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USAID'S INTEGRATED HEALTH PROGRAM

Fiscal Year 2021 Quarterly Report | Summary

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Cover Photo: A health worker providing care for a child at the community care site of Fuamba Health Area in Dibaya Health Zone, Kasai-Central. Photo by Aimé Tshibanda, Pathfinder, for Abt Associates

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ACRONYMS AND ABBREVIATIONS

ACT	Artemisinin-based combination therapy
ANC	Antenatal care
CAC	<i>Cellules d'animation communautaire</i> (Community action groups)
CBD	Community-based distributor (of contraceptives)
CEAQ	<i>Cellules d'évaluation et d'amélioration de la qualité</i> (quality assessment and improvement units)
CODESA	<i>Comités de Développement de l'Aire de Santé</i> (Health Area Development Committees)
COVID-19	Coronavirus disease 2019
CPSr	<i>Consultations préscolaires</i> (well-child visits)
CSDT	<i>Centres de santé de diagnostic et traitement</i> (Diagnosis and treatment health centers)
CYP	Couple years of protection
DGOGSS	<i>Direction Générale de l'Organisation et de Gestion des Services et des Soins de Santé</i> (Directorate-General for the Organization and Management of Health Care Services)
DOT	Directly observed therapy
DPS	<i>Divisions Provinciales de Santé</i> (Provincial Health Districts)
DQI	Démarche de Qualité Intégrée (Integrated Quality Improvement)
DRC	Democratic Republic of the Congo (<i>République démocratique du Congo</i>)
ECDPS	<i>Equipe Cadre de DPS</i> (Executive Team of the Provincial Health District)
ECZS	<i>Equipe Cadre de la Zone de Santé</i> (Health Zone Management Team)
EEAQ	<i>Equipes d'évaluation et d'amélioration de la qualité</i> (evaluation and quality improvement teams)
ETAT	Emergency triage, assessment, and treatment)
FP	Family planning
FY	Fiscal Year
GDRC	Government of the Democratic Republic of the Congo
HNQIS	Health Network Quality Information System
iCCM	Integrated community case management
IMNCI	Integrated management of newborn and childhood illness
IPC	Infection prevention and control
IPS	<i>Inspection Provinciale de la Santé</i> (Provincial Health Inspectorate)
IPT	Intermittent preventive treatment
IRC	International Rescue Committee
ITN	Insecticide-treated net
IYCF	Infant and young child feeding
MOH	Ministry of Health
MSRT	Mission Standard Reporting Template
PAO	<i>Plan d'Action Opérationnel</i> (Annual Operation Plan)
PICAL	Participatory Institutional Capacity Assessment and Learning
PMR	Project Monitoring Report
PNLP	<i>Programme National de Lutte contre le Paludisme</i> (National Malaria Control Program)

PNLT	<i>Programme National de la Lutte Contre la Tuberculose</i> (National Program to Combat Tuberculosis)
QoC	Quality of Care (tool)
SGBV	Sexual- and gender-based violence
S/P	Sulfadoxine-pyrimethamine
TB	Tuberculosis
TP+	Bacteriologically confirmed pulmonary TB
TRG	Training Resources Group
USAID	United States Agency for International Development
USAID IHP	USAID's Integrated Health Program
USG	United States Government
WASH	Water, sanitation, and hygiene
ZS	<i>Zone de santé</i> (Health zone)

FY2021 QUARTER I: QUARTERLY REPORT SUMMARY

In the first quarter of fiscal year 2021 (FY2021), USAID's Integrated Health Program (USAID IHP) in the Democratic Republic of the Congo (DRC) continued to achieve results from diverse activities to strengthen the capacity of Congolese institutions and communities to deliver quality integrated health services (see snapshot at right). Amid an end-of-year slowdown among partner institutions, the Program maintained interventions to sustainably improve the health of men, women, and children in target provinces. USAID IHP also expanded community-focused initiatives to accelerate progress, including the VIVA health behavior change campaign, 16 Days of Activism against Gender-Based Violence, and the introduction of a mobile money mechanism to pay for last-mile deliveries of essential health commodities.

Local empowerment emerged as a theme this quarter. In addition to ongoing successful community-based efforts—including for TB contact tracing, antenatal care (ANC) visits, and catching children up on immunizations—travel restrictions for USAID IHP staff due to coronavirus disease 2019 (COVID-19) mean that local stakeholders are more independently organizing and improving trainings and post-training follow-ups. The Program's training of local stakeholders in data sharing and analysis is also enabling communities to effectively reduce malaria caseloads and remedy stockouts of key medications and supplies.

Quarterly highlights by program area and in health systems strengthening follow.

Malaria. Through collaboration with the *Programme National de Lutte contre le Paludisme* (National Malaria Control Program, PNLP) and MOH, USAID IHP technically and financially supported activities to validate the updated documents of the standards, guidelines, and the training and supervision modules for health facilities. USAID IHP continued to roll out its improved monitoring strategy by offering support to routine monitoring efforts with nurses from the *aires de santé* for the ZS. Technical and financial support was provided to the DPS for training and retraining of providers on the prevention and care of malaria in pregnant women, training of providers on the diagnosis of suspected cases of malaria with rapid diagnostic tests, and treatment of confirmed cases of uncomplicated and severe malaria. USAID IHP held a training of trainers on the malaria treatment and prevention package and the Health

USAID IHP at a glance

Objectives

- **Strengthen health systems, governance, and leadership** at 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

Structure

The Program works in 178 *zones de santé* (ZS, health zones) across nine provinces within three regions: Eastern Congo, Kasai, and Katanga. USAID IHP builds on previous Agency health investments in the DRC, USAID's Country Development Cooperation Strategy, and related Government of the Democratic Republic of Congo (GDRC) strategies and policies—particularly the *Plan National de Développement Sanitaire* (National Health Development Plan) 2019–2022.

Major partners are the Ministry of Health (MOH) at the national level, the *Divisions Provinciales de Santé* (Provincial Health Districts, DPS) and *zones de santé* (health zones, ZS) within provinces, communities, and *Comités de Développement de l'Aire de Santé* (Health Committees, CODESA).

USAID IHP encompasses USAID programming in six health areas: malaria; maternal, newborn, and child health; nutrition; reproductive health and family planning (FP); tuberculosis (TB); and water, sanitation, and hygiene (WASH). The Program also implements vital cross-cutting approaches in health systems strengthening, gender integration, conflict sensitivity, and environmental monitoring and mitigation.

Network Quality Information System (HNQIS) supervision tool. The Program anticipates that this additional support will further reinforce topics covered during this training. The Program provided intermittent preventive treatment (IPT) for malaria to pregnant women. The Program will work with CODESA and community action groups in the next quarter to further promote adherence to the ANC and IPT schedule. Kits were given to health facilities for directly observed therapy (DOT) equipment to facilitate the observed intake of sulfadoxine/pyrimethamine (S/P) during ANC visits. Insecticide-treated mosquito nets (ITNs) were distributed during well-child visits of children under 5 years of age. Artemisinin-based combination therapy (ACT) was provided to children under 5. Community mobilization and campaigns promoted care-seeking behaviors. Key results included:

- 396,679 ITNs distributed during ANC and child immunization visits, exceeding the target for an achievement rate of 126.1 percent.
- 267,404 pregnant women provided with S/P. Kits provided to 112 health facilities for DOT. ACT provided to 837,767 children under 5.
- Through the implementation of the Community Champions Model, 4,299 people were made aware of how to prevent malaria, which resulted in 28 children under 5 being referred for fever, of whom 15 were confirmed to have malaria.

Maternal, Newborn and Child Health. USAID IHP supported the MOH in implementing maternal, newborn and child health activities in a challenging context, marked by an upsurge in COVID-19 cases. The consequences from this upsurge continue to expose the already vulnerable population, especially mothers and newborns. USAID IHP helped ensure that quality maternal, newborn and child health services were provided in strict compliance with existing national level standards and guidelines while integrating specific guidance on infection prevention and control (IPC) from DRC's Multisectoral COVID-19 Response Committee. USAID IHP organized mini-campaigns and ensured the availability of inputs (ITNs, IPT, and iron folate) and engaged community-based distributors (CBDs) to promote the use of ANC services. CODESA were engaged for the reduction of childbirth costs, and providers were trained to promote delivery with a skilled birth attendant. All provinces met or exceeded the targets for essential newborn care and post-partum visits due to increased awareness gained at maternal death surveillance and response (MDSR) meetings and provider training and supervision. USAID IHP provided financial and technical support for the implementation of the Mashako Plan in Lomami jointly with UNICEF, the International Federation of Red Cross, and Save the Children. The Program provided technical and financial support for a training of trainers in clinical integrated management of newborn and childhood illness (IMNCI) and the use of flowcharts specifically for emergency triage, assessment, and treatment (ETAT); provider training on clinical IMNCI and the use of flowcharts; the supply of service delivery tools (table booklets, flowcharts, IMNCI case management sheets, ETAT technical sheets); supervision and group monitoring of community health workers; supply of small equipment to the sites; and establishment of new integrated community case management (iCCM) sites. Significant provincial results included:

- 98.7 percent of pregnant women attended at least one ANC visit with a skilled provider, and 93 percent of deliveries were with a skilled birth attendant.
- 8,160 newborns not breathing at birth were successfully resuscitated.
- 355,660 children under 1 received the pentavalent 3 vaccine (a 96.1 percent achievement rate), and 347,450 children under 1 were immunized against measles (a 93.9 percent achievement rate).
- 353,595 children received treatment for an acute respiratory infection/pneumonia, and 303,849 children received treatment for diarrhea—both exceeding targets for the quarter.

Nutrition. USAID IHP supported the MOH in preventing malnutrition and promoting nutrition for pregnant and breastfeeding women and children under 5. This work focused on *consultations préscolaires redynamisées* (revitalized well-child visits, CPSr) and infant and young child feeding (IYCF). During this quarter USAID IHP has supported training of provincial nutrition trainers and coaches including training 34 executives from the *Equipe Cadre de DPS* (Executive Team of the Provincial Health District, ECDPS) as well as nutrition coaching missions and refresher training for providers and community health workers on CPSr and IYCF. USAID IHP set up and supported follow-up of IYCF support groups. The Program also supported nutrition interventions geared toward women. These activities included iron and folic acid supplementation, communication activities to promote nutritional practices for children, pregnant and breastfeeding women during ANC visits, and sensitization of pregnant and breastfeeding women on nutrition topics during VIVA campaign activities. During this quarter the program worked to:

- Establish 403 IYCF support groups in Kasai-Central, Haut-Lomami, and Tanganyika.
- Reach 415,380 pregnant women with nutrition interventions through United States Government (USG)-supported programs, including nutritional counseling and iron-folic acid supplementation to pregnant women during ANC visits and VIVA campaign activities.
- Provide 1,206 health care providers and community health workers with nutrition-related professional training.

Reproductive health and family planning. USAID IHP supports GDRC and USAID commitments to the Family Planning 2020 global partnership through training for health care providers, CBDs, and youth peer educators. USAID IHP also provides assistance to the Permanent Multisectoral Technical Committee for Family Planning; and promotes social and behavior change campaigns. The Program achieved strong performance for couple years of protection (CYP) and the number of new acceptors using modern contraceptive methods in USG-funded programs. These results can be attributed to Program activities including training/retraining of CBDs and youth on awareness-raising activities and referrals to the health facilities for the administration of long-acting contraceptive methods. The results can also be attributed to the organization of FP mini-campaigns in the ZS to promote the use of contraceptive methods and the training and briefing of clinical providers. Key results include:

- 95.4 percent of couples were protected by a contraceptive method.
- Achieved 331,881 CYP and recruited 404,173 new acceptors of modern contraceptive methods through the training/retraining of CBDs; monitoring meetings of CBDs; and FP mini-campaigns.
- Trained providers in targeted services for youth and adolescents and CBDs for FP services.

Tuberculosis. USAID is supporting the *Programme National de Lutte contre la Tuberculose* (National Tuberculosis Control Program, PNLT) in the application of the “End TB” strategy by supporting political commitment and funding to combat the disease. USAID IHP supports the implementation of anti-tuberculosis strategies and activities by encouraging synergy of action with other PNLT partners and the participation of community civil society in TB control. These strategies and activities mainly include: providing universal access to TB diagnosis and treatment; improving management of TB/HIV co-infection; improving management of drug-resistant TB (including improving clinical and biological monitoring and nutritional support of patients with this form of TB); strengthening the capacities of provinces in the collection, analysis, and use of data for decision making; improving the ability to diagnose and treat TB in children aged 0-14 years; and improving the prevention and control of TB infection. The provinces achieved the following results:

- 13,025 cases (new patients and relapses) of bacteriologically confirmed pulmonary TB (TP+) reported within a population of more than 34 million, a 101 percent achievement rate.
- Among 11,429 new patients and TP+ relapses evaluated during FY2021 Q1, 10,366 patients were declared cured, and 392 patients completed their treatment. This 94 percent success rate is largely due to local availability of first-line anti-tuberculosis drugs.
- Six provinces recorded notification rates above the target (150 per 100,000 inhabitants) thanks to the active TB case-finding activities supported by the Program.
- Out of 22,264 patients suffering from drug-sensitive TB, 22,148 (99.5 percent) were put on first-line treatment. This result exceeds the performance of FY2020 Q3 (96 percent) and FY2020 Q4 (97 percent). This positive performance reflects the improvement in the supply of first-line anti-tuberculosis drugs to *centres de santé de diagnostic et traitement* (diagnosis and treatment health centers, CSDTs).

WASH. The Program promotes improved quality of care and infection prevention at health facilities through improved WASH practices and infrastructure. During Quarter 1 of FY2021, USAID IHP completed the rehabilitation of water supply systems in Katana and Miti-Murhesa ZS. The Program continued its transition to the clean clinic approach while completing rehabilitation of community-based WASH infrastructure in Sud-Kivu and construction of boreholes in Kasai-Oriental. In this quarter, key results included:

- The Program completed evaluations of local construction firms to execute facility improvements for the clean clinic approach and contracted engineering firms to oversee their work, while distributing materials on the approach to targeted health centers in Lomami, Kasai-Central, and Kasai-Oriental.
- In Sud-Kivu, 5,358 people gained access to potable water through the provisionally accepted gravity-flow distribution system.

Objective 1. During Quarter 1 of FY2021, USAID IHP continued to support health systems strengthening in the DRC by building capacities for DPS and ZS managers to develop their 2021 *Plan Annuel Opérationnel* (PAO, Annual Operations Plan) and providing support to the MOH to assist provinces. The program also monitored and supervised implementation through technical and financial support to the nine DPS and some ZS; and continued the institutional capacity-building activities resulting from the Participatory Institutional Capacity Assessment and Learning (PICAL) analyses. USAID IHP continued to support the MOH PAO 2021 process coupled with the *contrat unique* at the central, intermediate (nine DPS), and operational (179 ZS) levels in collaboration with national and local stakeholders. The Program continued institutional capacity building in the provinces through initial PICAL analyses in 14 ZS.

The Program has conducted training in leadership, management, and coaching with emphasis on management and supervision in Kasai Central and Sankuru and provided routine support for the operations, supervision, and coaching missions of the ECDPS and *Equipe Cadre de la Zone de Santé* (Health Zone Management Team, ECZS). USAID IHP worked with the *Inspection Générale de la Santé* (General Health Inspectorate) to prepare for the launch of the accountability hotline in two pilot provinces (Lomami and Kasai-Central). USAID IHP focused on strengthening community organizations to ensure the effective functioning of health services at the community level by providing support to the operations of 229 CODESA and the revitalization of 305 *cellules d'animation communautaire* (community action groups, CAC) in seven targeted ZS, essential to implementing the Community Scorecard tool developed by the *Direction Générale de l'Organisation et de Gestion des Services et des Soins de Santé*

(Directorate-General for the Organization and Management of Health Care Services, DGOSS) with support from USAID IHP.

Objective 2. USAID IHP implemented activities in Quarter I to address factors that hinder the use of integrated and quality health services. The Program targeted the three levels of the health system pyramid: the national level with the specialized directorates and programs, the intermediate level with the DPS, and the operational level with the ZS, health facilities and the community. USAID IHP supported MOH activities in implementing the *Démarche de Qualité Intégrée* (Integrated Quality Improvement Approach, DQI). Seventy provincial and central office managers were trained on the use of the DQI approach in four provinces (Sankuru, Kasai-Oriental, Haut-Katanga, Haut-Lomami). *Équipes d'évaluation et amélioration de la qualité* (evaluation and quality improvement teams, EEAQ) were established at the *Bureau central de la zone de santé* (Central office of the health zone, BCZS) and the general reference hospitals; and *cellules d'évaluation et amélioration de la qualité* (quality assessment and improvement units, CEAQ) in facilities. The DQI tool was used to identify bottlenecks and propose appropriate solutions in five provinces and in 25 service and care units, including 10 health facilities, eight hospitals, and seven central offices in 10 ZS.

USAID IHP supported the training and establishment of a pool of trainers for sexual- and gender-based violence (SGBV) survivor care (medical and psychosocial), gender integration, and positive masculinity in Haut-Katanga. USAID IHP supported five specialized programs¹ to conduct supervisory visits in five provinces, per the FY2021 workplan. These supervisory visits enabled experts from the national level to strengthen the provincial managers' skills in supporting ZS, by sharing national health standards and guidelines, and monitoring implementation while identifying challenges in the field. In addition, USAID IHP supported the training of 44 providers including six women in Lualaba province on IPC. This training was organized for six ZS that had not received the training and aimed to build the capacity of health workers on hospital hygiene and IPC. The IPC kits were distributed to health facilities in the Sankuru province.

Objective 3. During the first quarter of FY2021, USAID IHP used different approaches to encourage the adoption of healthy behaviors and the promotion of health services. Key strategies included the VIVA campaign; celebration of international and national health days; mini-campaigns; and the strengthening of collaboration with civil society organizations. USAID IHP along with other partners provided technical and financial support to the MOH to celebrate World Pneumonia Day under the national theme "Pneumonia and COVID-19." USAID IHP provided technical and financial support for the 16 Days of Activism against Gender-Based Violence activities in nine provinces. With Breakthrough Action, USAID IHP trained stakeholders from eight ZS on the VIVA campaign in Kasai-Oriental and Sud-Kivu. Twenty-seven members of the ECZS were trained. At the *aire de santé* level, USAID IHP supported the briefing of 332 community health workers from the *aires de santé* of three provinces (three *aires de santé* in Kasai-Oriental, two in Kasai-Central, and four in Sud-Kivu) on the VIVA campaign. USAID IHP supported the organization of forums for community members to share challenges they face related to health and involve the community in seeking solutions. During this quarter, USAID IHP provided technical and financial support for the organization of 20 community forums in four provinces (Haut-Katanga, Sankuru, Sud-Kivu, and Tanganyika) in 10 ZS.

Gender. During the quarter, USAID IHP supported the recruitment of a consultant to conduct the gender audit of the MOH at both national and provincial levels. The data collection tools were validated,

¹ National Program for the Fight Against Acute Respiratory Infections (PNIRA), National Program for the Elimination of Cholera and Other Diarrheal Diseases (PNECHOL-MD), National Nutrition Program (PRONANUT), National Program for Reproductive Health (PNSR), PNLT

and the process is underway for the deployment of investigators and the analysis of gender audit data. USAID IHP also provided technical and financial support to the MOH Gender Unit to update their 2021 action plan, provide a training facilitated by experts from the Ministry of Gender on the recent National Gender Strategy, and start the process of establishing the Gender Units of the DPS in the supported provinces. The first provincial Gender Unit was established in Sankuru, where a training of 20 unit staff (including eight women) was conducted and the 2021 annual action plan for gender mainstreaming was introduced. The plan includes four main objectives that relate to capacity building, advocacy with provincial political and administrative authorities, and social mobilization and sensitization.

In its efforts to ensure greater gender awareness, USAID IHP continues to organize monthly community reviews on good gender integration practices in all nine supported provinces. In Kasai-Central, the Program contributed to promoting cooperation and strengthening the coordination among the Health, Gender and Planning sectors for better support to the fight against SGBV. A workshop involving the three Provincial Divisions of Health, Gender, and Planning was organized. It resulted in an agreed coordination mechanism and an updated map of all stakeholders working in the field of SGBV, based on the information provided by the Gender and Planning Provincial Divisions.

Conflict sensitivity. During Quarter I, USAID IHP conducted several activities to develop conflict sensitivity awareness and promote “do no harm” practices in Tanganyika, specifically in the four ZS of Kongola, Mbulula, Kansimba, and Moba. USAID IHP conducted a total of 12 focus groups in Tanganyika to better understand the local context of conflicts and opportunities for sensitization. The Program engaged 101 participants in the focus groups. Participants represented key stakeholder groups including civil society, religious leaders, local leaders of women’s groups, youth groups, and the ZS chief medical officers. USAID IHP organized a workshop for 25 members of the Tanganyika DPS, *Inspection Provinciale de la Santé* (Provincial Health Inspectorate, IPS), ZS, and other partners to orient them on USAID IHP conflict sensitivity activities and the do no harm approach in the province. This feedback session provided the DPS, IPS, ZS and partners with an appreciation of the context for conflict sensitivity and support to avoid creating, amplifying, and triggering conflicts among beneficiary populations of USAID IHP interventions. USAID IHP also organized an annual workshop in Tanganyika to review the conflict sensitivity analysis. Twenty-seven stakeholders participated—including government, civil society, the Communications Task Force, the Provincial Division of the Interior and Security, the Provincial Division of Humanitarian Affairs, the Culture and Arts Department, and media institutions.

Research, monitoring, and evaluation. For the USAID IHP Research and Learning Agenda, the research team organized two orientation workshops for internal stakeholders to share the Program’s learning objectives and what will be expected of partners in the future. These workshops brought together USAID IHP directors and technical advisors at the national and provincial levels, provincial directors, and members of the home office team. The Community Health Services Survey was replaced by a Satisfaction Survey created in collaboration with USAID IHP’s Research, Monitoring, and Evaluation Team. This annual survey is aimed at measuring patient satisfaction with health services they have received at health centers and the proportion of individuals in the sample who are satisfied with the services received. The data collection instrument for this survey included elements of the Quality of Care (QoC) tool and other USAID IHP tools such as Pathways to Change, which is used to improve provider behaviors. USAID IHP’s Monitoring and Evaluation Platform generates and compiles data for use and analysis during reporting. During Quarter I, the team continued to make improvements to streamline generation of the Mission Standard Reporting Template (MSRT) and improve the data entry interface for Project Monitoring Report (PMR) indicator data. The team also began to develop dashboards to present data from the bi-weekly activity tracker to improve activity data use. This will

combine performance results and implementation data to better understand USAID IHP's implementation successes and obstacles.

Looking forward. Next quarter, USAID IHP will expand its mobile money network to help ensure that essential generic medicines make it through the last mile to reach health facilities, especially in hard-to-access *aires de santé*. Through the distribution of management tools and support for improvements in data quality and supervision, USAID IHP will further equip DPS, ECZS, and health facilities to effectively manage health system data and use those data for informed decision making. The Program will implement the clean clinic approach for WASH infrastructure improvements at target health centers and launch contracting processes for health facility maternity rehabilitations in target ZS. Finally, the Program will continue to identify, implement, and learn from opportunities to address implementation silos and deliver integrated technical assistance.