceeded the target in Kasaï-Central and were above 90% in 5 other provinces but we fell short in Haut-Katanga and Su-Kivu.	We need to increase the availability of S/P to health facilities with trained staff. A training plan will be established for under performing provinces.
		Kasaï	70.0%	80%	80%	76.8%	96.0%	116227	151310	DHIS 2		
		Katanga	64.1%	80%	80%	68.3%	85.3%	74859	109648	DHIS 2		
		E. Congo	62.3%	80%	80%	65.6%	81.9%	60505	92291	DHIS 2		
2.5 (Standard: CDCS)	Percentage of population who use selected facilities	Outcome¥	42.0%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	43.9%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	43.0%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	36.9%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
2.6	Percentage of Health centers supported by the USG implementing interventions to support the minimum package of activities (contract deliverable)	Outcome¥	0	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the mapping survey.
		Kasaï	0	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		Katanga	0	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		E. Congo	0	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
2.7	Percentage of hospitals supported by the USG implementing interventions to support the complementary package of activities. (expected contract result)	Outcome	0	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the mapping survey.
		Kasaï	0	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		Katanga	0	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		E. Congo	0	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
2.8	Percentage of supported health facilities using MOH QoC tool (contract deliverable)	Output	16.1%	732	N/A	0%	0%	N/A	N/A	EDL 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the mapping survey.
		Kasaï	12.8%	253	N/A	0%	0%	N/A	N/A	EDL 2019		
		Katanga	21.4%	328	N/A	0%	0%	N/A	N/A	EDL 2019		
		E. Congo	15.5%	151	N/A	0%	0%	N/A	N/A	EDL 2019		
2.9 (Standard: CDCS)	Percentage of population reporting improved availability of selected services	Outcome¥	25.3%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	27.5%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	27.3%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	17.3%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
IR 2.1: Increased availability of quality, integrated facility-based health services												
2.1.1 (Standard)	FP: Percent of USG-assisted service delivery	Output	60.6%	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2	This indicator is reported annually.	N/A
		Kasaï	58.2%	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2		
		Katanga	53.8%	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
	sites providing FP counseling and/or services	E. Congo	75.6%	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2		
2.1.2	MNCH: Percentage of pregnant women attending at least one antenatal care (ANC) visit with a skilled provider from USG-supported health facilities	Output	95.7	100%	100%	86.7%	86.7%	353249	407620	DHIS 2	Four provinces reported over 90% but Tanganyika and Haut-Katanga reported 65.4% and 75.2% respectively.	We plan to sensitize communities to start CPN early and share lessons learned between provinces.
		Kasaï	96.3	100%	100%	89.1%	89.1%	151310	169738	DHIS 2		
		Katanga	91.3	100%	100%	84.4%	84.4%	109648	129953	DHIS 2		
		E. Congo	100.1	100%	100%	85.5%	85.5%	92291	107929	DHIS 2		
2.1.3	MNCH: Percentage of deliveries with a skilled birth attendant (SBA) in USG-supported facilities	Outcome¥	75.4	90%	90%	72.7%	80.8%	296480	407620	DHIS 2	No province has reached 90%, The East region has particular challenges especially the EST region with a coverage of only 69.9%	We plan to sensitize communities to start CPN early and encourage childbirth in health facilities.
		Kasaï	82.6	90%	90%	78.1%	86.8%	132595	169738	DHIS 2		
		Katanga	69.6	90%	90%	73.8%	82.0%	95950	129953	DHIS 2		
		E. Congo	70.7	90%	90%	62.9%	69.9%	67935	107929	DHIS 2		
2.1.4 (PPR)	MNCH: Number of women giving birth who received uterotonics in the third stage of labor (OR immediately after birth) through USG-supported programs	Output	140458	242341	60586	34041	56.2%	N/A	N/A	DHIS 2	The national average is 56.2% and the East region has the lowest performaing provinces	Our immediate aim is to make oxytocin available in health facilities.
		Kasaï	19244	33321	8330	5549	66.6%	N/A	N/A	DHIS 2		
		Katanga	37395	67366	16842	10613	63.0%	N/A	N/A	DHIS 2		
		E. Congo	83819	141654	35414	17879	50.5%	N/A	N/A	DHIS 2		
2.1.5 (Standard/ PPR)	MNCH: Number of newborns not breathing at birth who were resuscitated in USG-supported programs	Output	33509	35550	8889	6590	74.1%	N/A	N/A	DHIS 2	The national average is 74.2% with wide variation among the provinces. Haut-Lomami performaed very well (105.2% but Sankuru performed very poorl (57,8%	We believe that service providers must be trained in Helping Babies Breathe (HBB) procedures.
		Kasaï	9818	10416	2605	1727	66.3%	N/A	N/A	DHIS 2		
		Katanga	14450	15330	3833	2892	75.5%	N/A	N/A	DHIS 2		
		E. Congo	9241	9804	2451	1971	80.4%	N/A	N/A	DHIS 2		
2.1.6	MNCH: Number of postpartum/newborn visits within three days of birth in USG-supported programs	Output	1121703	1190014	297504	291781	98.1%	N/A	N/A	DHIS 2	We exceeded our targets in five provinces.	We hope to maintain progress and share lessons learned between provinces.
		Kasaï	525049	557024	139256	132546	95.2%	N/A	N/A	DHIS 2		
		Katanga	336949	357469	89368	93361	104.5%	N/A	N/A	DHIS 2		
		E. Congo	259705	275521	68880	65874	95.6%	N/A	N/A	DHIS 2		
2.1.7 (CDCS)	MNCH: Number and percentage of newborns	Output	91.5%	100%	100%	94.2%	94.2%	279341	296680	DHIS 2	We exceeded targets in seven provinces.	We hope to maintain progress
		Kasaï	91.8%	100%	100%	93.8%	93.8%	125350	133690	DHIS 2		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
	receiving essential newborn care through USG-supported programs	Katanga	89.7%	100%	100%	92.9%	92.9%	88516	95289	DHIS 2		and share lessons learned between provinces.
		E. Congo	93.2%	100%	100%	96.7%	96.7%	65475	67701	DHIS 2		
2.1.8 (PPR)	MNCH: Number of newborns receiving antibiotic treatment for infection from trained health workers through USG- supported programs	Output	212375	225309	56328	38420	68.2%	N/A	N/A	DHIS 2	We did not meet our target in any provinces with great variation among them. HL was the highest performer with 83.3% achieved.	We intend to train health care providers to provide newborns with antibiotics.
		Kasaï	98016	103985	25997	16921	65.1%	N/A	N/A	DHIS 2		
		Katanga	89734	95199	23799	16989	71.4%	N/A	N/A	DHIS 2		
		E. Congo	24625	26125	6532	4510	69.0%	N/A	N/A	DHIS 2		
2.1.9	MNCH: Drop-out rate in DTP-HepB-Hib3 among children less than 12 months of age	Output	5%	4.0%	4.0%	4.3%	120.8%	13397	309719	DHIS 2	We "exceeded" our targets in six provinces but Tanganyika and Lualaba posted dropout rates of 9.0% and 6.4% respectively.	We will improve the health care providers training to address dropouts.
		Kasaï	5%	4.0%	4.0%	3.3%	129.1%	4351	133301	DHIS 2		
		Katanga	7%	5.0%	5.0%	5.0%	129.4%	4826	96076	DHIS 2		
		E. Congo	5%	4.0%	4.0%	5.3%	93.9%	4220	80342	DHIS 2		
2.1.10 (Standard/ PPR)	NUTRITION: Number of individuals receiving nutrition- related professional training through USG supported nutrition programs	Outcome	0	1305	673	226	33.6%	N/A	N/A	Project monitoring report	We did not meet our targets; no one was trained in the East. In Haut- Katanga and Lualaba and Sud-Kivu due to competing priorities with the MOH's POA.	We will work with DPS staff to ensure that trainings are undertaken as planned.
		Kasaï	0	357	190	126	66.3%	N/A	N/A	Project monitoring report		
		Katanga	0	530	243	100	41.2%	N/A	N/A	Project monitoring report		
		E. Congo	0	418	240	0	0.0%	N/A	N/A	Project monitoring report		
2.1.11 (Standard/ PPR)	NUTRITION: Number of children under-five (0-59 months) reached by USG-supported nutrition programs	Output	6609710	16920858	4230215	2695424	63.7%	N/A	N/A	DHIS 2	We achieved 116.9% of our target in Kasaï-Oriental but struggled elsewhere.	We plan to strengthen nutrition activities in health facilities, especially in the region of katanga and the EST.
		Kasaï	2956495	7568627	1892157	1553362	82.1%	N/A	N/A	DHIS 2		
		Katanga	1798520	4604212	1151053	534900	46.5%	N/A	N/A	DHIS 2		
		E. Congo	1854695	4748019	1187005	607162	51.2%	N/A	N/A	DHIS 2		
2.1.12 (Standard)	NUTRITION: Number of children under two (0-23 months) reached with	Outcome	2045125	5235520	1308880	933916	71.4%	N/A	N/A	DHIS 2	The indicator did not reach the target.	Strengthen the activities of nutrition in health
		Kasaï	911389	2333156	583289	470095	80.6%	N/A	N/A	DHIS 2		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
	community-level nutrition interventions through USG-supported programs	Katanga	435344	1114481	278620	207634	74.5%	N/A	N/A	DHIS 2	Besides the Kasaï region the other two regions have values <75%	facilities especially in the region of katanga and TSE.
		E. Congo	698392	1787883	446971	256187	57.3%	N/A	N/A	DHIS 2		
2.1.13 (Standard/ PPR)	NUTRITION: Number of pregnant women reached with nutrition interventions through USG-supported programs	Output	1043172	2670521	667631	287984	43.1%	N/A	N/A	DHIS 2	The indicator did not reach the target. For the whole program the indicator is 43.1%	Strengthen nutrition activities in the regions targeted by the program.
		Kasaï	415491	1063657	265915	113248	42.6%	N/A	N/A	DHIS 2		
		Katanga	318553	815496	203874	91481	44.9%	N/A	N/A	DHIS 2		
		E. Congo	309128	791368	197842	83255	42.1%	N/A	N/A	DHIS 2		
2.1.14	MALARIA: Number of health workers trained in IPTp with USG funds	Output	0	TBD	670	583	66.8%	N/A	N/A	Project monitoring report	We did not meet our targets; no one was trained in the East. Six providences received trainings. Haut-Lomami, Sud-Kivu, and Tanganyika did not plan trainings during the quarter due to competing priorities in their POA.	We need to work with DPS partners to ensure trainings are undertaken as planned.
		Kasaï	0	TBD	510	508	99.6%	N/A	N/A	Project monitoring report		
		Katanga	0	TBD	160	75	30.1%	N/A	N/A	Project monitoring report		
		E. Congo	0	TBD	0	0	0.0%	N/A	N/A	Project monitoring report		
2.1.15	MALARIA: Number of health workers trained in case management with ACTs with USG funds	Output	0	1893	515	370	71.8%	N/A	N/A	Project monitoring report	We did not meet our targets; no one was trained in the East.	We need to work with DPS partners to ensure trainings are undertaken as planned.
		Kasaï	0	756	304	304	100.0%	N/A	N/A	Project monitoring report		
		Katanga	0	537	115	66	57.4%	N/A	N/A	Project monitoring report		
		E. Congo	0	600	96	0	0.0%	N/A	N/A	Project monitoring report		
2.1.16	MALARIA: Number of health workers trained in malaria laboratory diagnostics (Rapid Diagnosis Tests (RDT) or	Output	0	1893	505	370	73.3%	N/A	N/A	Project monitoring report	We did not meet our targets; no one was trained in the East.	We need to work with DPS partners to ensure trainings are undertaken as planned.
		Kasaï	0	756	304	304	100.0%	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
	microscopy) with USG funds	Katanga	0	537	115	66	57.4%	N/A	N/A	Project monitoring report		
		E. Congo	0	600	86	0	0	N/A	N/A	Project monitoring report		
2.1.17	TB: TB notification rate through USG- supported programs	Output	126	150	150	137.4	91.3%	11399	8295171	DHIS 2	While 5 of the regions exceeded their targets, Sud-Kivu only hit 57.3 percent of their target which impacted the overall total.	We will further support the CPLT to impove case notificaiton by involving the RECO
		Kasaï	126	150	150	136.5	90.7%	4968	3639914	DHIS 2		
		Katanga	156	150	150	186.1	124.0%	4530	2434350	DHIS 2		
		E. Congo	94	150	150	85.6	57.3%	1901	2220907	DHIS 2		
2.1.18 PPR	TB: Number of patients diagnosed with TB that have initiated first-line treatment. (PPR)	Output	61974	TBD	19304	17815	92.3%	N/A	N/A	DHIS 2	Lowest performance in Kasaï-Oriental during this period.	Solutions to address transport challenges with drug deliveries are being developed.
		Kasaï	28508	TBD	9423	8890	94.3%	N/A	N/A	DHIS 2		
		Katanga	21823	TBD	6754	5916	87.6%	N/A	N/A	DHIS 2		
		E. Congo	11643	TBD	3127	3009	96.2%	N/A	N/A	DHIS 2		
2.1.19	TB: Therapeutic success rate through USG-supported programs	Output	64.7	95	95	90.5%	95.2%	9558	10565	DHIS 2	Several provinces including Haut-Lomami, Sankuru and Lomami met their targets. The Katanga region had the lowest success rate.	All stakeholders including USAID IHP are working to increase support for the transportation of drugs and laboratroy supplies to the hard-to-reach ZS and CDST
		Kasaï	55.5	95	95	95.4%	100.5%	4811	5041	DHIS 2		
		Katanga	76.7	95	95	84.8%	89.3%	2886	3402	DHIS 2		
		E. Congo	63.7	95	95	87.7%	92.3%	1861	2122	DHIS 2		
2.1.20 (Standard)	TB: HL.2.4-1 Number of multi-drug resistant (MDR) TB cases detected	Outcome	405	TBD	180	65	36.1%	N/A	N/A	DHIS 2	Underperformance due to frequent stock outs of test cartidges and the lack of coordination of MDR-TB activities at the CPLT level.	The Program plans to intensify collaboration with PNLT central unit and local stakeholders to coordinate supply of GENEXpert cartridges
		Kasaï	190	TBD	72	31	43.1%	N/A	N/A	DHIS 2		
		Katanga	158	TBD	77	23	29.9%	N/A	N/A	DHIS 2		
		E. Congo	57	TBD	31	11	35.5%	N/A	N/A	DHIS 2		
2.1.21		Outcome¥	237	TBD	65	37	56.9%	N/A	N/A	DHIS 2		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
	TB: Number of multi-drug resistant TB cases that have initiated second line treatment	Kasaï	130	TBD	31	15	48.4%	N/A	N/A	DHIS 2	Underperformance due to shortages in supply of second-line TB drugs at the national level and by the lack of MDR-TB control activities at the provincial level.	The Program plans to intesify collaboraiton with other stakeholders to ensure regular delivery of drugs.
		Katanga	77	TBD	23	18	78.3%	N/A	N/A	DHIS 2		
		E. Congo	30	TBD	11	4	36.4%	N/A	N/A	DHIS 2		
2.1.22	TB: Therapeutic success rate for RR-/MDR-TB through USG- supported programs	Output	TBD	75	75	76.7%	102.3%	56	73	DHIS 2	The overall achievement rate was 95.0. Haut-Lomami met 104.0 and Sankuru met 103.6percent of their targets	Overall provinces performed wel for this indicator. The Katanga region had the lowest succes rate. The program plans to increase support for the transportation of drugs and laboratroy supplies in hard to each ZS and CDST.
		Kasaï	TBD	75	75	81.5%	108.6%	22	27	DHIS 2		
		Katanga	TBD	75	75	68.6%	91.4%	24	35	DHIS 2		
		E. Congo	TBD	75	75	90.9%	121.2%	10	11	DHIS 2		
2.1.23	TB: Percentage of under five children who received (or are receiving) INH prophylaxis through USG- supported programs	Output	5717	TBD	100%	70.2%	70.2%	4353	6197	DHIS 2	Poor performance in Haut-Katanga due to stockouts and lack of applied clinical guidelines for pediatric TB care. Sankuru and Kasaï-Central reached 98.9 and 96.8 percent of their targets respectively.	In the next quarter we will support the training of doctors on new WHO guidelines on INH treatment.
		Kasaï	2713	TBD	100%	80.9%	80.9%	2137	2641	DHIS 2		
		Katanga	1784	TBD	100%	57.3%	57.3%	1434	2503	DHIS 2		
		E. Congo	1220	TBD	100%	74.3%	74.3%	782	1053	DHIS 2		
2.1.24	TB: Percentage of new-enrolled HIV-positive patients without TB who received (or are receiving) INH prophylaxis through USG- supported programs	Output	54	100	100%	52.3%	52.3%	3841	7339	DHIS 2	Overall only 52.3 percent of newly enrolled TB-negative PLWHA were placed on INH. Despite this Lomami met 100.0 percent of its target	We will continue to coordinate closely with partners and increase join CPLT/PNLS supervision for TB/HIV issues.
		Kasaï	48	100	100%	72.3%	72.3%	946	1309	DHIS 2		
		Katanga	59	100	100%	44.3%	44.3%	2435	5496	DHIS 2		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
		E. Congo	44	100	100%	86.1%	86.1%	460	534	DHIS 2	and four provinces approached their targets.	
2.1.25	TB: Percentage of new-enrolled HIV-positive patients screened for TB through USG- supported programs	Outcome	64.7	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2	This data was not made available at the time of reporting.	N/A
		Kasaï	55.5	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2		
		Katanga	76.7	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2		
		E. Congo	63.7	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2		
2.1.26	TB: Number of individuals trained in any component of the World Health Organization Stop TB strategy with USG funding.	Output	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We did not do this activity this quarter.	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
2.1.27 (PPR)	GBV: Number of women treated for gender-based violence. PPR.	Outcome	8318	6932	1734	1740	100.3%	N/A	N/A	DHIS 2	In general, we exceeded targets	We must work with DPS in the East region and share lessons learned with high-performing provinces to improve performance.
		Kasaï	2056	1714	429	502	117.0%	N/A	N/A	DHIS 2		
		Katanga	599	499	125	194	155.2%	N/A	N/A	DHIS 2		
		E. Congo	5663	4719	1180	1044	88.5%	N/A	N/A	DHIS 2		
2.1.28	GBV: Number of surgical fistula repairs provided with USG-assistance	Output	0	100	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet received this data from the hospitals. We will update the MECC as soon as it is available.	forthcoming
		Kasaï	0	20	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	0	20	N/A	N/A	N/A	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
		E. Congo	0	60	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
2.1.29	GBV: Number of surgical fistula repairs provided with USG-assistance that remained closed after discharge	Output	0	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet received this data from the hospitals. We will update the MECC as soon as it is available.	forthcoming
		Kasaï	0	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	0	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	0	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
IR 2.2: Increased availability of quality, integrated community-based health services												
2.2.1 (Standard PPR)	FP: Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year	Output	N/A	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2 (MC)	This data is not yet available. The module complementaire should be producing data starting in March.	forthcoming
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2 (MC)		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2 (MC)		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	DHIS 2 (MC)		
2.2.2	Percent of target population who report that they are able to access the basic health services available to their community (contract deliverable)	Output	19.7%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	21.3%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	22.7%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	11.5%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
2.2.3	Percent of citizens reporting improvement and equity in service delivery of local level institutions with USG assistance (contract deliverable)	Impact	58.8%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	59.9%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	63.9%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	49.0%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
2.2.4	Number of Integrated Community Case Management (iCCM) sites in USG-supported communities (expected contract result)	Output	2273	TBD	1794	N/A	N/A	N/A	N/A	EDL 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the mapping survey.
		Kasaï	878	TBD	889	N/A	N/A	N/A	N/A	EDL 2019		
		Katanga	371	TBD	476	N/A	N/A	N/A	N/A	EDL 2019		
		E. Congo	1024	TBD	429	N/A	N/A	N/A	N/A	EDL 2019		
2.2.5	Proportion of supervisory visits performed during the quarter to relais	Output	N/A	N/A	N/A	N/A	N/A	N/A	N/A	DHIS 2	This indicator is reported annually.	This data is collected with the mapping survey.
		Kasaï	N/A	N/A	N/A	N/A	N/A	N/A	N/A	DHIS 2		
		Katanga	N/A	N/A	N/A	N/A	N/A	N/A	N/A	DHIS 2		
		E. Congo	N/A	N/A	N/A	N/A	N/A	N/A	N/A	DHIS 2		
IR 2.3: Improved referral system from community-based platforms to health centers and reference hospitals												
2.3.1	Number of individuals referred to supported health facilities by relais and CBDs (contract deliverable)	Output	61034	63500	15874	13142	82.8%	N/A	N/A	Project monitoring report	We exceeded targets in four provinces but Tanganyika was very low: 32%	We will share lessons learned to improve performances across the board and target Tanganyika
		Kasaï	33073	34409	8602	8127	94.5%	N/A	N/A	Project monitoring report		
		Katanga	8286	8621	2155	2202	102.2%	N/A	N/A	Project monitoring report		
		E. Congo	19675	20470	5117	2813	55.0%	N/A	N/A	Project monitoring report		
2.3.2	Number of individuals referred by relais/CBDs that were received by supported health facilities (completed referrals) (expected contract result)	Output	350457	371800	92949	115944	124.7%	N/A	N/A	DHIS 2	We far exceeded targets for this indicator.	We want to review reporting procedures and verify data to ensure accurate reporting.
		Kasaï	241407	256109	64026	76617	119.7%	N/A	N/A	DHIS 2		
		Katanga	44385	47088	11772	20942	177.9%	N/A	N/A	DHIS 2		
		E. Congo	64665	68603	17151	18385	107.2%	N/A	N/A	DHIS 2		
2.3.3	Number of women transported for facility delivery (contract deliverable)	Output	N/A	TBD	TBD	N/A	N/A	N/A	N/A	DHIS 2 (MC)	This data is not yet available. The module complementaire should be producing data starting in March.	forthcoming
		Kasaï	N/A	TBD	TBD	N/A	N/A	N/A	N/A	DHIS 2 (MC)		
		Katanga	N/A	TBD	TBD	N/A	N/A	N/A	N/A	DHIS 2 (MC)		
		E. Congo	N/A	TBD	TBD	N/A	N/A	N/A	N/A	DHIS 2 (MC)		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
IR 2.4: Improved health provider attitudes and interpersonal skills at facility and community levels												
2.4.1	Average attitudes and interpersonal skills score as measured by the Provider / User checklist at supported health facilities (expected contract result)	Output	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report	This activity has not yet begun.	N/A
		Kasaï	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
2.4.2	Number of supported facilities offering a package of youth-friendly family planning services (contract deliverable)	Output	4564	40	N/A	N/A	0%	N/A	N/A	EDL 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the mapping survey.
		Kasaï	2122	25	N/A	N/A	0%	N/A	N/A	EDL 2019		
		Katanga	1451	15	N/A	N/A	0%	N/A	N/A	EDL 2019		
		E. Congo	991	0	N/A	N/A	0%	N/A	N/A	EDL 2019		
2.4.3	Number of supported facilities offering a package of comprehensive SGBV services (contract deliverable)	Output	4567	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the mapping survey.
		Kasaï	2113	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		Katanga	1449	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
		E. Congo	1005	TBD	N/A	N/A	N/A	N/A	N/A	EDL 2019		
IR 2.5: Increased availability of innovative financing approaches												
2.5.1	Number of innovative financing tools piloted (contract deliverable)	Output	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet started this activity.	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
IR 2.6: Improved basic facility infrastructure and equipment to ensure quality services												
2.6.1 (Fee, CDCS)	Percentage of targeted health care facilities receiving infrastructure and/or equipment support	Outcome	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet started corresponding activities.	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
2.6.2 (Standard/ PPR)	HL.8.1-1 Number of people gaining access to basic drinking water services as a result of USG assistance	Outcome	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet started corresponding activities.	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
2.6.3 (Standard/ PPR)	WASH: HL.8.2-2 Number of people gaining access to a basic sanitation service as a result of USG assistance	Outcome	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet started corresponding activities.	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
2.6.4 (Standard/ PPR)	WASH: HL.8.2-4 Number of basic sanitation facilities provided in institutional settings as a result of USG assistance	Outcome	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not yet started corresponding activities.	N/A
		Kasaï	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	N/A	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
IR 2.7: Strengthened collaboration between central and decentralized levels through sharing of best practices and contributions to policy dialogue												
2.7.1	Number of knowledge sharing workshops supported (contract deliverable)	Output	0	TBD	6	2	33%	N/A	N/A	Project monitoring report	This activity is implemented by demand of the MOH.	We will work to increase demand for knowledge sharing workshops.
		Kasaï	0	TBD	5	1	20%	N/A	N/A	Project monitoring report		
		Katanga	0	TBD	1	1	100%	N/A	N/A	Project monitoring report		
		E. Congo	0	TBD	0	0	0%	N/A	N/A	Project monitoring report		
2.7.2	Number of strategies / policies that have been updated from good practices and lessons learned	Output	0	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report	We have not been able to do this yet.	N/A
		Kasaï	0	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		Katanga	0	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		
		E. Congo	0	TBD	N/A	N/A	N/A	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
2.7.3	Number of success stories developed	Output	0	36	9	9	100.0%	N/A	N/A	Project monitoring report	We were more successful in E. Congo than in the other regions.	We will encourage knowledge sharing to improve the output of the other regions.
		Kasaï	0	16	4	3	75.0%	N/A	N/A	Project monitoring report		
		Katanga	0	12	3	1	33.3%	N/A	N/A	Project monitoring report		
		E. Congo	0	8	2	5	250.0%	N/A	N/A	Project monitoring report		
Result 3: Increased adoption of healthy behaviors, including use of health services, in target health zones												
3.1	Percentage of USG-supported health zones that demonstrate improvement in key accelerator behavior indicators	Outcome	8.6%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	10.1%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	9.4%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	4.1%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
3.2	Percentage of children under age 2 living with the mother who are exclusively breastfed, age 0-5 months	Outcomeβ	76.7%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019	This indicator is reported in Y1, Y4, and Y7.	This data is collected with the household survey.
		Kasaï	81.3%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		Katanga	71.2%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
		E. Congo	73.2%	TBD	N/A	N/A	N/A	N/A	N/A	EDM 2019		
IR 3.1: Increased practice of priority healthy behaviors at the individual, household, and community levels												
3.1.1 Fee	Percentage of health areas reached by Healthy Family Campaign SBC campaigns	Output	0	TBD	6.7%	2.9%	43.9%	94	3188	Project monitoring report		
		Kasaï	0	TBD	10.0%	4.6%	45.5%	60	1316	Project monitoring report		
		Katanga	0	TBD	4.7%	2.3%	48.9%	22	963	Project monitoring report		
		E. Congo	0	TBD	4.1%	1.3%	32.4%	12	909	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
3.1.2	Percentage of trained community mobilizers active at community level (contract deliverable)	Output	0	TBD	TBD	100%	N/A	30	30	Project monitoring report	We met our goals for this training.	We will continue to support the government's training needs as needed.
		Kasaï	0	TBD	TBD	0%	N/A	0	0	Project monitoring report		
		Katanga	0	TBD	TBD	100%	N/A	30	30	Project monitoring report		
		E. Congo	0	TBD	TBD	0%	N/A	0	0	Project monitoring report		
3.1.3	Number of facilities providers trained in interpersonal communication skills	Output	0	TBD	TBD	0	0.0%	N/A	N/A	Project monitoring report	We have not yet started this activity.	N/A
		Kasaï	0	TBD	TBD	0	0.0%	N/A	N/A	Project monitoring report		
		Katanga	0	TBD	TBD	0	0.0%	N/A	N/A	Project monitoring report		
		E. Congo	0	TBD	TBD	0	0.0%	N/A	N/A	Project monitoring report		
IR 3.2: Increased use of facility- and community-based health services												
3.2.1	Number of targeted communities that have access to real-time information about availability of health services in their catchment areas (contract deliverable)	Output	0	TBD	N/A	0	0%	N/A	N/A	Project monitoring report	We have not yet started this activity.	N/A
		Kasaï	0	TBD	N/A	0	0%	N/A	N/A	Project monitoring report		
		Katanga	0	TBD	N/A	0	0%	N/A	N/A	Project monitoring report		
		E. Congo	0	TBD	N/A	0	0%	N/A	N/A	Project monitoring report		

Technical Areas, Illustrative Indicators		Region*	Baseline	FY 2020 Annual Target	Quarterly Target Q1	Achieved Q1	% Achieved Q1	Percentage		Sources	Explanation of performance	Observations and corrective actions
								Num	Denom			
3.2.2	Number of awareness campaigns designed, implemented, and evaluated with community participation. (contract deliverable)	Output	0	TBD	22	10	45.5%	N/A	N/A	Project monitoring report	Only Kasaï achieved its target.	We will work with communities to ensure campaigns are undertaken as needed.
		Kasaï	0	TBD	6	6	100.0%	N/A	N/A	Project monitoring report		
		Katanga	0	TBD	7	2	28.6%	N/A	N/A	Project monitoring report		
		E. Congo	0	TBD	9	2	22.2%	N/A	N/A	Project monitoring report		
IR 3.3: Reduced socio-cultural barriers to the use of health services and the practice of key healthy behaviors												
3.3.1 Fee	Percentage of health areas reached by Healthy Family Campaign SBC events with messages disseminated targeting youth and other vulnerable groups per year	Output	0	TBD	TBD	N/A	0.0%	N/A	N/A	Project monitoring report	We did not do any relevant activities.	N/A
		Kasaï	0	TBD	TBD	N/A	0.0%	N/A	N/A	Project monitoring report		
		Katanga	0	TBD	TBD	N/A	0.0%	N/A	N/A	Project monitoring report		
		E. Congo	0	TBD	TBD	N/A	0.0%	N/A	N/A	Project monitoring report		
IR 3.4: Strengthened collaboration between central and decentralized levels through sharing of best practices and contributions to policy dialogue												
3.4.1	Percentage of CSO organizations participating in experience-sharing / lessons learned event held at the ZS community participation day or provincial task force communication meetings	Output	0	TBD	TBD	35%	N/A	11	31	Project monitoring report	We did not achieve our target for this indicator except in the Kasaï region.	We want to assess how our program teams undertake this activity to ensure that all CSOs and ZS can benefit.
		Kasaï	0	TBD	TBD	100%	N/A	3	3	Project monitoring report		
		Katanga	0	TBD	TBD	50%	N/A	6	12	Project monitoring report		
		E. Congo	0	TBD	TBD	13%	N/A	2	16	Project monitoring report		

FOOTNOTES:

* Kasaï region includes the following provinces: Kasaï-Oriental, Lomami, Sankuru, Kasaï-Central, and Kasaï

* Katanga region includes the following provinces: Haut-Lomami, Lualaba, and Haut-Katanga

* E. Congo region includes the following provinces: Tanganyika and South Kivu

1.1, 1.2.1, 1.2.2, 1.4.3: for PICAL indicators, we used the average of the first evaluation scores from Y1 and the predecessor, HFG project) for the baselines.

1.3.1: The denominator was determined by assuming one CODESA for each aire de santé.

1.5.2, 1.7.1, and 1.7.2: In the annual report, the data in the Mission Standard Reporting Template for these indicators is the average of the quarters. All other data is cumulative unless otherwise defined in the Performance Indicator Reference Sheet (PIRS).

1.7.1: We use the percentage change to report this indicator because the target is a reduction in the number of facilities reporting a stock-out of any key tracer commodity during the reporting period.

2.1.9: this data was intended to come from the household survey but we identified a DHIS2 indicator, Taux d'abandon Penta 1-Penta 3, that accurately reports this value and we have used this data source every quarter/year since the Y1Q1 report.

2.1.12: this data was intended to come from the household survey but we identified a DHIS2 indicator, B 8.1 Enfants dont les mères ont reçu ANJE, that accurately reports this value and we have used this data source every quarter/year since the Y1Q1 report.

2.1.17–2.1.26: The Programme National de Lutte contre la Tuberculose (PNLT, National Tuberculosis Control Program) has not yet validated the data. Therefore it has not been made available to us. We will update this table when the data is available.

2.1.23: PNLY is reporting this as a number and not a percentage. We have requested to report this as a number instead of a percentage to align with their data.

2.1.28- 2.1.29: This data comes directly from the hospital and was not shared at the time the report was submitted. We will update the MECC as soon as it is made available.

2.3.1: We used data from the DHIS2 indicator Refere vers CS for this indicator and will propose to update the PIRS in future reports.

2.6.1- 2.6.4: will be collected through project monitoring reports because the Household survey could not capture the information as defined.

ANNEX B: NOTES ON ANNEX A FY2019 ANNUAL REPORT DATA

USAID IHP's Activity Monitoring and Evaluation Plan (AMEP) includes 118 indicators, of which 71 are reported quarterly. The Mission Standard Reporting Template (MSRT) in Annex A is an edit of the complete, disaggregated data set captured by the Performance Indicator Tracking Table (PITT) and described by the Performance Indicator Reference Sheets (PIRS). The PIRS and PITT, which were approved by USAID in December 2018, are the primary reference documents for program indicators. The data presented in the MSRT is aligned with the PIRS except where noted in the footnotes to the table and this chapter. We made changes to adapt the data to the constraints of the table, but the full data set is available for additional analyses.

The MSRT table is populated with data that is available through existing data information systems such as DHIS2 or as a direct result of Program activities, particularly the baseline, mid-line, and end-line surveys and Project Monitoring Reports (PMRs). In addition, data on some of the indicators is not yet available because the corresponding activities have not yet started. These indicators have been noted in the Observations column.

We extracted data in this table from DHIS2 on October 23, 2019; they represent FY2019 including Quarter 4 (July–September 2019). At the time the data was downloaded, the completeness rate was 69.2 percent and the on-time reporting rate was 84.5 percent. The data was originally disaggregated by province. We reorganized the data into the regions for this table. The province data will be entered into the Monitoring, Evaluation and Coordination Contract (MECC) database.

All data coming from DHIS2 will have 179 ZS and some data coming from the field will use either 178 or 179 ZS. We are working with the MOH to harmonize these numbers.

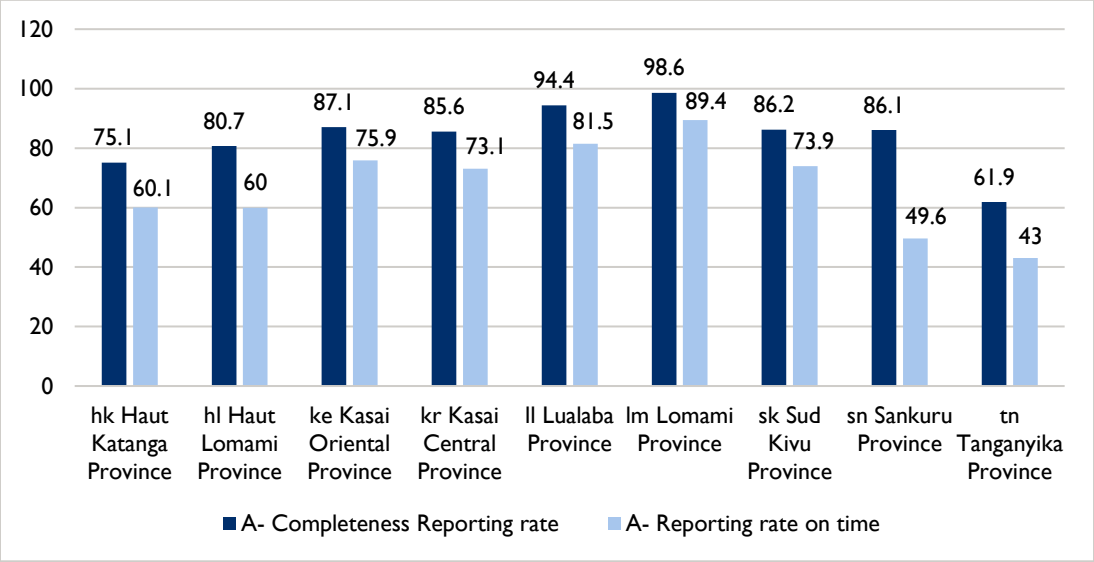
DATA COMPLETENESS: MECC AND MSRT DATA TABLES

As noted in the Research, Monitoring, and Evaluation (RME) chapter of this report, we have identified some issues related data completeness for the data that comes from the MOH's DHIS2. Official data completeness figures as reported through the Health Management Information System (HMIS) are flawed and inaccurate. Facility or data entry clerks can submit data "on time" by simply clicking a button on the data entry page—they do not need to enter any data at all. There are many reasons why they might do this: for example, someone responsible for data entry may falsely "submit" an empty data form so the data is counted "on time" even if it is not. We expect that future data quality activities with the MOH will investigate the reasons for this, in order to improve true reporting rates. Ultimately, this challenge means the reporting rates reported in our reports are inflated.

Because of this systemic flaw, USAID IHP has developed as part of the Performance Dashboard and monitoring and evaluation (M&E) platform a "true" data completeness and timeliness measure. The data completeness dashboard looks at the status of data fields submitted. If any required fields are empty or incomplete when submitted, the data completeness dashboard will not count that the data as complete and on time.

Figure 3 shows reporting rates using the MOH's DHIS2 system for October - December 2019, when we downloaded DHIS2 data.

Figure 3. DHIS2 reporting rates



Source: DHIS2, accessed January 23, 2019, basic services data set. Monthly *Système National d'Information Sanitaire* (SNIS, National Health Information System).

In order to qualify as "complete" at least 50 percent of the data must be entered into DHIS2. The data completeness dashboard collects passive data to ensure that at least 50 percent of the data elements have been entered.

MOH standards require data to be entered by the 23rd of the following month and stipulate that 80 percent of facilities is the acceptable reporting rate. Data completeness and timeliness are key elements of data quality. If data are late, they cannot be used in real time to understand performance results and inform planning and budgeting. Missing data simply are not available for use. In sum, late and incomplete data are misleading and misrepresent performance results.

Furthermore, late and incomplete data create discrepancies between the annual data reported through MECC and the data in the MSRT tables in Annex A. USAID IHP produces the data for MECC and the MSRT by downloading the DHIS2 data disaggregated by province, which is then combined into regions for the MSRT in Annex A. These two data tables are standardized to one decimal place and checked for rounding errors. The MECC data is then entered into MECC and the MSRT table is formatted and published in Annex A of the quarterly (or annual) report.

Table 52. Datasets

Annual data dataset	Distinguishing characteristic	Data source
MECC	Disaggregated by province	Static MECC data reported Q1, Q2, Q3, and Q4.
MSRT	Disaggregated by region	Dynamic data reported from DHIS2.

ADDITIONAL NOTES ABOUT THE DATA IN THE MSRT TABLE

We use "N/A" (not applicable) to identify fields where there is no data because the relevant activities have not yet started and produced data. We also use N/A to note data that isn't applicable due to the indicator definitions, for example, for indicators measuring numbers, we fill the numerator and denominator with N/A. We also use N/A to note data that should be coming from the module

complemenatire. There is no reliable way to collect this information until the system is operational, as early as for the Y2Q2 report. This also applies to the indicators measuring fistula repairs, which are not collected through DHIS2; we access that data directly from the hospitals.

Furthermore, not all data have been integrated into the platform; some indicators are collected through the HMIS but not reported through DHIS2. During FY2019, USAID IHP worked with MOH partners to add additional modules to DHIS2 to capture these data. The MOH has started data entry training for these data and we expect to see the data in the Program' next quarterly report. For TB and PMR indicators, the primary data sources were the tables in the narrative—not DHIS2 or the platform output.

DETERMINATION OF BASELINE, TARGETS, AND QUARTER I DATA REPRESENTED IN THE MSRT TABLE

Determination of Baseline Values

Baselines have been determined according to the sources of the indicator data. These include the following.

- The USAID IHP service delivery mapping survey (noted in the table as EDL, for *enquête d'état des lieux*) 2019
- The USAID IHP household survey (noted in the table as EDM, for *enquête de menages*) 2019
- DHIS2
- The internal USAID IHP Performance Monitoring Report (PMR)
- The *Enquête Démographique sur la Santé* (EDS, Demographic and Health Survey)/Multiple Indicator Cluster Survey (MICS)

In previous reports, including the FY2019 annual report, the EDS 2013–2014 report served as the basis for the baseline data for indicators with the data source listed as the EDM 2019 and EDL 2019 surveys. However, since the data in EDS 2013–2014 are presented according to the former configuration of provinces, they were recalculated to reflect the USAID IHP regions. Other baseline indicators have been determined using the data available from the baseline household survey reported the baseline service delivery mapping survey report will contribute targets and data next quarter. The baselines originating from the mapping data will be updated when data collection and cleaning is finalized in Q2.

Where the activity is based on program activity and the source is the project monitoring report, we have updated the table to read "0" because the program was not active before year 1.

Determination of Targets

For the indicators for which we originally used EDS/MICS to determine baselines, we increased the targets from 2 percent to 3 percent, per USAID request for the FY2019 Quarter 3 report and moving forward.

For the indicators derived from HMIS, specifically DHIS2, we applied PNDS 2019–2022 targets. We obtained these by calculating trends over the reported data from 2017 and 2018, using the IHPplus final report and knowledge of HMIS data. For custom indicators, we will continue to set targets according to planned activities, in collaboration with USAID and government partners. Some indicators do not have targets because we are responding to MOH and GDRC needs.

ANNEX C: SUCCESS STORIES

1. Family planning promotion bumps number of new contraceptive users
2. Saving lives through integrated community case management sites
3. Data skills training for timely medicine management
4. Spreading the word on exclusive breastfeeding for newborn health
5. Woman becomes first to head community health promoition group
6. Information overcomes barriers to family planning
7. Youth depates spur use of family planning services
8. Empowering malaria prevention strategy for pregnant women
9. Pioneering family planning campaign continues to win results

SUCCESS STORY

Family planning promotion bumps number of new contraceptive users

In rural area of Kasaï-Central province, reviving the efforts of community health workers trained in family planning.

Anny Kaja, Pathfinder for USAID IHP

A community health worker presents contraceptives methods to a couple in Ndekesha.

"I decided to choose a contraceptive method in order to protect myself against impending pregnancy, so I can have the opportunity to educate my children and provide for other family needs."

Mama Kapinga Hélène, 38, mother of five

The rural health area of Ndekesha in Kasaï-Central province has an estimated population of 176,448, including 37,054 women of reproductive age. Women give birth to an average of six children, and almost one in three women do not have access to contraceptives. The USAID Integrated Health Program aims to reach a monthly target of 3,088 women of reproductive age in this health area with family planning messages.

Beliefs, customs, and habits discourage women from using family planning services; they fear they will become sterile or that their husbands will seek additional wives. Additionally, in Ndekesha and four other health areas, use of family planning services fell after support from other projects ended for community-based distributors (community health workers trained in family planning).

From June 29–July 3, 2019, USAID IHP provided technical and financial support to the National Program for Reproductive Health to launch a mini-campaign on family planning, in five health areas: Ndekesha, Mombela, Kazumba, Kafuba, and Bonkala.

The first step was advance briefings for 79 family planning actors—including community-based distributors, community champions who excel in service delivery, health committee members, influential community leaders, young peer educators, and nurses—on family planning communication techniques and contraceptive methods. Two advocacy visits were carried out to seek support from political and administrative authorities, including the administrator of the Kazumba territory and the community chief of Ndekesha.

The five-day mini-campaign involved 45 sessions in markets and churches, reaching 6,674 people, including 2,780 women, 2,564 men, and 1,330 youth. The mini-campaign led to a bump in the number of new acceptors of family planning methods in 2019 in all five health areas: from January to March 2019, there were 961; from April to June 2019 there were 1,150; from July to September 2019, the number rose to 1,535.

SUCCESS STORY

Saving lives through integrated community case management sites

iCCM site workers take training to local markets to find sick and unvaccinated children.

Aime Tshibanda, Pathfinder for USAID IHP

After her young son tested positive for malaria, Katanda told iCCM site workers: "Thank you for your interest in my child and for all these free interventions. You are like messengers from God."

"The practice day gave me a lot more confidence. … And all these children caught up on vaccination and those screened for the symptoms of malaria gave me much more courage."

Raphael Bamanayi

Community Health Worker

Newborn Costa Mbuyi is the seventh child of a market seller and a farmer in Tshikula, a rural health zone in Kasaï-Central, a province in the south-eastern corner of the Democratic Republic of the Congo (DRC). Costa often has a fever, but because his parents can't afford to take him to a doctor, he often stays with his mother, Katanda, at her market stall, where she prays that his fever will be fleeting.

During four days in October 2019, the USAID Integrated Health Program (IHP) took its support for the Kasaï-Central provincial health district to the market in Tshikula, including training five community health workers and five nurses from five health areas. The trained teams visited the Tshikula market under the supervision of Freddy Mukanya, the director of nursing, to raise public awareness about killer diseases in children and compliance with vaccination schedule.

At Katanda's stall, the team ran a malaria test on Costa, then three months old. When it was shown to be positive, Katanda exclaimed that she had no money to treat him—and she had just learned the fever could be fatal.

The care of your child will be free, Mukanya assured her, and then treated Costa with three tablets of artesunate-amodiaquine. But Costa didn't just have malaria, he was also behind on his vaccinations. Fortunately, Mukanya's visit coincided with a visit from a nurse who administered three vaccines for polio, measles, and yellow fever.

During the four-day USAID IHP-supported campaign, community health workers found a total of 21 children who tested positive for malaria, using a diagnostic run by the integrated community case management (iCCM) site workers being trained at Tshikula general hospital.

In the DRC, malaria continues to be the leading cause of consultations, hospitalizations, and deaths. Through its health information system, the country registers more than 12 million cases and 30,000 deaths of children under the age of 5 each year. Many malaria victims are children who live more than five kilometers from a health facility, which makes access to health services difficult.

To ensure children can receive care close to home, USAID IHP works to revitalize iCCM sites, including five in the Tshikula health zone, by training community health workers and care providers and equipping them with materials, care registers, and essential generic medicines.

SUCCESS STORY

Data skills training for timely medicine management

Frontline health workers in Lomami province learn how to access and analyze medication supply data.

Jean-Michel Mutombo, Abt Associates for USAID IHP

Gaby Kasong was among 37 health workers trained on how to read and interpret data for medicine supply chain management.

"Now, I can encode and analyze medication management data on DHIS 2 and provide feedback to health facilities in record time, thus settling the question of the timeliness and quality of the data."

Gaby Kasong
Pharmacy attendant
Wikong ZS

A major challenge to the national health information system in the Democratic Republic of Congo (DRC) is availability of reliable data on use of health products. Several initiatives have sought to address this, including a computerized system for managing logistical and medicinal information, as an integrated component in the Data Health Information System (DHIS) 2. However, DHIS 2 itself is limited in its ability to create dashboards for drug logistics indicators, making it difficult to cross-analyze information on drug management and epidemiological data for decision-making.

USAID financially supported a new platform—InfoMed—for viewing medication management data, indicators and dashboards for decision-making. However, at the central office of the Wikong health zone in Lomami province, Gaby Kasong, a pharmacy attendant, still lacked information that prevented him from fully exercising his duties as a medication manager. He didn't have the capacity to access DHIS 2 and InfoMed, so he had to rely on manual management, causing delays and risking errors. He also couldn't anticipate overstocks or stockouts in health facilities or analyze monthly management data. In addition, the monthly medication management data is encoded by someone other than him, and it often contained inconsistencies and outliers.

To support frontline health workers like Mr. Kasong, USAID IHP hosted a training for pharmacy attendants, pharmacists, data managers and executives of the provincial health division on how to use InfoMed RDC and associated dashboards. From October 29 to November 4, 2019, Mr. Kasong was one of 37 participants—32 men and 5 women—who acquired new knowledge and skills on DHIS2 and InfoMed and now have the ability to access them.

"With InfoMed, I am able to visualize data from all health facilities, identify problems such as overstock and potential supply ruptures—and make a decision in real time," Mr. Kasong said.

SUCCESS STORY

Spreading the word on exclusive breastfeeding for newborn health

In Lomami province, first-ever briefings on breastfeeding for community health workers

Roger Ngongo, family photo

Lauraine Mukonkole's second child has had better health than his elder brother, who was not exclusively breastfed.

"His health is good and his growth also at six months, because my wife only gave breastmilk and this is a better thing."

Roger Ngongo, Lauraine Mukonkole's husband, Kamana ZS

Lauraine Mukonkole, a married teacher with two children, lives in the Kamana health zone in Lomami province of the Democratic Republic of Congo (DRC). Her first child was frequently ill, and as she approached the end of her second pregnancy, she was haunted by the thought that her second child might be too.

During World Breastfeeding Week in August 2019, she received important messages about the benefits of exclusive breastfeeding during visits from community health workers. She realized she would have to do things differently with her second child.

"I always gave my first baby a little porridge in his early days so that he would have more strength," she said. "I did not know that breastmilk contained all the nutrients necessary for good infant health."

Breastmilk is a complete, irreplaceable food for all children from zero to 6 months. During World Breastfeeding Week, the USAID Integrated Health Program (IHP) supported the government of the DRC's National Nutrition Program through several activities, starting with briefings for community health workers—a first in Kamana.

Community health workers held a total of 282 community forums, 470 educational talks, 3,068 home visits, and 184 mass awareness sessions in markets and churches in three health zones: Kamana, Ludimbi-Lukula, and Kabinda. The awareness mini-campaign educated 24,103 women on breastfeeding, including 3,536 breastfeeding women and 2,246 pregnant women—Lauraine among them. Additionally, the effort reached 12,555 men.

This activity left a positive impact in the three health zones: Many breastfeeding women have changed the way they carry their babies and latch on while breastfeeding them. In addition, 50 model couples have been identified in the Kamana health zone to support others in proper breastfeeding.

SUCCESS STORY

Woman becomes first to head community health promotion group

USAID and the Lualaba provincial health district supported new elections and women's leadership for community action groups (CACs).

Jean Ngoy, Abt Associates for USAID IHP

Rebecca Sapwe is the first female president of the Nguba CAC, which visits homes to promote healthy behaviors.

"Really, these elections are a real demonstration of the awareness of women and especially of their commitment to participation in community activities."

Felix Kilanda
Head of Kalangele district
Mpala health area

Rebecca Sapwe, 44, a married mother of six, is a seamstress in the Mpala health area of the south-eastern Congolese province of Lualaba province. Wanting to be of service to her community, in 2007, she joined a community action group (known as a CAC in French) in her town of Nguba that promotes healthy behaviors and serves as a bridge between the community and health facilities. Typical tasks include home visits to raise household awareness about the importance of prenatal consultations, vaccinations, exclusive breastfeeding, use of health services, hand washing for cholera control, and use of hygienic latrines.

The Nguba CAC faced several problems, including a lack of monthly reporting and monitoring and not enough coordination with the Health Committee and other social structures. Additionally, several members had departed, and the CAC's three-year term had expired, rendering the group essentially non-functional.

In August 2019, the provincial health district of Lualaba—with the technical and financial support of the USAID Integrated Health Program—revitalized CACs by facilitating elections for committee members, including in the health area of Mpala. The revitalization also aimed to promote women's leadership within these groups.

After a contest between 13 candidates (six men and seven women), Rebecca Sapwe was elected the Nguba CAC's first female president. She joins a five-person committee that is all women, a change from the previous committee of three men and two women.

Four months after the revitalization, the CAC has carried out more than 10 awareness-raising sessions on handwashing in the fight against cholera, visited more than 50 households, ensured 75 children were vaccinated against measles, and distributed water purification tablets to 264 households. Cases of cholera plummeted from 25 cases in November 2019 to zero in December.

"I am delighted with my choice to head the [CAC] and congratulate my entire community who trusted me," Ms. Sapwe said. "We will be increasing our visits, and we will be even more active than before."

SUCCESS STORY

Information overcomes barriers to family planning

In Sankuru province, awareness campaign spurs uptake of contraception.

Lambert Losambe, Abt Associates for USAID IHP

In Tsumbe health zone, a woman chose a long-term method of contraception after this family planning counseling session.

"I started Implanon. This long-term contraceptive method will allow me to avoid occasional pregnancies and concentrate on studying."

Catherine Osako, Tshumbe

Use of family planning services is scarce in Tshumbe health zone: only 9.1 percent of women there used contraception in the first quarter of 2019 and 9.6 percent in the second quarter. Low levels of contraceptive use are due to significant barriers, including religious and ancestral beliefs and false rumors or misinformation that contraceptive methods could lead to sterility and a predisposition to cancer.

The Dikungu and Tshumbe health zones, both in Sankuru province, are home to thousands of women of reproductive age: 34,979 in Dikungu and 25,485 in Tshumbe in 2019. In August 2019, the provincial health district of Sankuru, with technical and financial support from the USAID Integrated Health Program (IHP), organized an awareness mini-campaign on family planning. Beforehand, USAID IHP organized a one-day briefing on family planning for 50 community-based distributors (community health workers trained in family planning), 10 providers, and 10 members of five health zone management teams. The 50 community-based distributors, including 21 women, carried out the three-day mini-campaign in 10 health areas.

The mini-campaign sensitized 2,803 people (1,921 men and 882 women)—651 of them under the age of 20—about long-acting implant contraceptives such as Implanon, short-acting ones such as oral contraceptives and condoms, and natural/standard days methods such as Cycle Beads.

Since this intervention, USAID IHP has recorded rising increases in new acceptors of contraception. The first jump occurred between July and August 2019: from 350 to 537 in Dikungu and from 235 to 729 in Tshumbe. Between August and December 2019, 2,273 new acceptors of contraception registered in Dikungu and 1,685 in Tshumbe.

"I realize that the family planning mini-campaign is an important activity that significantly boosts family planning indicators and that the Ministry of Health should integrate this approach," said Dr. Jean-Pierre Nkumu, Chief Medical Officer of Tshumbe Health Zone.

SUCCESS STORY

Youth debates spur use of family planning services

USAID supports youth debates on health and family planning to combat high pregnancy and STI rates

Dieudonne Cigajira, IRC for USAID IHP

Monthly youth debates in Kabushwa, South Kivu province, aim to break down taboos around contraception and treatment of sexually transmitted infections.

"Now, I in turn educate the young people in our health area to avoid unwanted pregnancies. This is why I thank our head nurse and all the staff of the health center who support us in our debates on various topics related to our health."

Justine, 28
Kabushwa

The high rate of early pregnancy in the Democratic Republic of the Congo is due to young people becoming sexually active early—with only limited access to contraception or sex education and curative care. Kabushwa, a health area in South Kivu province, is no exception: Youth there have high rates of pregnancy and sexually transmitted infections (STIs).

To raise awareness within this vulnerable population, the Chief Medical Officer of Katana and the Head Nurse of Kabushwa requested the support from USAID IHP to organize debates between young people on health issues and family planning services. Since June 2019, the Program has technically and financially supported monthly debates at the health center in Kabushwa.

"In the past, I was not informed about the need for family planning, said Justine, 28. "By regularly participating in community debates on the health of young people, I ended up overcoming my shame, and currently I use the pills and the condom to avoid getting pregnant and catching sexually transmitted infections—and to better prepare my future."

Between October and December, three debates brought together 60 girls and boys from around the community. USAID IHP also supplied the health center with essential generic drugs and family planning materials to promote adoption of healthy behaviors, including use of health services.

At the end of 2019, the health area had registered 9,167 young people—2,002 boys and 7,165 girls—who had inquired about the availability, access and use of health services. Of these 1,759 young people used family planning services—313 boys and 1,446 girls. Meanwhile, 506 young people, 172 boys and 334 girls, had used services for the prevention and treatment of STIs.

"The holding of these debates is a favorable opportunity which allows the young people of Kabushwa to meet and discuss monthly about their health problems, to be clearly informed about the services available in their health facility and, about the roles and responsibilities," said Télésphore Rukiko, Head Nurse. "I am delighted with the gradual improvement in the attitudes and behaviors of young people regarding the use of services."

SUCCESS STORY

Empowering malaria prevention strategy for pregnant women

With cups and filters, remote health zone more than doubles its rate of pregnant women taking malaria prevention medication.

Sophie Kazadi, IRC for USAID IHP

A nurse supervises as pregnant women take malaria preventative tablets during prenatal consultations at a hospital in Tanganyika province.

"Now women can swallow their S/P tablets at the consultation, which will reassure us of malaria prevention."

Charmant Basengeza
Head Nursing Officer
Lubuye Health Area

Malaria during pregnancy represents a major public health problem, posing significant risks to the mother, the fetus, and the newborn. Intermittent preventive treatment of malaria for pregnant women (IPTp) consists of a complete therapeutic protocol of anti-malarials administered during systematic antenatal care visits. In the Democratic Republic of Congo, the national strategy recommends supervised intake of sulfadoxine pyrimethamine (S/P) for better prevention of malaria.

However, supervised intake remains a problem in health facilities in the far south-eastern province of Tanganyika, especially in the Nyemba health zone, with a population of 347,656 inhabitants spread across 21 health areas. In the first half of 2019, the health zone had the country's lowest rate of IPTp at prenatal consultation: 31 percent versus the national average of 80 percent.

The reason was simple: A lack of necessary equipment, namely water filters and cups. During antenatal consultations, the S/P tablets were given to pregnant women in a package to take at home, so it was difficult to confirm their intake.

In September 2019, the USAID Integrated Health Program supported the health zone to organize awareness-raising about malaria prevention during prenatal consultations. It also supplied 22 water filters and 110 cups, with one filter and five cups per health center as well as at the main hospital. The equipment has enabled the health zone to markedly improve this indicator from 31 percent in June 2019 to 82.3 percent in December 2019.

"During my first antenatal consultation, the nurse gave me three malaria prevention tablets that I had to drink at home. I took them two days late because I forgot," said Joelle Kabiena, a pregnant woman at the Lubuye health center. "Now that the health center has a filter and cups, this allows us to drink the medicine on site. We are thus spared from forgetting or losing the tablets."

SUCCESS STORY

Pioneering family planning campaign continues to win results

Six months after campaign, number of new users of contraceptives still higher than in previous quarters.

Louis Elefo, Abt Associates for USAID IHP

At the Mangala health center, the nurse supervisor in charge of family planning In the Nyunzu health zone checks campaign data with the deputy nurse.

"We are very happy for the smooth running of the mini-campaign on family planning, which is a first in our territory if not our health zone,"

Masudi Saleh
Community Animator
Nyunzu ZS

Nyunzu, a remote health zone in far eastern Congolese province of Tanganyika in the Democratic Republic of the Congo (DRC), faces challenges to health care access and security due to ongoing conflict. Throughout the entire province—home to 275,154 people—early marriages of young girls are common, the rate of contraceptive use is low, and mortality rates are high for children under 5 and pregnant mothers or those in labor.

The USAID Integrated Health Program broke new ground in the Nyunzu health zone by organizing an awareness mini-campaign on family planning services. It began with a one-day briefing for nurses, who then briefed community health workers, who fanned out in their health areas. The mini-campaign also used community radio sketches and other channels to convey the message, "Family planning helps to control births for the well-being of the family," in the health areas of Tchangatchanga, Ngombe, Mangala, Lwizi, and Muhuya.

The five-day campaign in July 2019 reached 58,829 people, including 13,723 men, 42,998 women, and 2,108 adolescents. The number of new acceptors of contraception rose dramatically—from 207 in the April–June 2019 period to 1,271 in the July–September 2019 period, with 1,007 registering in the month of July alone.

"We are very happy for the smooth running of the mini-campaign on family planning, which is a first in our territory if not our health zone," said Masudi Saleh, Community Animator for the Nyunzu health zone.

He noted the campaign had an incentive effect that continued to generate results through the final quarter of 2019 with 578 new acceptors—137 in October 2019, 311 in November 2019, and 130 in December 2019—a "notable increase" from previous quarters before the mini-campaign.

Family planning has the potential to reduce deaths by 30 percent. Eyeing this goal, the DRC is part of the global Family Planning 2020 partnership, which aims to reach 120 million new users of family planning methods worldwide.

ANNEX D: STAFF HIRED DURING FY2020 QUARTER 1

Position/Title	Employee Name	Gender	Start Date	Contractor
Kinshasa Office				
Grants/Subcontracts Assistant	*ON HOLD[6] *recruitment to resume in 2020*		*TBD*	*Abt Associates*
Capacity Building Advisor	*ON HOLD *re-advertised/shortlisted; to be hired in 2020*		*TBD*	*Abt Associates*
Mobile Developer	Patrick Bashizi	*M*	*12/1/19*	*Bluesquare*
Team Lead[7]	Leon Katambayi	*M*	*10/23/19*	*IRC*
Kasaï Regional Office				
Kasaï-Central Province Office located in Kananga				
Regional HSS Director	*ON HOLD *position to be eliminated in 2020*			
Roving Grants/Subcontracts Manager	*ON HOLD *position eliminated/replaced by a Kinshasa position*			
Eastern Congo Regional Office				
South Kivu Province Office located in Bukavu				
EEI/HSS Specialist	Alexis Amisi Muganza (replacement for Jean Claude Lolale)	M	December 16, 2019	*Abt Associates*
Regional HSS Director	*ON HOLD *position to be eliminated in 2020*			
Roving Grants/Subcontracts Manager	*ON HOLD *position eliminated/replaced by a Kinshasa position*			
Katanga Regional Office				
Haut-Katanga Province Office located in Lubumbashi				
Regional HSS Director	*ON HOLD *position to be eliminated in 2020*			*Abt Associates*
Roving Grants/Subcontracts Manager	*ON HOLD *position eliminated/replaced by a Kinshasa position*			*Abt Associates*

[6] Several positions were placed on hold during this quarter as the team rethought the staffing structure and organigram. Positions were eliminated and added during the budget alignment process.

[7] This is not a new position for IRC; this recruitment was a replacement for the previous Team Lead that resigned.

Position/Title	Employee Name	Gender	Start Date	Contractor
WASH and Renovations Engineer	*ON HOLD *recruitment to resume in 2020*			*Abt Associates*
EEI/HSS Specialist	*Candidate identified; hiring in process*	*TBD*	*TBD*	*Abt Associates*
EEI/HSS Specialist	*Candidate identified; hiring in process*	*TBD*	*TBD*	*Abt Associates*
Lualaba Province Office located in Kolwezi				
EEI HSS Specialist	*Candidate identified; hiring in process (replacement for Adele Mujinga)*	*TBD*	*TBD*	*Abt Associates*

ANNEX E: ENVIRONMENTAL MITIGATION AND MONITORING REPORT

PROJECT/ACTIVITY DATA	
Project/Activity Name:	USAID's Integrated Health Program (USAID IHP)
Geographic Location(s) (Country/Region):	Democratic Republic of the Congo
Implementation Start/End Date:	May 26, 2018–May 29, 2025[8]
Contract/Award Number:	72066018C02001
Implementing Partner(s):	Rio Malemba, Abt Associates
Tracking ID:	
Tracking ID/link of Related EMMP:	
Tracking ID/link of Related IEE:	DRC_Health_Portofolio_IEE: https://ecd.usaid.gov/repository/pdf/45611.pdf
Tracking ID/link of Other, Related Analyses:	

ORGANIZATIONAL/ADMINISTRATIVE DATA	
Implementing Operating Unit(s): (e.g., Mission or Bureau or Office)	USAID/Democratic Republic of the Congo (USAID/DRC)
Lead BEO Bureau:	
Prepared by:	Rio MALEMBA
Date Prepared:	February 6, 2020
Submitted by:	USAID's Integrated Health Program
Date Submitted:	February 15, 2020

ENVIRONMENTAL COMPLIANCE REVIEW DATA	
Analysis Type:	EMMR
Additional Analyses/Reporting Required	Water Quality Assessment Plan

[8] Due to a stop work order, the Program did not start until May 26, 2018.

PURPOSE

Environmental Mitigation and Monitoring Reports (EMMRs) are required for USAID-funded projects when the 22CFR216 documentation governing the project imposes conditions on at least one project/activity component. EMMRs ensure that the ADS 204 requirements for reporting on environmental compliance are met. EMMRs are used to report on the status of mitigation and monitoring efforts in accordance with Initial Environmental Examination (IEE) requirements over the preceding project implementation period. They are typically provided annually, but the frequency will be stipulated in the IEE. Responsibility for developing the EMMRs lies with USAID, but EMMRs are usually prepared by the Implementing Partner and submitted to USAID.

SCOPE

The following EMMR documents the mitigation measures implemented as detailed in the project Environmental Mitigation and Monitoring Plan (EMMP), challenges encountered, and corrective actions taken. It describes the status of each required mitigation measure as stipulated in the EMMP and provides a succinct update on progress regarding the implementation and monitoring of the EMMP.

These are the intervention activities that we anticipate. Each of these activities received categorical exclusion and negative determination based on what this activity involves.

INTERVENTION CATEGORY	CATEGORICAL EXCLUSION(S)	NEGATIVE DETERMINATION(S)	POSITIVE DETERMINATION(S)
1. Studies, surveys/public health surveillance, and other data-gathering assessments, models, and capacity-building in support of all areas above; dissemination of resulting information/ lessons learned/ best practices	X	X	
2. Healthcare provider training; health care workforce strengthening and development	X	X	
3. Direct and capacity-building support for health service delivery and access to health services, excluding commodity procurement/supply chain strengthening	X	X	
4. Procurement, storage, management, distribution, and disposal of medical and pharmaceutical commodities	X	X	
5. Social and behavior change communication	X		
6. Small-scale water supply and sanitation	X	X	
7. Construction other than water/sanitation infrastructure	X	X	
8. Technical support to indoor residual spraying		X	X
9. Policy and strategy development	X	X	

Those activities that have negative determination with conditions activate the need for the EMMP. The EMMP elucidates impacts that may be expected from USAID IHP and mitigation efforts to eliminate or minimize those potential impacts; it also describes the system for monitoring implementation of the mitigation measures. During the life of the project, if activities are developed that include potential environmental impacts not anticipated here, the EMMP will be amended to address and mitigate them.

A major environmental concern about health projects such as USAID IHP is the proper disposal of wastes generated from health facilities. These wastes include:

- General health care waste, which is similar or identical to domestic waste, including materials such as packaging or unwanted paper. This waste is generally harmless and needs no special handling; 75–90% of waste generated by health care facilities falls into this category.
- Hazardous health care waste, which includes infectious waste (except sharps and waste from patients with highly infectious diseases), small quantities of chemicals and pharmaceuticals, and non-recyclable pressurized containers.
- Highly hazardous health care waste, which includes sharps, highly infectious non-sharp waste, stools from cholera patients, bodily fluids of patients with highly infectious diseases, large quantities of expired or unwanted pharmaceuticals and hazardous chemicals and radioactive wastes, genotoxic wastes (affecting genetic composition and multiple generations), or teratogenic wastes (affecting development of the exposed individual). (http://www.usaidgems.org/Sectors/healthcareWaste.htm)

Particularly in developing countries, it can be difficult to identify facilities for proper disposal, and sensitivity of the need for proper disposal is often lacking.

Storing pharmaceutical and medical commodities poses challenges as well, particularly special storage temperature requirements and expiration dates. Over-ordering or an unexpected reduction in demand can each result in expired pharmaceuticals that must be properly disposed of. Care must be taken to ensure security during storage of pharmaceuticals and commodities, to guard against losses and improper usage. Pharmaceuticals must be protected from contamination from incompatible materials stored in close proximity to them.

Sub-grant activities can cover a wide range of interventions and the environmental compliance requirements will vary accordingly. Environmental Review Forms must be completed to gauge the potential environmental impacts of the contemplated activities under the grant and to develop mitigation strategies and plans. Due diligence must be performed on the grantee to confirm that they have the institutional knowledge, capacity, and will to perform within environmental compliance standards. Training must be provided and ongoing monitoring and inspection will likely be necessary.

Much like the sub-grant activities discussed above, funding the acquisition of medical equipment for use by others can carry a broad set of concerns, including misuse and improper disposal. Care must be taken to perform due diligence to confirm the acquiring institution has the ability to use the equipment correctly and safely, receives the required training, and has the orientation and commitment to dispose of it properly.

Another major concern that could arise from USAID IHP involves the small-scale construction and/or rehabilitation of existing facilities. Risks include construction methods that lead to contaminated runoff entering water resources; demolition of facilities containing hazardous substances, such as asbestos or lead piping; increased traffic from upgraded facilities leading to environmental degradation; and increased demand for water, sanitation, and hygiene (WASH) infrastructure, leading to environmental contamination if such facilities are not well-planned. There are distinct guidelines and requirements for rehabilitation of facilities delivering health care services, serving as diagnostic laboratories, or providing practical or lab-based health training, and for other types of buildings. Both types are represented and dealt with in the EMMP.

The construction of water and sanitation systems is also contemplated under this project; such work has an extensive set of requirements to ensure the supply of sufficient water quantity and quality without compromising existing uses of source water. Proper location of facilities, use of appropriate materials,

methods of purification, and maintenance of equipment must also be taken into consideration. Trainings on system operation and maintenance must also be provided.

Insecticide-treated nets generate waste streams upon initial distribution and disposal. This waste must be managed according to World Health Organization best practices to avoid negative impacts on the environment—and possibly on human health.

Office management and supply can also have negative impacts on the physical and social environment. Low-energy lighting and equipment must be preferentially purchased, and waste minimization and disposal must be planned and executed. Transportation of personnel and supplies must be carefully coordinated to minimize fuel usage and emissions.

USAID REVIEW OF EMMR

[***The routing process and associated signature blocks may be customized by Bureau or Mission. Please follow Bureau- or Mission-specific guidance***. *Include signature blocks in accordance with Bureau and/or Mission policy. At a minimum include the noted required signatures. Add other signatures as necessary.*]

Approval:

[NAME], Activity Manager/A/COR [required] Date

Clearance:

[NAME], Mission Environmental Officer [as appropriate] Date

Clearance:

[NAME], Regional Environmental Advisor [as appropriate] Date

Concurrence:

[NAME], _____ Bureau Environmental Officer [required] Date

DISTRIBUTION: [*Distribution lists may be customized by Bureau or Mission. Please follow Bureau- or Mission-specific guidance*.]

PROJECT/ACTIVITY SUMMARY

The goal of USAID's Integrated Health Program (USAID IHP) is to strengthen the capacity of Congolese institutions and communities to deliver high-quality, integrated health services that sustainably improve the health status of the Congolese population. The Program builds on previous health investments in the Democratic Republic of the Congo (DRC), USAID's Country Development Cooperation Strategy (CDCS), and related Government of the DRC (GDRC) strategies and policies.

The Program provides support to empower *zones de santé* (ZS) and sustainably improve the ability of the DRC's health system to deliver quality services in reproductive health and family planning; maternal, neonatal, and child health; nutrition; tuberculosis; malaria; WASH; and supply-chain services. Cross-sector areas of program focus include gender equity, conflict sensitivity, capacity building, and climate risk mitigation and environmental mitigation and monitoring. The Program aims to strengthen both facility-level and community-level primary health care platforms, including provincial administrative authorities and local organizations. USAID IHP operates in nine provinces, operationally grouped in three regions: Eastern Congo (Sud-Kivu and Tanganyika); Kasaï (Kasaï-Central, Kasaï-Oriental, Lomami, and Sankuru); and Katanga (Haut-Katanga, Haut-Lomami, and Lualaba).

The implementation of USAID IHP is subject to the requirements of the USAID/DRC Health Office Portfolio IEE (https://ecd.usaid.gov/repository/pdf/45611.pdf), which examined the proposed activities of the portfolio and assigned to each activity a threshold determination. These include Categorical Exclusion, indicating no expected environmental impact; Negative Determination with Conditions, signifying that possible environmental impacts can be mitigated by use of particular methods or actions; and Positive Determination (likely to have an impact on the environment). Please see table below for results.

INSTRUCTIONS

No Bureau-specific EMMR requirements have been communicated.

MANAGEMENT STRUCTURE FOR ENVIRONMENTAL COMPLIANCE

The organization of the mitigation measures is now the full responsibility of the technical teams. USAID IHP's WASH Advisor has taken the lead in organizing integration of mitigation measures into the overall program activities. He reports to his line manager (the Deputy Chief of Party), while overall reporting responsibility lies with the Chief of Party.

Many activities are still in early implementation stages. Few activities require specific attention to mitigation measures proposed in the EMMP.

The Program's WASH Advisor coordinates and supervises environmental compliance. WASH and Renovation Engineers (one in each region: Eastern Congo, Kasaï, and Katanga) have specific responsibilities in conjunction with their responsibilities regarding renovations and WASH installations.

Many technical staff are familiar with environmental compliance requirements, but more work remains to fully integrate ownership of design and implementation of mitigation measures.

MONITORING AND REPORTING FOR ENVIRONMENTAL COMPLIANCE

As per Africa and Global Health Bureau-approved Environmental Mitigation and Monitoring Plan.

EMMR TABLE FOR USAID IHP

PROJECT/ACTIVITY/SUB-ACTIVITY	STATUS OF MITIGATION MEASURES	OUTSTANDING ISSUES RELATING TO REQUIRED CONDITIONS	REMARK
Education, technical assistance, training to improve access to and delivery of health care.	After a site visit in December 2019 to 30 health facilities in the province of Lomami (Mwene Ditu, Luputa and Kanda Kanda health zones), the program planned a training of providers for the adoption of practices for staff, visitors and patients to reduce the risk of illnesses for patients, staff and caregivers as well as measures for environmental protection. Pending improvements in all the health facilities targeted by IHP, a prior check is carried out, before any training, on the presence of the incinerator refuse pit receptacles, latrines as well as the handwashing station with soap or ash and their correct use.	Not all health facilities always meet the requirements for waste management. Some examples of requirements that aren't being met include a lack of garbage cans in the health facilities to collect waste no hygienic latrines and no designated waste zone.	Need for improvements to be planned as part of the Centre de santé assaini (CSA, clinic) approach. Examples of these improvements include: providing the CS with receptacles for waste collection, building latrines and showers adapted to people with reduced mobility, facilities for menstrual hygiene management.
Procurement, storage, and management of public health commodities, including pharmaceuticals and supply chain strengthening activity.	The program has yet to deliver the drugs to the FoSa. In the meantime, USAID IHP teams apply the MOH guidelines on the treatment of chemical waste (drugs and laboratory inputs): records of non-used drugs, quarantine of products until recovery by BCZ or immediate transfer to BCZ for destruction.		
Funding private sector acquisition of diagnostic and treatment equipment.	No mitigation measures required since the procurement isn't in the pipeline yet		
Very small-scale construction or rehabilitation (less than1000m^2 total disturbed area) with no complicating factors.	No mitigation measures required since the activity is not yet underway		
Small-scale construction.	No mitigation measures		

	required since no such small scale construction is underway		
Provision of long-lasting insecticidal nets for vector control.	Training of providers from 6 areas (Omendjadi, Katakokombe, Lusambo, Wembonyama, Dikungu and Lodja) from Sankuru on the correct use (e.g. proper cleaning) and disposal of LLINs to prevent contamination of the soil, water or air; affect food sources and biodiversity, and have negative impacts on the environment and human health. Providers were retrained on the prevention, diagnosis and treatment of malaria in pregnant women in the health areas of Lodja, Dikungu and Wembonyama, 70 were trained including 62 men and 8 women. LLINs were distributed in some ZSs of Haut Lomami province but there was specific training on the use of MIILD. In Kamina and Baka health zones 45 providers including 13 men and 32 women were trained. 4 Lomami HZs (Kamiji, Ludimbi Lukula, Mwene and Mulumba) received the MIILD from Chemonics.	.	As the program has still not distributed the nets in the FoSa, training in the proper use of the nets and the risks of inappropriate use or disposal is not systematic.
Sub-grant activities.	No mitigation measures are required since no such sub-grant activities are underway		
Construction and improvement of water and sanitation systems.	The WASH activities focused on the preparation of the procurement documents for the drilling in Kasaï Oriental and the rehabilitation / extension of water supply in South Kivu. These tender documents contain clauses on the environmental requirements for carrying out water and sanitation work.		The work hasn't been implemented yet. The contract award process is underway.
Office management and supply.	The judicious use of electricity is recommended to all staff in the Kinshasa office. Some suppliers collect electronic waste, such as used printer		The operations team ensure that the garbage cans do not overflow and are emptied regularly.

	cartridges. The offices installed water fountains to reduce the use of water bottles and thus reduce plastic waste. Electric hand dryers are used in the Kinshasa office's bathrooms to reduce paper waste. Staff print double-sided documents to reduce paper use and thus paper waste. Staff ensure hygiene products in sanitation facilities are always available in the Kinshasa office		
Transportation of personnel and supplies.	Staff are encouraged to walk for short destinations. Some vehicles are fuel inefficient. Their use is kept to a minimum		

ADDITIONAL COMMENTS

Add comments as needed