



USAID
FROM THE AMERICAN PEOPLE



USAID'S INTEGRATED HEALTH PROGRAM

Fiscal Year 2021 Quarterly Report 2 Summary

Submitted August 13, 2021

DISCLAIMER

This report is made possible by the support of the American People through the United States Agency for International Development (USAID). The authors' views expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

Recommended Citation: USAID Integrated Health Program, “Fiscal Year 2021 Quarterly Report 2 Summary.” Prepared for USAID IHP by Abt Associates, Rockville, Maryland, submitted August 13, 2021.

Submitted to: Richard Matendo, COR, Maternal & Child Health Program Specialist, Health Office, USAID/Democratic Republic of the Congo (+243 81 555 4514), Kinshasa, DRC.

Cover Photo: A nurse weighs a child during an after-birth visit at the Crina health center in Kamalondo ZS, Haut-Katanga. Photo by Jean Manassé Tshibamba, freelance photographer for USAID IHP.

Abt Associates | 6130 Executive Boulevard | Rockville, Maryland 20852 |

T. 301.347.5000 | www.abtassociates.com

With:

International Rescue Committee (IRC)
BlueSquare
Mobile Accord/Geopoll
Viamo

Pathfinder International
Training Resources Group (TRG)
i+ Solutions
Matchboxology

USAID'S INTEGRATED HEALTH PROGRAM

Fiscal Year 2021 Quarterly Report 2 Summary

Contract No.: 72066018C00001

DISCLAIMER: This report is made possible by the support of the American People through the United States Agency for International Development (USAID). The authors' views expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

ACRONYMS AND ABBREVIATIONS

ACT	Artemisinin-based combination therapy
ANC	Antenatal care
CODESA	<i>Comités de Développement de l’Aire de Santé</i> (Health Area Development Committees)
CTMP-PF	<i>Comité Technique Multisectoriel Permanent de Planification Familiale</i> (Multisectoral Technical Committee for Family Planning)
DHIS2	District Health Information System 2
DPS	<i>Divisions Provinciales de Santé</i> (Provincial Health Districts)
DRC	Democratic Republic of the Congo (<i>République démocratique du Congo</i>)
FP	Family planning
FY	Fiscal Year
HIV	Human immunodeficiency virus
iCCM	Integrated community case management
IGS	<i>Inspection Générale de la Santé</i> (General Health Inspectorate)
IPS	<i>Inspection Provinciale de la Santé</i> (Provincial Health Inspectorate)
IRC	International Rescue Committee
ITN	Insecticide-treated net
IYCF	Infant and young child feeding
M&E	Monitoring and Evaluation
MNCH	Maternal, newborn, and child health
MOH	Ministry of Health
NMCP	National Malaria Control Program
PAO	<i>Plan d’Action Opérationnel</i> (Annual Operation Plan)
PMR	Project Monitoring Report
PNLT	<i>Programme National de la Lutte Contre la Tuberculose</i> (National Program to Combat Tuberculosis)
RECO	<i>Relais communitaires</i> (Community health workers)
S/P	Sulfadoxine-pyrimethamine
SGBV	Sexual and gender-based violence
TB	Tuberculosis
TP+	Bacteriologically-confirmed pulmonary TB
TRG	Training Resources Group
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
USAID IHP	USAID’s Integrated Health Program
USG	U.S. government
WASH	Water, sanitation, and hygiene
ZS	<i>Zone de santé</i> (Health zone)

FY2021 QUARTER 2: QUARTERLY REPORT SUMMARY

In the second quarter of fiscal year 2021, USAID's Integrated Health Program (USAID IHP) in the Democratic Republic of the Congo (DRC) accelerated momentum of various interventions that enable Congolese institutions and communities to deliver quality integrated health services (see Snapshot at right). As COVID-19 cases rose and fell, intra-country travel resumed, but bottlenecks remained in the availability of Ministry of Health (MOH) and other government partners for activities to sustainably improve the health of men, women, and children in target provinces. USAID IHP pivoted to some virtual trainings and invited more clinicians to become trainers in malaria interventions, an approach with potential to expand to other program areas. The Program also leveraged its integrated nature, cross-training health care providers and community mobilizers (via the VIVA behavior change campaign) in malaria prevention, antenatal care, and nutrition for pregnant women.

Several initiatives launched in Quarter 2, including a fraud-reporting accountability hotline pilot in Lomami and Kasai-Central, the Low Dose High Frequency clinical mentoring approach for service providers in Tanganyika, and new gender units within the *Divisions Provinciales de Santé* (DPS, Provincial Health Districts) of Haut-Katanga, Lualaba, and Tanganyika. The Program made the first mobile money payments for last-mile health commodity deliveries and explored other ways to bridge supply chain gaps at the zonal and facility levels. These included engaging community agents for deliveries, sharing information during quarterly data validation meetings, and coordinating with upcoming mini-campaigns that spur demand for health supplies.

Quarterly highlights by program area, objective, and cross-cutting area follow.

Malaria. In collaboration with the *Programme National de Lutte Contre le Paludisme* (National Malaria Control Program, NMCP), USAID IHP supported implementation of the President's Malaria Initiative's annual Malaria Operation Plan activities in all 179 ZS in nine supported provinces. The Program and the MOH trained health care providers, trainers, and provincial supervisors; supplied

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 179 *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 DRC (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* (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 health areas: malaria; maternal, newborn, and child health (MNCH); nutrition; reproductive health and family planning; 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.

sulfadoxine/pyrimethamine (S/P) for intermittent preventive treatment for pregnant women, insecticide-treated nets (ITNs), and artemisinin-based combination therapies (ACTs). USAID IHP also addressed a shortage of trainers in malaria-related prevention and care of pregnant women and developed new strategies to deliver ITNs to remote *aires de santé*. The Program lastly leveraged ANC visits, well-child visits, and bed net mass campaigns as means to emphasize key messaging on preventing malaria in pregnancy and to improve ITN distribution. Key results included:

- Training and retraining 1,122 providers on prevention and management of malaria in pregnant women, with an emphasis on interpersonal communication skills to promote adherence to S/P follow-up. In Lomami, provincial training incorporated DPS and ZS leadership.
- Distribution of 473,373 ITNs out of 314,687 planned—150 percent of the target—via antenatal care (ANC) and well-child visits across all nine provinces.
- Treatment of 787,920 confirmed cases of malaria for children under 5.

MNCH. USAID IHP continued to target the major killers of mothers and children through support for ANC visits, delivery with skilled birth attendants, postnatal care visits, essential newborn care, emergency care, integrated management of newborn and childhood illnesses, and immunizations according to MOH guidelines and standards. In addition, USAID IHP activities emphasized building provider skills through trainings, clinical mentoring, and routine follow-up activities and materials to improve the management and quality of maternal, newborn, and child services. Lastly, the Program analyzed key data to better understand and support integration and progress of the Mashako Plan strategy in eight provinces. Significant provincial results include:

- All nine provinces held monthly maternal and perinatal death surveillance and response committee meetings, and three provinces reviewed at least 50 percent of maternal deaths, a key opportunity to identify risk factors and develop response plans.
- Program staff joined registered nurses and ZS management team members to conduct supervisory visits at 710 integrated community case management (iCCM) sites; iCCM sites also treated 75,399 sick children for pneumonia, diarrhea, and malaria.
- USAID IHP supported implementation of the Mashako Plan in eight of its nine provinces, in collaboration with the International Red Cross, Save the Children and UNICEF, resulting in 359,845 children vaccinated with pentavalent-3 and 349,247 children vaccinated against measles.
- Attendance of 434,720 women (100 percent of the target) to at least one ANC visit with a skilled provider from USG-supported facilities and of 266,415 women (98.9 percent of the target) to at least four ANC visits.

Nutrition. During the quarter, USAID IHP equipped DPS executive teams, providers, *relais communautaires* (RECO, community health workers), and community members with information on preventing malnutrition and promoting good nutritional practices. Key activities included mini-campaigns, facilitating iron-folic acid supplementation during ANC visits, and infant and young child feeding (IYCF) coaching and support groups—especially for pregnant and breastfeeding women and children under 5. The Program continued coordination of joint nutrition interventions with USAID’s Food for Peace project in Kasai-Oriental. Quarterly achievements include:

- Trained 617 providers in nutrition-related interventions, including revitalized pre-school consultations, IYCF, and malnutrition.

- Helped establish 60 IYCF support groups in four provinces and supported activity monitoring and coaching of 139 established IYCF support groups in 41 ZS in four provinces.
- Enabled 434,720 pregnant women to receive key nutritional interventions such as nutritional counseling, iron-folic acid supplementation, and deworming.

Reproductive health and family planning. USAID IHP continued to support DRC and USAID commitments to the Family Planning 2020 global partnership by working with the MOH to expand access to information about voluntary family planning (FP) products and quality FP services. Moreover, the Program trained health care providers, community-based distributors, and youth peer educators; provided technical assistance to the *Comité Technique Multisectoriel Permanent de Planification Familiale* (Permanent Multisectoral Technical Committee for Family Planning, CTMP-PF); and promoted social and behavior change campaigns on the importance of FP for maternal, child, and environmental health outcomes. Key results included:

- Supported supply of FP inputs and modern contraceptive methods to the ZS, as well as the organization of seven mini-campaigns and CTMP-PF meetings to strengthen coordination of FP interventions among all stakeholders in the provinces.
- First-time users of modern contraceptive methods included 344,831 women, a 101 percent achievement rate (out of a target of 340,063).
- Supported the MOH's introduction of the peer education approach for adolescent and youth sexual and reproductive health in Haut-Lomami, Kasai-Oriental, and Tanganyika.

Tuberculosis. In partnership with the *Programme National de la Lutte Contre la Tuberculose* (PNLT, National Program to Combat Tuberculosis), the Program implemented activities to improve the quality of TB management services and care; prioritize detection and treatment; and improve data, active screening, and directly observed therapy across 179 target ZS. The Program advanced efforts to improve TB detection and notification rates through case-finding activities including contact tracing and mini-campaigns. In addition, the Program participated in World Tuberculosis Day celebrations and set the stage for future policy review on the relationship between cure rate versus treatment success rate of bacteriologically-confirmed pulmonary TB (TP+) on the incidence of drug-resistant TB. The provinces achieved the following results:

- Among 12,529 new and relapsed TP+ patients—those who started treatment in the corresponding quarter one year earlier—11,322 patients were reported cured, and 475 patients completed treatment—a 94 percent treatment success rate. All three regions performed well against the World Health Organization success threshold of 90 percent or higher.
- Out of a cohort of 22,876 TB patients, 22,788 (99.6%) were put on first-line treatment.
- 13,044 cases (new patients and relapses) out of 17,718 TP+ were reported for a population of 36 million covered by the directly observed therapy short course program in USAID IHP-supported provinces.

WASH. 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, the Program:

- Supported the establishment of 10 hospital hygiene committees in 10 general reference hospitals while 14 new target clean clinic sites completed the preliminary clean clinic approach steps and are

ready for improvements upon receipt of USAID guidance on clean clinic construction and minor rehabilitation.

- Conducted water quality tests at four village wells constructed with USAID IHP assistance, one of which has given its community access to potable water for the first time.

Objective 1. USAID IHP supported all nine DPS to finalize their *Plan d'Action Opérationnel* (PAO, annual operational plan) and develop *contrats uniques* with provincial stakeholders and partners, two of which were signed in Kasai-Oriental and Haut-Katanga. The Program trained providers on the Pathways to Change tool to facilitate behavior change for better health outcomes and disseminated the DRC's new Community Health National Strategic plan in all nine provinces to connect national, provincial, and local efforts to bolster health system monitoring and ultimately improved health services. USAID IHP continued to support DPS and ZS to improve data completeness, timeliness, and quality in the District Health Information System 2 (DHIS2), and the Program provided technical and financial support to train 236 stock managers from 163 ZS so they can more accurately monitor drug availability and prevent stockouts.

Objective 2. USAID IHP facilitated supervisory visits from six national specialized programs to strengthen provincial managers' ZS monitoring skills, while results from a *Démarche de Qualité Intégrée* (Integrated Quality Improvement) assessment of facilities in Lualaba showed improved service provision, particularly in training and availability of essential drugs. In addition, the Program built the capacity of provincial and ZS managers on sexual and gender-based violence (SGBV) case management. The Program lastly spearheaded an advocacy meeting with decentralized territorial entities and local leaders in two Haut-Katanga territories to emphasize the importance of MNCH and mobilize local resources to support better MNCH outcomes.

Objective 3. The Program employed an integrated strategy of VIVA campaign interventions and existing social and behavior change activities (e.g., community debates, school content, and short messaging service campaigns) to promote the adoption of health behaviors and the use of health services in health facilities. During the quarter, USAID IHP supported 29 mini-campaigns on malaria, family planning, TB, ANC, pneumonia, and vaccinations that reached more than 18,600 people. The Program also referred 5,823 children with fever and 682 pregnant women to health centers. USAID IHP completed trainings on the Community Health data collection tool that will enable the MOH to better track service delivery performance at the community level. USAID IHP also continued routine surveys to collect information about health services supply and demand to improve implementation planning. Furthermore, USAID IHP worked to strengthen its partnership plans with USAID implementing partner Breakthrough Action.

Gender. USAID IHP launched a gender audit of the MOH to assess the current status of gender mainstreaming throughout USAID IHP-implemented activities at national and provincial levels. The Program also continued to support the establishment of DPS gender units and quarterly community reviews to promote gender equality and equitable sharing of resources and responsibilities within the DPS. Community engagement activities included revitalizing *cellules d'animation communautaire* (Community action groups), supporting DPS-organized activities for International Women's Day, assisting with implementation of adolescent and youth sexual and reproductive health activities, and supporting implementation of gender champion network action plans. During these activities, the Program promoted increased awareness of gender issues and positive masculinity.

Conflict Sensitivity. USAID IHP conducted and planned several activities to raise conflict sensitivity awareness and promote do no harm practices in Tanganyika, Sud-Kivu, and provinces in the Kasai and Katanga regions. Notable activities included training and briefing USAID IHP teams across the Kasai region on the do no harm approach for FY2021 following recommendations from the FY2020 conflict sensitivity analysis; training regional and ZS trainers in conflict sensitivity and do no harm; supporting the community scorecard validation workshop in Sud-Kivu; and preparing for provincial-level conflict sensitivity and do no harm data collection and analyses.

Research, monitoring, and evaluation. The Program bolstered its research and learning agenda during Quarter 2 by reviewing and approving a research proposal to audit the effectiveness of directly observed therapy for pharmaco-resistant TB, to be followed by IRB review. USAID IHP launched its gender audit and, through partner Geopoll, conducted four ongoing, crosscutting surveys: (1) Transparency and Oversight in Health Services Survey, (2) Evidence Gap of Civil Society Organizations Survey, and the (3) Healthcare Provider Survey, and (4) Client Satisfaction. USAID IHP partner Viamo subcontracted Busara to implement behavioral economics research on remote training effectiveness, and the Program, with partner BlueSquare, developed a module in the M&E Platform to track Program Monitoring Report (PMR) indicators more effectively.

Looking forward. Next quarter, USAID IHP will support finalization and monitoring of *Division Provinciale de Santé* (DPS, Provincial Health District) organizational vision and value statements and expand provincial gender units to all nine provinces. The Program will continue building the capacity of the *Inspection Générale de la Santé* (IGS, General Health Inspectorate) and *Inspection Provinciale de la Santé* (IPS, Provincial Health Inspectorate) to analyze and respond to alerts from the accountability hotline to boost health system transparency. The Program will steadily grow its mobile money network to fill supply chain and other gaps in hard-to-access locations and expand use of the Pathways to Change tool and the VIVA roadmap to develop the capacity of providers. Within program areas, USAID IHP will continue organizing integrated activities to promote ANC and intermittent preventive treatment for pregnant women and expand the Low Dose High Frequency clinical mentoring approach to other ZS. The Program will intensify collaboration with community-based organizations in active TB case-finding activities and continue supporting quarterly TB-HIV task force meetings to strengthen the collaboration framework and expand the "One Stop Shop" strategy to other health facilities. Upon receipt of USAID guidance, the Program will launch facility WASH construction and rehabilitation and continue preparing health centers to advance in the clean clinic approach step-by-step process.