

Project AXxes

IMA / ECC / CRS / WVI



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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AMSTL	Active Management of the third Stage of Labor
ANC	Antenatal care
BASICS	Basic support for institutionalizing Child survival
BCC	Behavior Change Communication
BCZS	Bureau Central de la Zone de Santé (Health Zone Central Office)
CCIA	Coordination Committee inter agency
CCIH	Christian Connection international Health
CDT	Centre de dépistage et traitement
C-IMCI	Community-Based Integrated Management of Childhood Illness
CODESA	Comité de Développement et Santé
COSA	Comité de Santé
COP	Chief of Party
CRS	Catholic Relief Services
CYP	Couple Years of Protection
DOCS	Doctors on Call for Service (a.k.a. DOCS HEAL Africa)
DPT	Diphtheria Polio Tetanus
DMO	District medical office
DOTS	Directly Observer Treatment Strategy
DRC	Democratic Republic of Congo (also DR Congo)
ECC	The Protestant Church of Congo
EPI	Expanded Program on Immunization
FBO	Faith-Based Organizations
FP	Family Planning
GBV	Gender Based Violence
GAVI	Global Alliance for Vaccines and Immunizations
GESIS	Gestion du Système d'Information Sanitaire
GHC	Global Health Conference
HGR	General Reference Hospital Hôpital Général de Référence
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HKI	Helen Keller International
HPSK	Health Public School of Kinshasa
HZ	Health Zone
HZMT	Health Zone Management Team
ICC	Interagency Coordination Committee
IMAWH	IMA World Health (Interchurch Medical Assistance)
IMCI	Integrated Management of Childhood Illness (PCIME in French)
IPT	Intermittent Preventive Treatment
IPS	Inspection Provinciale de la santé (Provincial Health Office)
IRM	Innovative Resources Management
ITNs	Insecticide Treated Mosquito Nets
IUD	Intra Uterine Disposal
JHU	Johns Hopkins University

KPC	Knowledge Practice Comportment
LLIN	Long-Lasting Insecticide-treated Nets (also known as ITNs)
MCZ	Heath Zone Medical (Medecin chef de Zone)
MID	Médecin Inspecteur de district
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Non-Governmental Organizations
ORT	Oral Rehydration Therapy
OFDA	Office of Foreign disaster assistance
PCIME IMCI	in English – Integrated Management of Childhood Illness
PEV	Programme Elargie de Vaccination (EPI in English)
PHSK	Public health school of Kinshasa
PMA	Paquet Minimum d'Activité (Minimum Package of Assistance)
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PNLMD	Programme National de Lutte contre les maladies diarrhéiques
PNLS	Programme National de Lutte contre le SIDA (National AIDS Program)
PNLT	Programme National de Lutte contre la Tuberculose (TB National Program)
PNTS	Programme National de Transfusion sanguine (National Blood Safety Program)
PNLP	Programme National de la lutte contre le Paludisme
PNSR	Programme National de la Santé de la Reproduction
POPPHI	Prevention of Postpartum Hemorrhage Initiative
PRONANUT	National Program for Nutrition
RHS	Reproductive Health Services
SOW	Scope of work
STI	Sexually Transmitted Infections
SANRU	Health Development Program of ECC based on the SANRU I, III & III projects
SNIS	Système National d'Information Sanitaire (National Health Information System)
TA	Technical Assistance
TB	Tuberculosis
TOT	Training of trainers
UNC	University of North Caroline
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund for Population Activities
VCT	Voluntary Counseling and Testing
VFR	Vesicle fistula repair
WHO	World Health Organization
WRC	World Relief Corporation
WVI	World Vision International

I. Executive Summary

The Integrated Health Services Project (Project AXxes) is a project implemented by Interchurch Medical Assistance (IMA) in collaboration with partners - World Vision (WV), The Protestant Church of Congo (ECC) and Catholic Relief Services (CRS). Technical assistance is provided by BASICS, HKI, JHU, MSH, and World Relief. AXxes is a three-year \$42 million dollar USAID-financed primary health care project designed to revitalize the national system of primary health care in 57 health zones in the eastern part of DRC. The project runs from September 18, 2006 to September 17, 2009.

Since October 2007, project AXxes has been in its second year of implementation. Some of the activities planned for year one were not completed by the end of year one and have become high priority in the first quarter of year two. The first year concentrated on setting up the structure, importing materials and training. Year two will focus on the “results and outcomes” of the project through intensified supervision and ramping up of activities. It will also be a year for putting in place a new drug management, health care pricing and computerized information systems. Strategic interventions like PMTCT, GBV, Small Grants, C-IMCI, Water and Sanitation must be made fully effective during year two and pilot projects like Zinc treatment for diarrhea, routine vitamin A supplementation, and formation of “care groups” must be scaled up.

Major Achievements

Over the course of the first quarter of year two, AXxes conducted the following major activities:

1. Provided most HGR and HC with essential drugs
2. Equipped HC/HZ with mini Kits
3. Equipped each HGR with HGR kits and surgical boxes
4. Provided each HC and HGR with care protocols
5. Continued the rehabilitation of selected health facilities
6. Provided each maternity with birth kits, birth management tools and newborn care protocols
7. Promoted postpartum/newborn visits in each maternity
8. Trained 8 doctors and 8 Nurses in vaginal fistula repair
9. Reinforced the RED approach in all supported health zones
10. Participated and supported the measles campaign and distribution of Mectizan and LLIN
11. Conducted Training of Trainers on PMA and C-IMCI
12. Conducted training on financial management and accountability for the AGs in 10 HZ in close collaboration with BDOM (Walungu, Nyangezi, Kaziba, Mumbumbano, Mwana, Kaniola, Kadutu, Ibanda, Bagira and Uvira)
13. Finalized the validation of the health zone census with all major stakeholders in South Kivu
14. Conducted last part of leadership training with MSH
15. Reinforced integrated surveillance system at HC and community levels

16. Provide HC with IMCI drug package including ORS, Zinc, and antibiotics...
17. Integrated Zinc in diarrhea treatment in the pilot health zones
18. Built or rehabilitated 72 community water sources
19. Constructed latrines at many health centers
20. Reinforced growth monitoring by distributing growth charts, equipping facilities with scales, height boards and registers for growth monitoring
21. Reproduced and distributed key educational messages regarding the prevention of gender discrimination
22. Worked with health zones to increase the participation of women among the village health activists and CODESA/COGE members
23. Provided HGR and HC with malaria drugs (quinine, Fansidar)
24. Reinforced the use of Malaria care protocols
25. Provided IPT as part of FANC in each health center
26. Provided LLINs to HZs
27. Conducted a trip with the national program at the intermediate and central level to study TB problem in Malemba-Nkulu
28. Provided HGR with adequate HIV, HBs, HCV et RPR and blood group tests, and transfusion supplies
29. Integrated PMTCT services in selected HZ in Kasai
30. Trained health care workers in management and provision of PMTCT services in HZs
31. Conducted Needs Assessment for Year 2
32. Provided HZ with SNIS forms
33. Started integration of GESIS in HZ (training and provision of computers)
34. Support to PNLs workshop for revising PMTCT protocols
35. Elaborated the newborn care strategy and training modules with the Basics support
36. Support to PNLs workshop for revising PMTCT protocols
37. Started technical assistance to PEV with JSI support during the Workshop on PEV Macroplan

Global indicators evolution

The project continues to make steady progress with most indicators. The table below shows the key results achieved during the first quarter of year two compared to the overall results from year one and the year two targets. Most key indicators maintained or surpassed the average quarterly gains of last year¹. ARI treatment and couple years protection greatly surpassed last year's average. When compared to year two targets for the quarter, almost all indicators of the project

¹ It's important to note that there is some data missing in the results presented for Q1/Y2. The completion rate of the report is about 85 % because the new zones have not started to report. Out of 171 expected entries, (57 * 3) there were 148.

achieved at least 80% of the quarter targets. Some indicators like the utilization of curative services, diarrhea treatment are still short of targets.

Indicators	Y1 results	Y2 targets	Y2 Q1 results	% of Yr1 Q avg achieved	% of Target achieved
Rate of use of health services	1793423	2185843	458245	102%	84%
Couple years of protection (CYP) for FP	13696	40000	8968	262%	90%
Proportion births attended by skilled personnel	140409	174867	39888	114%	91%
Rate / Number of antenatal care (ANC) visits	191582	204012	55252	115%	108%
Percent of pregnant women received VAT2 or 5 doses of VAT	138023	204012	40277	117%	79%
Proportion of children receiving measles vaccination	161970	206346	42822	106%	83%
DPT3 coverage	164078	206346	51142	125%	99%
Percent of pregnant women in targeted health zones receive IPT	113027	163210	33518	119%	82%
TB detection rate	5920	8743	2115	143%	97%
Percent /Number of children under the age of five with ARI/pneumonia are cared for correctly by health structures following national policy	72543	291446	52567	290%	72%
Percent /Number of children under the age of five with diarrheal illnesses are cared for correctly by health structures following national policy guidelines	149925	291446	30761	82%	42%

Main challenges

The major challenges have been dealing with difficult logistics and increasing collaboration with other NGOs working in the same zones but with different development philosophies. Some areas in South Kivu and central Katanga do not have enough functioning infrastructure to handle the volume of materials the project is delivering. In several health zones humanitarian assistance NGOs are resistant to moving towards cost recovery and/or are reluctant to work out a coordinated assistance to the health zone.

Table 1 Status of Work Plan Activities during the First Quarter of Year Two

Intermediate Results	Activities	Period of activity Yr 2				%	Comments
		Q1	Q2	Q3	Q4		
Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks Partners = AXxes Implementing Partners							
Component A: Increase access to, quality of, and demand for multi-sectoral, integrated PHC							
Improve curative care services and quality	Increase access to HC and Reinforce referral system						
	Instruct HC staff in correct use of curative care protocols (ordinogramme)	X...				60%	Instructions were done during PMA and Clinic IMCI training. So far, all of HZMTs were trained and HC staff training is going on. And ordinograms are being distributed to HC. Instruction is also done during supervision for R.H, IMCI, blood safety and malaria for which protocols are available in almost every HC
	Provide each HGR and HC with essential drugs	X...				60%	Almost 70% of the year 1 drug order is currently available in project depots and the distribution process to the HZs is in process. ACT and IST drugs are not yet available.
	Equip HC/HZ with mini Kits	X				95%	Almost all of the planned HCs received mini kits according to the need assessment done during year 1. The HC from new Health zones received those planned for Maniema. The year 2 needs assessment will help to complete the additional needs
	Equip each HGR with HGR kits and surgical boxes	X				100%	All the planned HGR have received Kits and Surgical boxes containing laparotomy box, 1 box of herniorrhaphy box, caesarean box and the basic surgical box
	Provide each HC and HGR with care protocols	X				70%	All HCs and HGRs have been provided with care protocols. Ordinograms are so far distributed in some structures and distribution will be completed the next quarter. The revised Newborn care protocol will be distributed next quarter.
	Rehabilitate HGR and at least 3 new HC/ HZ (prioritizing maternities)	X	X	X	X	60%	Some facilities scheduled to be rehabilitated in year 1 are still being completed. Selection process for the new HCs to be rehabilitated in year 2 and selecting entrepreneurs is going on.
	Establish preferential payment system for referred patients (at least 20% less than other patient)		X			20%	Negotiations with providers and other stakeholders is in progress
	Establish episodic Payment system		X			20%	Negotiations with providers and other stakeholders are in progress
	Instruct CODESAs in referral system		X			0%	To implement after the C-IMCI training next quarter
Improve family planning services	Train HZMTs, HC staffs and HGR staffs in RH/FP		X			0%	It is scheduled for the second quarter in the new HZs. For the old HZs, there will be re-training during the third quarter
	Provide the package of FP commodities to the selected structures		X...			100%	IUD, gloves, condoms, cycle beads, consultation forms and contraceptive pills were provided in year 1 and are still in stock. Distribution done in collaboration with IPS/PNSR The order for year 2 has been made.
	Provide HC and HGR with FP protocols and information tools		X...			100%	FP information tracking tools are available in HCs and HGRs, old FP protocols provided by UNFPA and PSI in some HZs are used. The FP protocols are also included in the ordinogram C. Most FP protocols have been distributed to the zones by IPS/PNSR.

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Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks Partners = AXxes Implementing Partners								
	Provide HC and relays with FP BCC materials for disseminating key messages in community		X...			30%	The production of material is in process. To implement after IMCI training in second quarter	
	Conduct workshop/meeting on policies or guidelines needing development or change	X...					There were no workshops planned by the PNSR but the project staff participated to the virtual conference on repositioning Family Planning	
	Increase service delivery points providing FP counseling or services and Establish systematic counseling activities in each HC	X...				80%	The activity is integrated in almost all HC except in new HZ (SANKURU)..	
	Integrate GBV counseling and community-based awareness activities in health areas through Nurses and CODESA		X...			30%	The strategy is already elaborated and the material is in production. The activity will be implemented after IMCI training during the next quarter	
Improved reproductive health and newborn services	Birth Preparedness and maternity services							
	Provide the minimum package of activities for antenatal in each Health Center and out reach sites. This package include: detection of High risk pregnancy, IPT, LLINs, Iron-folic acid, Tetanus toxoid, Screening and treatment for ISTs, FP information and	X...					80%	Health workers have been adequately trained. IPT, Fe and folic acid is available in almost all HC. RPR tests are available and LLINs are regularly provided. Only IST drugs are awaited
	Provide HC with ANC BCC materials for disseminating keys messages to pregnant women during ANC		X				30%	ANC BCC materials are currently in production for the consortium in Kinshasa
	Provide each maternity with birth kits, birth management tools and newborn care protocols	X					70%	Birth management tools are available in all maternities. The new Birth kits following the newborn strategy are ordered and awaited. The old newborn care protocols are available in several maternities and the new protocols are awaited.
	Provide each maternity with protocols for prevention of PPH	X					60%	Distribution on going. The protocols were part of modules during the RH training. They are also integrated in the ordinogram
	Train maternity staff in essential newborn care including clean cord care, drying, keeping mother and infant warm (kangaroo), early/exclusive breastfeeding, basic newborn resuscitation techniques where indicated		X				0%	To retrain staff and update previous training. Scheduled for the second quarter
	Equip maternities for care of newborn		X				0%	Equipment already ordered.
	Promote postpartum/newborn visits in each maternity	X...					80%	Post partum activities have been integrated in each maternity. Effort has to be made on BCC to encourage attendance because CPoN has always been a neglected activity.
	Provide HGR and selected HC with blood safety commodities			X			100%	Tracking the current stock to avoid stock outs
	Train doctors and Nurses in Vaginal fistula repair	X	X				100%	Trained 4 nurses in Panzi for 1 month and 4 doctors for 3 months. 4 other doctors were trained at Tshikaji
	Support VFR in ten 10 selected sites		X...					Human resources are ready at selected sites. Adequate materials are awaited.
	Immunization, including polio							

Intermediate Results	Activities	Period of activity Yr 2				%	Comments
		Q1	Q2	Q3	Q4		
Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks Partners = AXxes Implementing Partners							
	Reinforce the RED approach in the all supported health zones	X...				80%	Provided fuel, operation fees for supervision, and ordered missing EPI forms. Nurses Training is not yet done in CRS zones. The denominator still remains a problem.
	Participate and support polio campaign activities in AXxes HZ	TBD					AXxes will support all mass campaigns (polio, measles,...) in the 57 HZs if needed
	Reinforce integrated surveillance system at HC and community levels	X...				50%	All HZMTs were trained in SIMR during the PMA training and replication to nurses is going on. Integration at HC level is in process and needs to be reinforced at the community level after the IMCI training.
	CLINIC IMCI						
	Train HZTMs as TOT, HGR and HC staff in IMCI including management of Diarrhea, ARI, fever, Measles, malnutrition and other child diseases	X				60%	TOT were done in the all districts except SANKURU but the nurses training is in process in 42 out of 57 HZs and must be completed next quarter.
	Provide HC with IMCI drug package including ORS, Zinc, ACT and antibiotics...	X...				70%	IMCI drugs are part of the overall drugs ordered. So far ORS, Antibiotics are available. Zinc is available in 12 pilot zones but ACT drugs are awaited in the next drug arrival expected second quarter.
	Hold workshops for zinc (on policy, strategy and BCC materials)		X				To be done in collaboration with UNICEF and other partners next quarter
	Integrate Zinc in diarrhea treatment in 12 pilots health zones	X				100%	The Zinc intervention is already integrated in 12 pilot HZs. The briefing for care providers was done in different districts in collaboration with HKI and MOH. The 12 pilot zones received 3 months stock of Zinc and began implementation since December. The second order for zinc is already placed. So far HKI is working on the acceptability factors
	Evaluate zinc pilot program after 6 months			X			Planned for early third quarter
	Train personnel for expansion of zinc program into all AXxes zones			X			Planned for early third quarter
	Integrate C-IMCI						
	Train C IMCI teams (5 pers/ HZs and 4/Health areas)	X				20%	Workshop on material to be used during the training was held in Kinshasa and modules are being revised. Training planned in end of January 08 is postponed to the 2nd quarter of year 2
	Train selected relays in C-IMCI		X				Selection is ongoing
	Reproduce educational materials (flipcharts, tip cards, posters, pamphlets, etc.)	X				40%	Reproduction ongoing for centrally ordered materials in Kinshasa. Already done for most of the materials (malaria, Reproductive health...) Need to complete with the remaining material especially for Reproductive health, Key family practices, New born care, GBV and PMTCT
	Diffuse key messages in the community		X...			0%	Will start after C-IMCI training
	Evaluate care group approach in pilot zones			X		0%	Scheduled for third quarter
	Scale up care group strategy in other HZs				X	0%	To implement after assessment of results of care group strategy.
	Development of Water Sources and Promotion of Hygiene and Sanitation						

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Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks Partners = AXxes Implementing Partners							
	Build or rehabilitate community water sources	X...				25%	The process of identification of sources is almost complete in most areas. So far 72 sources are rehabilitated.
	Construct incinerators at hospitals	X...				25%	14 incinerators out of 57 planned in year 1 have been built and others are in process. This activity is also dependent on the HC and HGR rehabilitation
	Construct latrines at health centers	X...					So far 19 latrines were constructed. This activity is also dependent on the HC and HGR rehabilitation
	Maternal and young children nutrition including Micronutrient						
	Reproduce and distribute educational materials of nutritional key messages through HZ team, HGR, HC and Community-IMCI relays		X			30%	Currently in development in Kinshasa
	Participate and Support the Vitamin A campaign in collaboration with HKI	X		X		100%	The project participated in the organization of the vitamin A campaign and distribution of Mectizan in Kasai Occidental with HKI's support and in South Kivu where Vitamin A supplementation were combined with ITN, Mebendazole and measles immunization
	Scale up the routine distribution of Vitamin A in the rest of HZs		X...				Waiting for the results from pilot HZs at the end of the second quarter.
	Reinforce growth monitoring by distributing card, equipping facilities with scales, height boards and registers for growth monitoring;	X				100%	Activity is going on successfully
	GBV Prevention interventions						
	Reproduce and distribute key educational messages regarding the prevention of gender discrimination	X				40%	5000 T-shirts displaying messages preventing discrimination are ready for delivery to WV HZ in South Kivu and Kolwezi. Other materials are currently in reproduction in Kinshasa to be distributed to HCs in second quarter.
	Work with Health zones to increase the participation of women among the village health activists and CODESA/COGE members	X...				20%	Developing strategy to include women in IMCI implementing teams at HZ levels and Health Area (HA) level. Instructions are given to HZ to revitalize codesa in taking in account the gender balance.
Reduced malaria in target pop.	Improve malaria treatment at HC and HGR						
	Provide each HZ with ACT	X...				10%	Some HZ received a small amount of ACT from others sources. The big part of ACT is expected in the next drug arrival during quarter 2
	Provide HGR and HC with other malaria drugs (quinine, Fansidar)	X...				30%	The essential of malaria drugs is expected in the next drug arrival during quarter 2. SP for IPT is available at HZs
	Improve laboratory capacity in diagnosing malaria including provision of lab supplies	X...				70%	TOT and the training of HZ lab technicians has been completed and Lab supplies are expected soon

Intermediate Results	Activities	Period of activity Yr 2				%	Comments
		Q1	Q2	Q3	Q4		
Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks Partners = AXxes Implementing Partners							
	Reinforce the use of Malaria care protocols	X...				60%	Protocols "fiches techniques" were provided and health providers trained on their usage during PMA training. The challenge is that ACT drugs are not yet available
	Develop communication program focused on home care, care seeking and recognition of signs of danger that include BCC materials et relay training	X...				20%	To reinforce after the cascade C-IMCI which will aim to build capacity in communication techniques? Materials are in production and will be distributed soon
	Improve and promote malaria prevention						
	Provide IPT as part of FANC in each health center	X...				80%	Systematically provided in almost all HCs.
	Provide LLINs to HZs			X		100%	All HZs received the LLINs according the distribution plan. AXxes has provided 50.000 LLINs to provincial committees through UNICEF in South Kivu
	Diffuse keys messages on malaria through community relay			X		4%	In some HZs where UNICEF (Lualaba and Bunyakiri) integrated the C- IMCI, community relays are providing this messages weekly
Improved TB detection and treatment	Improve TB detection						
	Train HZ teams in supervision of TB programs within the normal activities of the HZ and DOTS		X			0%	Training to be organized in quarter 2
	.Provide HZ with PATI 4		X			8%	Only 4 HZs (Mutshatsha, Kanzenze, Dilala and Manika) have been trained in the PATI 4.
	Collaborate closely with the national program at the intermediate and central level to put in place or reinforce 3 geographically well distributed "Centre de Depistage et de Traitement (CDTs)" in each HZ; providing them with microscopes and needed lab con			X		80%	Selection of CDTs to reinforce has been done in collaboration with tuberculosis control provincial coordination. Meetings with the MIP/MID are done regularly at the Coordination level.
	Educate population about TB program and CB-DOTS through relays with BCC materials and via radio		X...			0%	To be implemented after C-IMCI training
	Implement community-based DOTS (CB-DOTS) strategy with the active participation of local communities in providing the treatment supervision through community relays		X...			0%	To be implemented after C-IMCI training
	Conduct a trip with the national program at the intermediate and central level to understand TB problem in Malemba-Nkulu which have detection rates reaching up to 600%	X				100%	The trip was done and conclusions drawn. The conclusions of the mission are found in the comments.

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	Provide lab supplies			X		20%	Supplies are awaited. Microscopes and reagents have just arrived
HIV/AIDS (Blood safety and PMCT)	Establish blood testing & grouping at HGRs & CSR						
	Train HGRs & CSR Lab. Staff that were not trained in year one in screening for transfusion-transmissible infections, blood grouping, compatibility testing, the storage and transportation of blood products	X	X			90%	Training done year 1. The training for the new HZ will be done the next quarter
	Provide HGR with adequate HIV, HBs, HCV et RPR and blood group tests, and transfusion supplies including refrigerator	X...				90%	The stock for year 1 is still available but the needs seem to be very high.
	Educate, motivate, recruit and retain low-risk blood donors, especially the volunteer non-remunerated blood donors from low-risk population.	X...				40%	Advocacy is continuously done with HZMTs to encourage involvement of all the community especially young people. The promotion of this was stressed during PMA training. The PNTS has distributed guidelines in all HZ and given directives on how to promote blood donations.
	Establish PMTCT						
	Integrate PMTCT services in selected HZ (3 sites per HZ)	X				10%	Recruitment of focal points almost complete for ECC and WVI areas. The TOT is for the second quarter. Training completed in Kasai Occidental. Drugs are not yet available at sites
	Train health care workers in management and provision of PMTCT services in health zones	X				10%	Planned in January but postponed until February. The ECZS as well as the selected site providers will be trained in the second quarter.
	Provide routine HIV testing along with prenatal testing profile to all pregnant women attending antenatal clinics	X...				0%	Expected very soon
	Create an atmosphere that supports and encourages pregnant women and their partners to be tested for HIV (fundamental first steps for a successful PMTCT program)	X...					Advocacy done in HZ where other partners have implemented PMTCT (Dilala with GTZ, Lubudi with GTZ, Manika with UNICEF). Some sites have been rehabilitated for the planned activities (Walemba/Kanzenze). During the TOT, a communication plan will be developed and integrated in the HZ communication plan.
	Provide HIV infected pregnant women with a complete course of antiretroviral prophylaxis for PMTCT		X...				As soon as available
	Provide newborns with a complete course of antiretroviral prophylaxis for PMTCT		X...				As soon as available
	Counsel and test partners/husbands of identified HIV infected pregnant women		X...				As soon as program is effective
	Provide CTX and MVI to identified HIV infected women as post birth follow up services		X...				As soon as available
	Provide newborns with CTX and MVI as post birth follow up services		X...				As soon as available

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	Refer out to existing services newborns established as positive		X...				As soon as program is effective
	Refer HIV infected adults to other services		X...				As soon as program is effective
	Refer of HIV infected children to other services		X...				As soon as program is effective
Component B: Increased Capacity to the health zone and the referral system							
Improved HZ Planning, Governance, Transparency and Accountability	Establish and reinforce M&E in Health Zone						Indicator forms and computer kits have been sent to all HZs
	Conduct rapid assessments in all 57 HZs	X				100%	Completed but some GPS data is still missing.
	Provide HZ with SNIS forms	X...				100%	3 months ordered. New SNIS forms will be produced when the Provincial health office finishes GESIS harmonization
	Integrate GESIS in HZ (training and provision of computers)	X...				40%	The GESIS integration has already started in Kasai Oriental and in Katanga. Training is being done in Kasai Oriental. Each HZ received computer kits and the GESIS training will be soon organized in other regions in collaboration with MOH 5th direction
	Conduct monthly reviews by HZMTs w/ providers & COGE	X	X	X	X	100%	The project finances monthly reviews of activities for all HZs. Those meeting were held in each HZ during the quarter
	Complete HIS monthly reporting by HZs	X	X	X	X	70%	All of the HZs sent the report to AXxes partners but some information is missing and usually the report are not on time.
	Reinforce HZ co management et community participation						
	Conduct HZ Admin. Councils	X				0%	Most of the CA meetings will be held during the second quarter which is corresponding to MOH first quarter. The last year all of CA meeting were held.
	Train and provide educational materials for CODESA to become functional		X...			30%	Most of the materials are currently in development. C-IMCI training for relays scheduled for the next quarter.
	Train and support NGOs in proposal development & management		X			20%	Waiting for instructions from USAID. The NGO propositions were received in August.
Improved HZ support systems	Build HZMTs capacity						
	Complete training of HC staff in PMA	X...				40%	Done for 14 WVI HZs except Minova and in process for the remaining 42 HZs supported by CRS and ECC. In those HZ, the TOT is already done.
	Improve drug Supply Mgmt to reduce stock outs and track credit system	X...				80%	Training of TOT in drug management has been done, as well as distribution of management tools
	Conduct integrated and formative supervisions by HZMT of each HC every month.	X...				70%	Each month, the project supports supervisions of ECSZs in HCs.
Component C: Increased capacity of national health programs and provincial/district offices							
	Conduct workshops and meetings for the development of policy, especially for newborn care and integration of Zinc	X	X				Planned in quarter 2 in Kinshasa

Intermediate Results	Activities	Period of activity Yr 2				%	Comments
		Q1	Q2	Q3	Q4		
Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks Partners = AXxes Implementing Partners							
	Provide technical assistance to 5th direction to develop a data bank system for sharing data among partners and MOH	X...					Expected to be effective soon. Discussion already held with the 5th direction staff on what needs to be done.
	Provide technical assistance to 4th direction to reinforce the surveillance information system	X...				20%	Expected to be effective soon. Discussion already held with the 4th direction staff on what needs to be done.
	Provide technical assistance to PEV on new vaccine integration and evaluation of the RED approach	X	X		X	20%	In progress. Started with the current PEV annual workshop with the support of Basics/JSI
	Install Data Dashboard at the central level		X				Expected to be effective soon.
	Install and test servers for data bank at 5th direction and AXxes office		X				Expected to be effective soon.
	Complete the last phase of leadership training with MSH	X				100	AXxes team and MOH staff attended the Leadership training in Kinshasa
	Support the supervisions of the MOH intermediate level by the central level selected directions and programs	X	X	X	X		No fiche technique has been introduced.
	Support provincial/district technical meetings (BTD, CPP, BTP)	X	X	X	X	20%	Done for Kasai Oriental comite de pilotage and for Haut Lomami BTD. For other districts No fiche technique has been introduced.
	Support Provincial and district teams to supervise quarterly	X	X	X	X	0%	Resources are available but no fiche technique has been submitted from neither Provincial or district teams
Consortium and Project Management Functions							
	Finalize/Approve year two work plan with USAID	X...				100%	Done and waiting for feed back
	Participate in quarterly meeting with implementing partners	X	X	X	X	100%	Technical staff attended the partner meeting
	Supervise AXxes implementing partner teams in field	X	X	X	X	60%	All partners were supervised
	Order equipment for year two	X	X			100%	Done according to the year 2 need assessment
	Distribute procured project commodities	X	X	X	X	0%	All commodities have been distributed to partners and most has been sent to beneficiaries
	Submit quarterly program and financial reports	X	X	X	X		When required
	Prepare Annual Program and Financial Reports				X		When required
	Organize the audit						
	Participate to MOH meetings including CCIA, GARSS,	X	X	X	X		In progress according to the schedule
	Collaborate closely with UN agencies and other partners	X	X	X	X		In progress according to the schedule
	Int'l Trip: Participation in GHC, CCIH & IMA Confs.		X		X		AXxes participated in the GAVI meeting in Geneva in December

III. Commentary on Work Plan Activities Component A

A.1 Increase access to HC

Training in correct use of curative care protocols (ordinogramme): Training of trainers was done for IMCI and PMA. The training covered management of transmissible diseases, nutrition, water and sanitation standards and curative care. In Kolwezi and the Kasais the training was held the end of last fiscal year. In south Kivu the training of trainers was done November 28th to December 12th. The training was then replicated for 183 health workers from 6 HZs around Katana in South Kivu. All HZs were represented except for Minova where insecurity hindered the training. In 2007, WHO organized IMCI training for nurses in Kalonge and Bunyakiri. The target for WHO was 1 nurse for each health area while AXxes' target was 2 per health area. WV AXxes took this advantage to train 1 more nurse from each health for the two mentioned HZs. The training replication process is in progress for the remaining 42 HZs and in total 1,428 Health workers will be trained. Training of trainers will happen soon in the six new zones in the Sankuru area.

Provide each HC and HGR with care protocols: The ordinogrammes were ordered but publication was delayed due to the recent revisions by experts from MOH. In December authorization for printing was given. During the PMA training in South Kivu a model of ordinogramme was presented to all participants. It has approximately 214 pages displaying approaches and procedures for handling treatment in HCs and HGRs. Half of the planned copies have been made for South Kivu and the Kasais and will be available to Katanga soon. In the mean time protocols for reproductive Health (RH) and Malaria management are available in all HCs and HGRs. To accelerate the process, each partner will be asked to print the copies of the ordinograms and give them to nurses during the replication sessions.

Provide each HGR and HC with essential drugs: Seventy percent of ordered drugs have been received. The drug were received at the depots and verified by depot management committees. HCs have been told to prepare requisitions to submit through their BCZ but have been very slow in getting their requests to the HZMT. The HZMT have not been able to get requisitions from each HC most likely because this is the first time to use this system of distribution, so follow up and support is needed.

In the first consignment from IDA, some useful drugs such as ringer lactate and malaria drugs were not included. Ringer lactate, used for cholera epidemics will be supplied by UNICEF which has been partnering well with AXxes partners since last year for cholera responses. Malaria drugs (mainly ACT) is expected in the next shipment towards the end of January.



Figure 1: Surgical kits received in Kolwezi

Equipment for HC and HGR: All implementing partners received mini kits, and surgical boxes which have been distributed to HZs and the distribution to the health structures is almost complete

Rehabilitation of health facilities: This activity got off to a slow start at the end of last year but a great deal of progress has been made in the first quarter of year two. With the help of community participation and some cost sharing, some remarkable rehabilitation has been realized.



Figure 2: Maternity of Kalundu Uvira HZ Before



Figure 3: Maternity of Kalundu Uvira HZ After



Figure 1: Bibanga HGR Maternity Before



Figure 5: Bibanga HGR Maternity After



Figure 6: Pibwe HC Lualaba Kolwezi Before



Figure 7: Pibwe HC Lualaba Kolwezi After

Some major challenges still persist for the rehabilitation work. The project has prioritized the rehabilitation of maternities and health centers but sometimes it is the hospitals that need the most work. For example the rehabilitation of the HGR of Mpania-Mutombo which does not have doors, windows, beds or even interior walls would consume all the funds allocated for facilities in this HZ. A partial solution to this problem is being addressed in the GAVI funded RSS project coordinated by DEP. They have selected several AXxes assisted HGRs to be rehabilitated and equipped by the project.



Figure 8: Mpania-Mutombo hospital

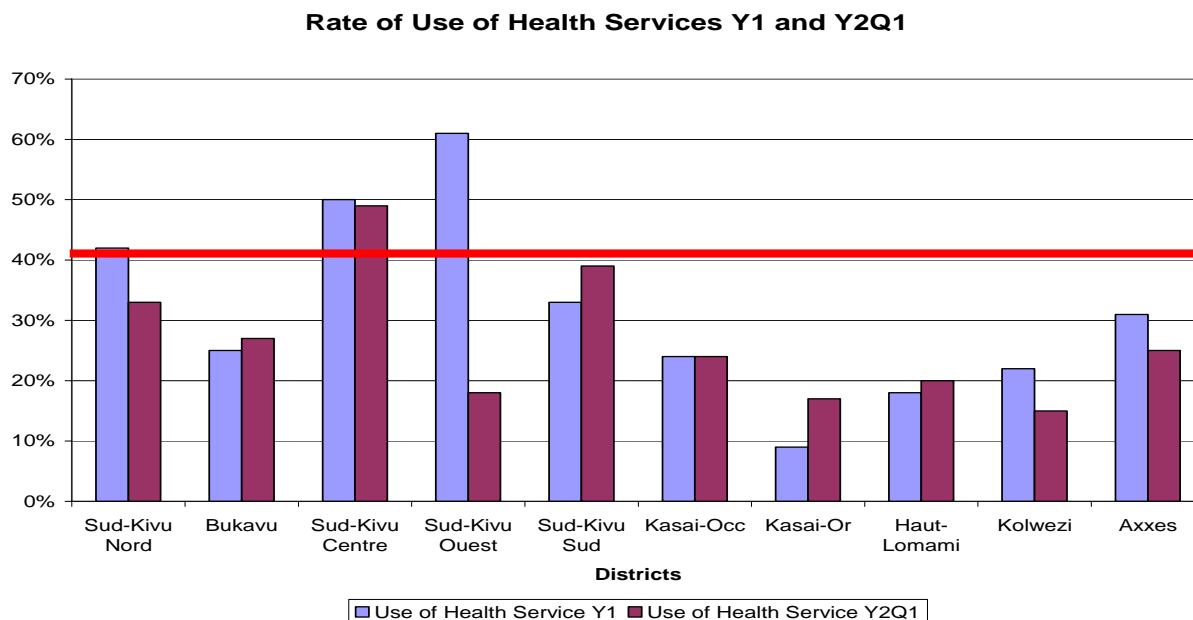
In addition to the challenges related to the condition of the facilities, other challenges related to finding reliable companies to do the construction, increasing cost of building materials and transport of the material cause delays. This is the case in Kamina and Malemba-Nkulu where, out of a total of 23 facilities planned for the rehabilitation in Year 1, only 39% of them were carried out completely and another 39% were started.

Establishment of episodic payment system and preferential tariffs for referred patients: Many Health Zones have agreed on the rates for preferential prices and episodic payment for health care. However, only a small proportion has started applying the new payment system. The Kolwezi area is the most advanced in this area. There three HGR and 8 HZs have started using the new system. The project will have better compliance when the drugs are fully distributed.

Result achieved during Q1/Y2 : Rate of curative service utilization

There are only two districts that have met or are close to meeting the target (red line) of 40% coverage. The overall tendency for the first quarter compared to last year seems to be that the utilization rates have gone down. Actually they are about the same. The graph is based on data from 51 HZs out of 57 but the denominator used is the total population of the 57 HZs. When only the population of the HZs is used, the rate is around 30%. This artifact of the data is reflected in all graphs in this report. The downward tendency in south Kivu is caused by the move away from free health care in some zones. Now that subsidized essential medicines are available in all zones, this indicator is expected to improve.

Figure 9 : Rate of Curative Services Utilisation



A.2 Improved family planning

Conduct workshop/meeting on policies or guidelines needing development or change: The workshop has been postponed but AXxes partners did participate in a virtual conference on repositioning FP.

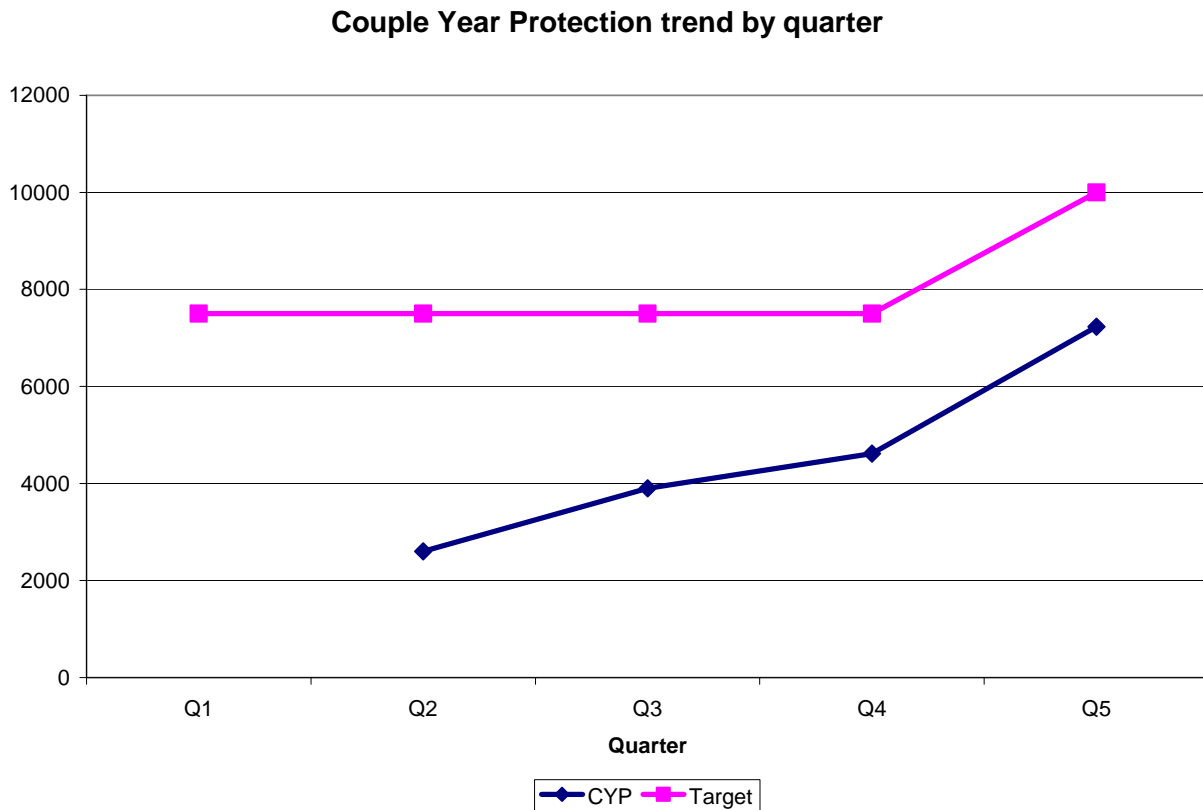
Increase service delivery points providing FP counseling or services and Establish systematic counseling activities in each HC: Almost all (89%) of HCs in the old HZs have integrated this intervention. The project has started FP activities in the new zones and has sped up FP activities where it was slow, mainly in the Kolwezi area (Fungurume, Mutshatsha and Dilala).

Table 2: Result Achieved in Family Planning

Performance Indicator	Target Y2	Y2 Q1		%
	Annual	Num	Denom.	
Couple years of protection (CYP) for FP	40 000	7231		72%
Percent of Health center with Integrate Reproductive Health Services (RHS) and child spacing in their routine activities	969	864	969	89%
Nbr people trained in (RH) Reproductive Health and Child Spacing / FP	456	0		
Number of individuals counseled on FP/RH	7% (107106)	Female 23419		
		Male 12393		
		Total 35812		
Number of people that have seen or heard a specific FP/RH message	40% (1457228)	Will be estimated by survey		
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP at any time during the reporting period	< 5% (50)	86	969	9%

Family planning services are integrated in all but 11% of the health facilities. This is phenomenal progress considering that only 17% of the facilities had FP services at the beginning of the project. With the comprehensive FP training during year one, there is better reporting of CYP. This quarter reached 72% of its target of 10,000 CYP but the majority of results came from a handful of zones (see map in annex 2). With increased emphasis put on developing services in the underperforming zones, more supervision and the opening of services in the 11% of the facilities that have not started FP activities, the FP targets for year one should be met.

Figure 10: Evolution of CYP from Q1 Year 1

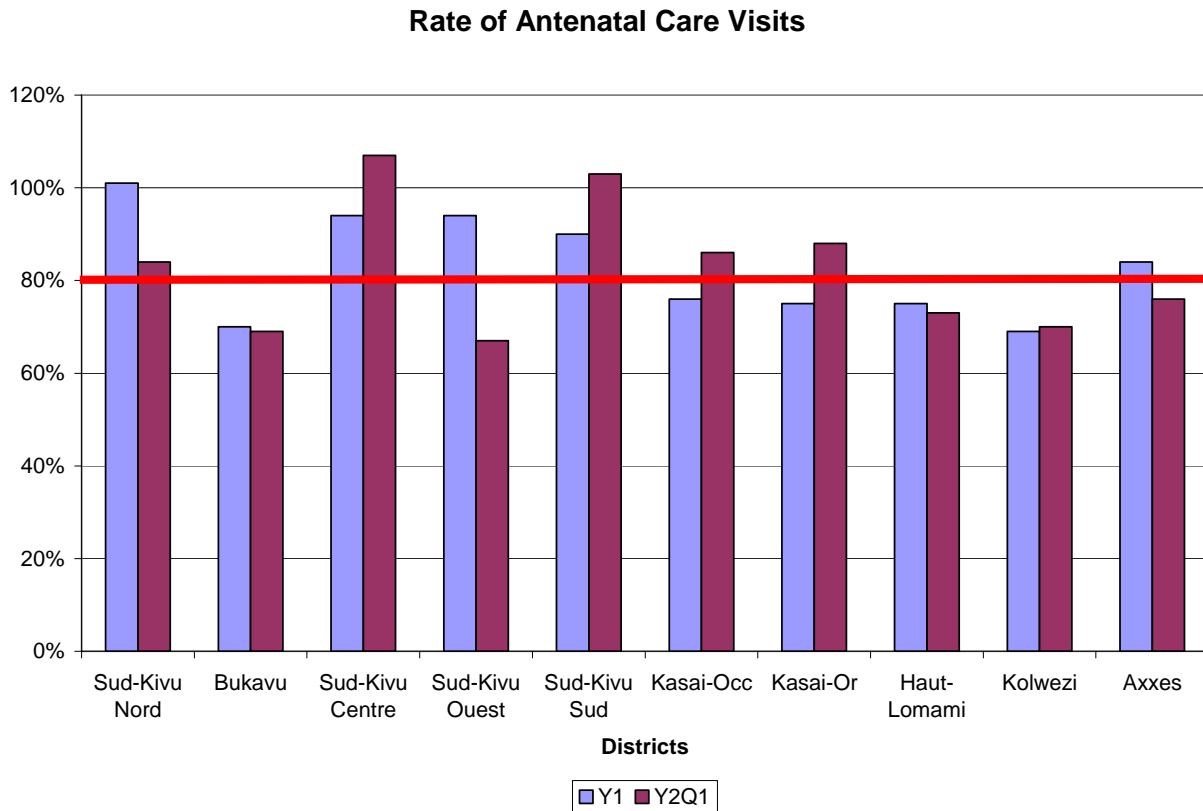


A.3 Reproductive health and newborn services

Birth preparedness and maternity services

Provide the minimum package of activity for FANC: Health workers have been adequately trained. IPT, Fe and folic acid have been distributed to HCs and are being distributed freely to the pregnant women. No stock outs of these drugs were reported during Q1/Y2. In most districts LLINs are regularly provided. STI drugs are available in depots but requisitions are still coming in from the HZs.

Figure 11: CPN Coverage

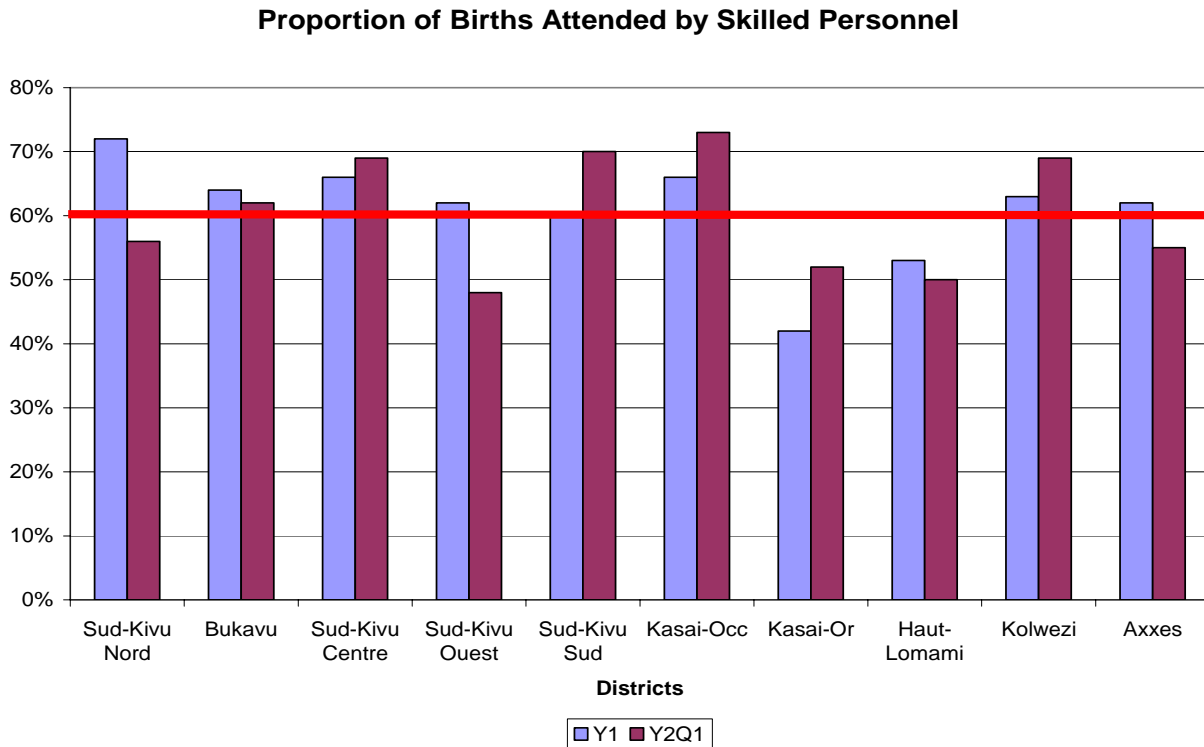


The Utilization of ANC service is good for the majority of districts except for HZs around Shabunda (Sud Kivu Ouest), Bukavu and Kolwezi. In Bukavu and Kolwezi it is probably due to the fact that some women attend the private ANC services which often do not report to the HZs.

Provide each maternity with birth kits, birth management tools and newborn care protocols:
 Birth management tools are available and birth kits have been ordered and will be air freighted in soon. A part of newborn care protocols are included in the ordinogramme and will be available to all HCs in the second quarter. The new Newborn care protocols developed during the workshop on newborn care in collaboration with MOH and Basics will be provided to all HCs in the second quarter

Personnel were already trained in birth management and newborn care in year one. The main concern is that despite the presence of skilled personnel and materials in maternities, it seems that many women who attended ANC do not come back to the maternities for birthing (as shown in the graph below). About a third of the zones have less that 30% of their births assisted by a qualified person (see map in annex 3). Even though the average for this quarter is slightly more than the quarterly average of year 1, efforts must be made to know the cause of this problem. It may just be a problem of notification and reporting.

Figure 12: Graph of Assisted Births



Provide each maternity with protocols for prevention of PPH: PPH protocols are included in the ordinogramme and are currently in use in South Kivu and the Kasais. Ergometrine and not oxytocin was included on the drug waiver. An amendment to the drug waiver that includes oxytocin is being prepared. The project is encouraging using of alternatives to oxytocin (Misoprostol or methergin) where it is not possible to get oxytocin until the project makes it available.

Promote postpartum/newborn visits in each maternity: Postpartum activities have been integrated in all maternities and need to be intensified next quarter

Train doctors and nurses in vaginal fistula: Eight nurses and eight doctors have been trained in VFR and care of VF patients. Half were trained at Panzi hospital and half at Tshikaji hospital. Because of a low patient load at Tshikaji, the team went to Luiza for their practicum. The teams have now returned to their hospitals and started performing operations. The trainer from Tshikaji went to Kabongo to work on site with Kabongo’s team and the Malemba Nkulu team after their training. As women hear of the service, the number of patients is rising. The goal now is to support the selected sites technically through supervision and logistically to allow them to respond to demand.

Table 3: Maternal and Newborn Care

Results in Improving The Service Deliver and Outcome Of Maternal and Newborn Care				
Performance Indicator	Target Y2	Y2 Q1		
	Annual	Num	Denom.	%
Proportion births attended by skilled personnel	60% (174867)	39888	72861	55%

Rate / Number of antenatal care (ANC) visits	80% (215087)	55252	72861	76%
Percent of pregnant women received VAT2 or 5 doses of VAT	80% (215087)	40277	72861	55%
Rate of people benefited a postpartum/newborn visits the next 3 days following delivery	60% (174867)	39888	72861	55%
Number of newborns receiving essential newborn care	60% (174867)	32452	72861	45%
Nbr of women receiving Active Management of the Third Stage of Labor (AMSTL)	60% (174867)	8683	72861	12%
Number of people trained in maternal / Newborn health through USG- supported programs	1482	0		

The indicator AMSTL is very low this quarter. It is even lower than the last quarter but this is probably due to a better understanding of the indicator. The lack of oxytocin in the HZs is the principal cause of weak performance.

Immunization, Including Polio Activities

The RED (Reach Every Districts) approach is being implemented in all AXxes assisted HZs. Considerable effort has been made to equip the facilities with the necessary resources and inputs to improve vaccination performance. Special attention was focused on the HZs in Katanga, which habitually have low vaccine coverage. Four refrigerators, three motorboats, and vaccine carriers were supplied.

A shortage in DPT and SAB vaccine for the BCG accrued during the month of November 2007 in Kasai-Oriental. The vaccine activities were seriously disrupted, especially in the HZs of the Kananga antenna (Mutoto, Tshikaji and Lubondaie). The shortage was corrected in December 2007 and the HZ proposed to conduct an active recovery of the children not vaccinated during the months of December 2007 and January 2008. To boost the activities, two HZs (Mutoto and Lubondaie) were given solar freezers and all the HZ received the vaccine carriers with accumulators (8/HZ).

Immunization performance during the Q1/Y2

Table 4: Immunizations

Performance Indicator	Target Y2	Y2 Q1		
	Annual	Num	Denom.	%
Proportion of children receiving measles vaccination	90% (222615)	42822	61838	69%
DPT3 coverage	90% (241973)	51142	61838	83%
Percent of drop-out DPT1/DPT3	<10%	51142	59172	14%

Overall DPT3 coverage has improved slightly but measles vaccination coverage has dropped by 9%. The drop-out rate from DPT 1 to DPT3 was about 21% last year and has decreased to 14% this quarter. The big concern is the excessively poor coverage in some districts such as Western South Kivu and the Kolwezi area.

Figure 13: DPT3 Coverage

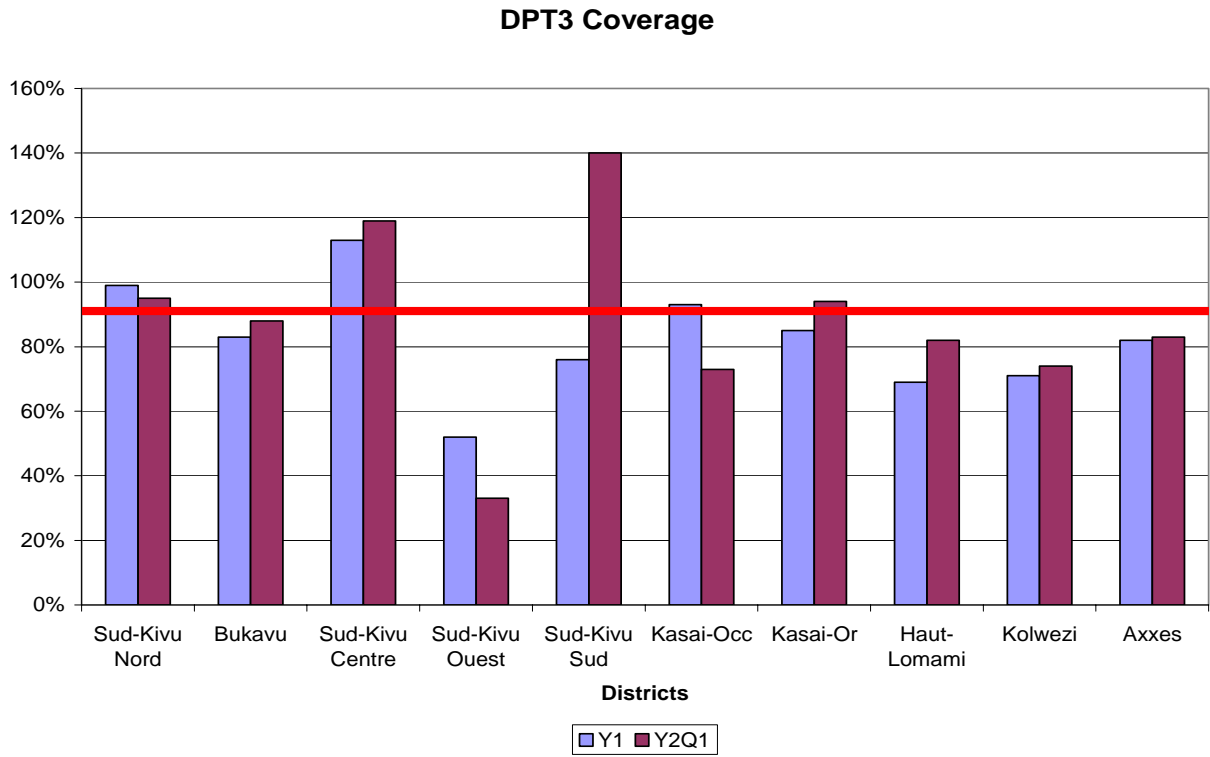
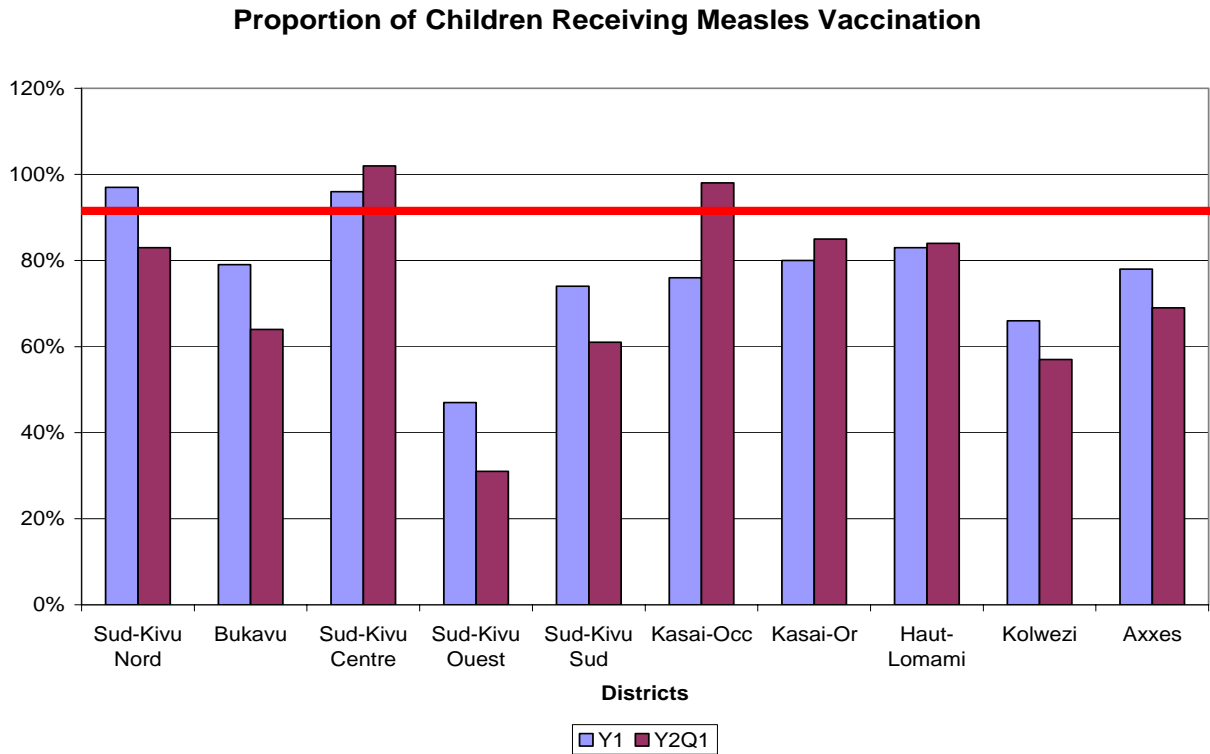


Figure 14: Measles Vaccinations



Sud Kivu Ouest (around Shabunda) has less than 35% coverage for DPT3. This area has the lowest performance for several indicators. CRS/AXxes will intensify supervision in this area and the COP team will organize a joint supervision in this district soon. Another problem is the 140% coverage reported in Sud-Kivu Sud. The problem may be related to the denominator , reporting, or over-vaccination

Census of population: In South Kivu the census was completed to help correct the irregularities seen in the statistics. The study was done last year but the results came out this quarter.

Table 5 Validated Data of the 21 CRS Assisted HZ in South Kivu

N°	Health Zone	Pop. #s used in 2007	Census Numbers	Difference	% Difference	Pop. #s for 2008
1	Bagira	137405	76816	-60589	-44.10	79197
2	Ibanda	213986	249109	35123	16.41	256831
3	Kadutu	271575	156972	-114603	-42.20	161838
4	Mubumbano	147677	134012	-13665	-9.25	138166
5	Walungu	180288	197471	17183	9.53	203593
6	Kaniola	137533	137489	-44	-0.03	141751
7	Nyangezi	89368	98861	9493	10.62	101926
8	Mwana	117721	100661	-17060	-14.49	103781
9	Kaziba	89243	93166	3923	4.40	96054
10	Uvira	225356	217653	-7703	-3.42	224400
11	Ruzizi	222093	125695	-96398	-43.40	129592
12	Lemera	136797	123170	-13627	-9.96	126988
13	Hp D'uvira /Bijo.	98892	87095	-11797	-11.93	89795
14	Nundu	144590	170510	25920	17.93	175796
15	Shabunda	123906	112373	-11533	-9.31	115857
16	Mulungu	106303	116936	10633	10.00	120561
17	Lulingu	139343	124571	-14772	-10.60	128433
18	Kalole	77568	83611	6043	7.79	86203
19	Mwenga	98196	99719	1523	1.55	102810
20	Kamituga	131165	123768	-7397	-5.64	127605
21	Kitutu	81953	103188	21235	25.91	106387
	Total	2970958	2732846	-238112	-8.01	2817564

In general, the table shows that the total population has decreased from 2,970,958 to 2,732,846 in the 21 CRS assisted Health Zones (238,112 less). The population has increased in 9 Health Zones: Kitutu, Mwenga, Mulungu, Walungu, Kalole, Nundu, Kaziba, Nyangezi, Ibanda and decreased in 19 Health Zones: Bagira, Kadutu, Mubumbano, Kaniola, Mwana, Uvira, Ruzizi, Lemera, Hauts plateaux d'Uvira, Shabunda, Lulingu and Kamituga . The biggest decrease happened in: Kadutu with 42,2% decrease (114,603 less), Bagira with 44,10% decrease (60,589 less) and Ruzizi with 44,4% less (96,398 less).

Clinic IMCI

Train HZTMs as TOT: The training of trainers has been completed in all the HZs assisted in 2007. The replication process for HC staff is continuing in Kasai and South Kivu. It's expected that a total of 1,428 health workers will be trained. Training in the new zones in Sankuru will happen soon in second quarter. This training will be coupled with the STI PEC in accordance with the Syndromic approach.

Provide HC with IMCI drug package including ORS, Zinc, ACT and antibiotics: The majority of drugs, including a small quantity of Zinc, are already available to the health zones. ACT will be available soon with the second shipment from IDA.

Integrate Zinc in diarrhea treatment in 12 pilot health zones: The pilot program of Zinc in 12 health zones is functioning. The briefing of care providers was done in the two districts. Additional Zinc was ordered to facilitate expansion after evaluation of the first phase.

Table 6: Children correctly treated ARI and Diarrhea

Performance Indicator	Target Y2	Y2 Q1		
	Annual	Num	Denom.	%
Percent /Number of children under the age of five with ARI/pneumonia are cared for correctly by health structures following national policy	291446	52567	72862	72%
Percent /Number of children under the age of five with diarrheal illnesses are cared for correctly by health structures following national policy guidelines	291446	30761	72862	42%

During Year one only 149,925 cases of ARI were reported as correctly treated. During Q1/Y2 almost half of the cases of year one have already been reported as treated. This shows progress in this area but it will need to increase even more if the objective of treating 291,446 is to be met.

Less than half of the target number of diarrhea cases were treated correctly this quarter. One problem is in the definition of "correctly treated" which includes both ORS and Zinc. Only 12 HZs are using Zinc at this time.

Integrate C-IMCI

Train C- IMCI team: In partnership with PRODEK, IRM and World Relief, select CODESAs in eight health zones have been trained in the Kasai and South Kivu regions. The training's aim was to strengthen community structures and participation in income generation for health activities. Training for CODESAs and C-IMCI will be expanded in the second quarter.

Reproduce education materials: Materials are being produced in Kinshasa.

Development of Water Sources and Promotion of Hygiene and Sanitation

Build or rehabilitate community water sources: This activity has greatly accelerated in the first quarter of this year. So far 72 water sources have been rehabilitated or constructed. The majority of the work has been done in the South Kivu area. This work has been facilitated by the Village Assaini program funded by UNICEF. The program covers the cost of water and hygiene needs in seven health zones in South Kivu and nine health zones in Katanga.



Figure 2: New water source in Mutali/Miti-Murhesa

Construct incinerators at hospitals: This worked continued with 14 incinerators constructed during this quarter.

Construct latrines at health centers: This activity progresses slowly with 14 VIP style latrines constructed this quarter.

Maternal and Young children nutrition including Micro nutrients

Participate and support the Vitamin A campaign in collaboration with HKI: The second phase of the vitamin A supplementation campaign successfully took place in all 57 AXxes HZs. Pronanut will release the official coverage results in the upcoming weeks.

Routine supplementation was initiated, as planned in 5 out of the 10 pilot HZs. The training of nurses was completed in the 5 remaining HZs selected for this pilot initiative in Bukavu. Community volunteers remain to be trained to allow for the start-up of activities. Late December HKI placed an order of vitamin A capsule to be used for this initiative.

Reinforce growth monitoring by distributing growth charts, equipping facilities with scales, height boards and registers for growth monitoring: The project has distributed charts, scales, height board and registers for growth monitoring and the activity is developing well

GBV interventions and fistula reparation

Reproduce and distribute key educational messages regarding the prevention of gender discrimination: The project has produced T-shirts with an anti-GBV message and is in the process of distributing them in WVI /AXxes supported HZs.

This quarter, GBV activities were started in the Lodja area. An awareness building project on GBV is already being carried out with “*the synergy of fight against GBV*” run by FODESA. The project has had good results. One aspect of the project is to improve the socio-economic level of the women by training them in the breeding of rabbits and ducks. These trainings have helped

the victims to quickly return to the society by guaranteeing them revenue. Certain women, formerly repudiated, returned to their homes because they were now able to feed their families. This project covers the 3 health zones in the Lodja area. During the second quarter the GBV activities will be intensified in all health zones.

Work with health zones to increase the participation of women among the village health activists and CODESA/COGE members: The functionality of CODESAs varies greatly by district. Katanga has the greatest functional number and Mbuji Mayi has the lowest. Female participation is still very weak. In the Kasai-Occidental for example, only 2 CODESA out of 61 have 50% women as members.

A.3 Reduction of malaria in target population

Provide each HZ with ACT: Coming in second quarter.

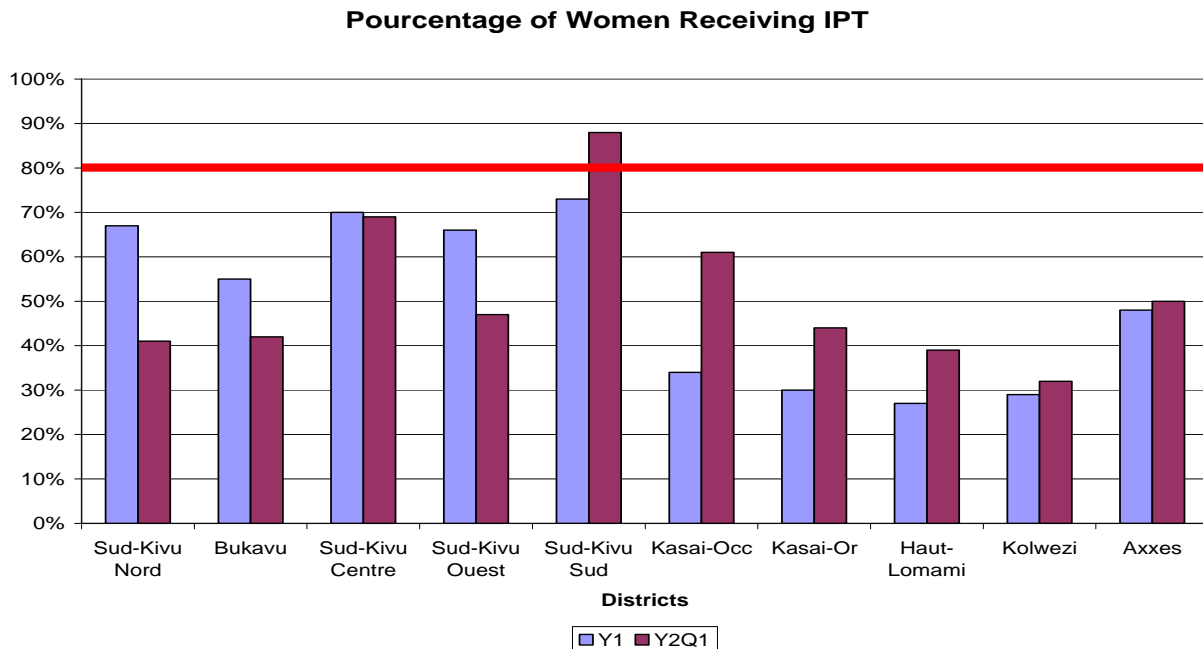
Provide HGR and HC with other malaria drugs (quinine, Fansidar): These drugs have been provided to the depots and are being distributed to the health facilities.

Improve laboratory capacity in diagnosing malaria including provision of lab supplies

Reinforce the use of Malaria care protocols: Lab training was completed last year and the lab supplies are arriving in country the beginning of second quarter.

Provide IPT as part of FANC in each health center: All health centers have incorporated IPT as a part of their prenatal activity. There was an improvement in IPT in several districts but this activity is far short of its target of 80%. The average coverage is 50% for all of pregnant women in the supported HZs. If only women who attended ANC are considered, the coverage is 62%.

Figure 15: Women Receiving IPT



Provide LLINs at HZs: Routine distribution of nets is taking place in all health centers. 30,000 nets have been held up in Lubumbashi because of transport problems. In the South Kivu coverage was greatly enhanced by participating with UNICEF in the integrated VAR-LLIN campaign. In order to increase impact on morbidity and mortality of children under 5, and to contribute to the Millennium Development Goal, it was decided to combine essential interventions that have direct impact on the reduction of child mortality like: Vitamin A supplementation, deworming, and distribution of LLINs

The objective of the integrated campaign was to reduce morbidity and mortality of children under 5 years in the province of South Kivu, The campaign achieved close to 100% coverage in all areas of intervention listed below.

- Immunize 728,194 children aged 6 to 59 months against measles
- Provide Vit A to 728,194 children aged 6 to 59 months
- Deworm 642,524 children aged 12 to 59 months
- Prevent Malaria by providing LLINs to 640,000 children aged 6 to 59 months

Table 7: Malaria Prevention Activities

Performance Indicator	Target Y2	Y2 Q1		
	Annual	Num	Denom.	%
Percent of pregnant women in targeted health zones receive IPT	80% (172070)	33518	53772	62%
Percent of pregnant women, received LLINs in targeted health zones	20% (43717)	3075	54646	6%
Percent of children under the age of five, received LLINs in targeted health zones	156283	11553	39071	30%

A.4 Improve TB detection

TB activities were increased this quarter. Studies of the TB situation were done in Katanga and South Kivu. The focus of attention in Katanga was on the Malemba-Nkulu area where the detection rate reaches up to 600% in certain HZs. A joint mission with PNLT (at the national level), PNLT Provincial Doctors and AXxes/ECC visited Malemba from December 23 to December 27, 2007 to study the problem. The study found several causes of the hyper endemic nature of TB in the area:

- The Malemba Nkulu population's lack of knowledge of the cause and transmission of tuberculosis.
- A high concentration of people living in the same household (4 inhabitants per room).
- The stigmatization of tuberculosis in the family and community
- A type of housing with little or no ventilation.
- The lack of a coordination structure to address TBC in the Haut-Lomami area
- An insufficient number of CSDTs

The following recommendations were made by this joint mission:

- To reinforce the coordination of activities by setting up a coordination/supervisor office in Malemba.
- Refresher training for ITs at the CSDTs in doing sputum smears and follow-up of treatment.

- To open a CSDT in Sope village to improve the service coverage for fight against tuberculosis in the health zone
- To reinforce relay activities for destigmatizing the population's attitude towards tuberculosis with training and education materials
- To undertake an in-depth study in the villages where there is a concentration of TB cases

In South Kivu an analysis of the TB situation was done and a plan of action was developed.

Table 8 Tuberculosis Status in CRS/AXxes Assisted Health Zones

Health Zone	Population	Expected Cases	# of cases detected	% detection	Registered	# Cured	% Cured	Cases tested for HIV	% HIV +
Bagira	137405	52	5	9.6	11	7	63.6	5	100
Ibanda	213986	80	30	37.5	43	38	88.4	19	63.3
Kadutu	271575	101	78	77.2	65	48	73.8	24	30.8
Kaziba	89243	33	1	3.0	3	2	66.7	1	100.0
Mwana	117721	44	8	18.2	2	2	100.0	4	50.0
Lemera	136797	51	42	82.4	24	20	83.3	18	42.9
Mwenga	98196	37	38	102.7	20	19	95.0	0	0.0
Kamituga	131165	49	42	85.7	48	41	85.4	18	42.9
Kitutu	81953	31	19	61.3	35	30	85.7	0	0.0
Nundu	144590	54	18	33.3	19	15	78.9	0	0.0
Nyangezi	89368	34	11	32.4	11	9	81.8	5	45.5
Shabunda	123906	46	29	63.0	46	34	73.9	23	79.3
Kalole	77568	29	17	58.6	36	31	86.1	0	0.0
Lulingu	139343	52	12	23.1	17	15	88.2	12	100.0
Mulungu	106303	40	0	0.0	0	0	0	0	0
Uvira	225356	86	55	64.0	64	50	78.1	0	0.0
Ruzizi	222093	83	32	38.6	25	22	88.0	0	0.0
Walungu	180288	68	14	20.6	7	3	42.9	13	92.9
Mubumbano	147677	55	32	58.2	3	3	100.0	3	9.4
Kaniola	137533	51	3	5.9	4	4	100.0	0	0.0
Bijombo	98892	37	0	0.0	0	0	0	0	0
Total	2970958	1113	486	43.7%	483	393	81.4 %	145	29.8

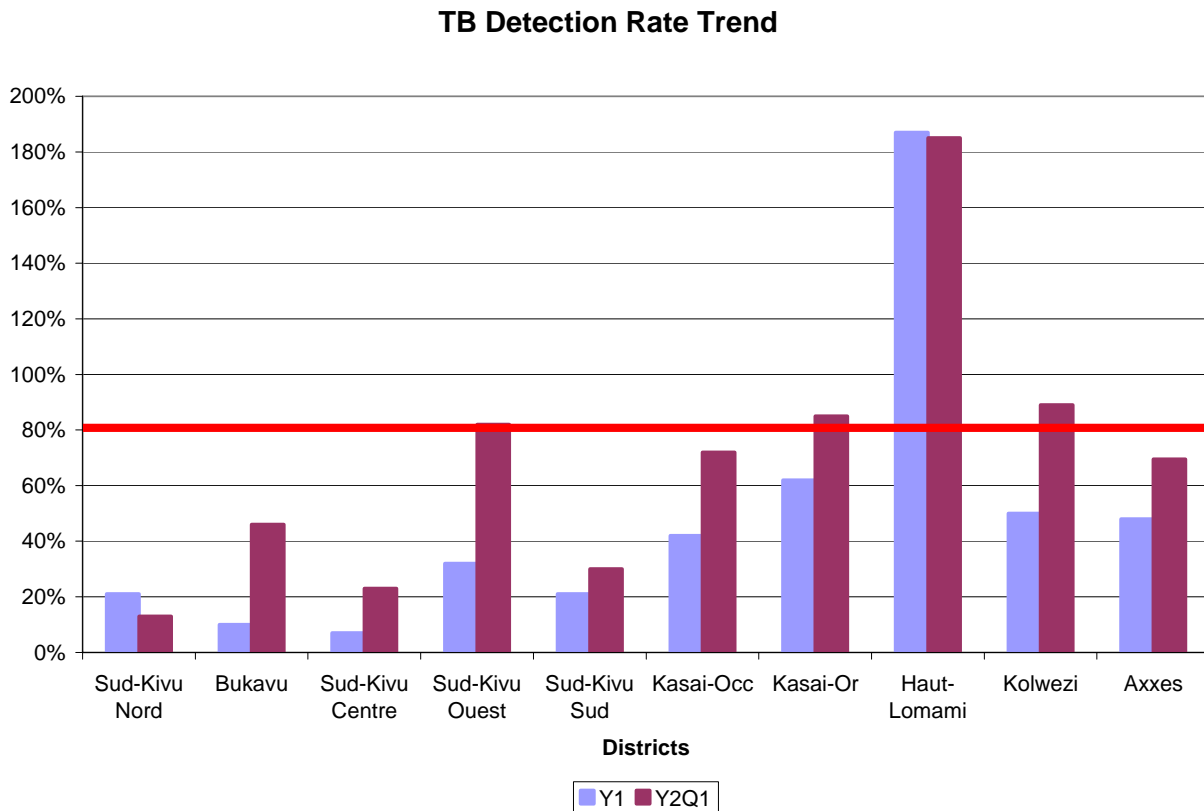
Analysis of this data shows that detection rate is still low: 43.7% in the 21 HZs supported by CRS. However, significant progress was made in Kadutu (77.2%), Lemera (82.4%), Mwenga (102.7%) and Kamituga (85.7%). In Mwenga, this can be explained by the existence of 3 functional CSDTs and the utilization of these services by the population. In Kadutu, MSF Holland has played a key role in improving performance. Most HZs have low detection rates because of lack of a community DOTS program and an insufficient number of functional CSDTs.

The rate of successful treatment is relatively good (81.4%) in HZs in South Kivu supported by the project. The low success rates in Walungu (42.9%), Kaziba (66.7%) and Bagira (63.6%) may be caused by the disorganization of services and the limited technical capacity.

The integrated CDV-CSDT approach is still new for most HZs in South Kivu and they have not started because of lack of necessary resources. HIV prevalence within TBV people is estimated at about 29.8% in CRS assisted HZs.

Globally the detection rate was improved in several districts, probably due to the training of lab staff and the effort of the provincial PNT. The graph below shows the evolution by district. The rate in Haut Lomami is still extremely high and excessively low in most of the districts in South Kivu.

Figure 16: TB Detection Rate



A.5 HIV/AIDS (blood safety and PMTCT)

Establish blood testing & grouping at HGRs & CSR

Low-risk blood donors system: This system has not taken off yet. The majority of donors are recruited among the poor who consider the donation a means of getting some benefit. When BDOM provided free health care for blood donors in Katana, blood donation went way up but as soon as the system was cancelled, the donation went back down. Plans to improve blood donations include increasing networking with national blood transfusion program, working with Safe Blood Foundation-Africa and other partners in the project areas.

Blood testing: The project has provided HIV test, blood safety and grouping kits to HZs. Also management tools for safe blood testing were distributed during the 4th quarter of year 1. Now, AXxes is following up on the utilization and stock. In Kolwezi Districts, AXxes is networking with GTZ (German technical cooperation) to harmonize interventions in Dilala and Lubudi.

Establish PMCT

Integrate PMTCT services in selected HZ (3 sites per HZ): Twelve sites are operational in West Kasai: Tshikaji 5 out of 3 envisaged, Lubondaie 3 out of 3, Mutoto 3 out of 3 and Bulape 1 out of 3. In East Kasai, only the Dibindi health zone has integrated the PMTCT activities. For the new HZs in the Sankuru, a training of the trainers in PTME is scheduled. In Lodja the program is more or less operational thanks to the support of Cordaid which has 2 sites; an HGR and the Private clinic St François d'Assise. There are 13 other old sites put in place by Global Fund, GTZ and other partners which are still functioning and reporting. Their quality and performance will be evaluated in order see how to integrate them.

Train health care workers in management and provision of PMTCT services in health zones: Training has not yet happened in Katanga and South Kivu. Recruiting PMTCT focal points for South Kivu and Kolwezi is in progress. In CRS assisted health zones there is delay in starting the program because CRS policy does not allow support of mono therapy programs. Since Congo has just accepted a tri-therapy, IMA is discussing with CRS the implementation of the PMTCT program under the new MOH guidelines. If it does not work out with CRS, ECC will put two focal point persons in South Kivu and work directly with the maternities in the area.

Table 9: PMTCT

Performance Indicator	Y 1	Target Y2	Y2 Q1		
	Value	Annual	Num	Denom.	%
Percent of blood transfusions tested for HIV and blood grouping	100%	100%	5416	5462	99%
Number of Health facilities with integrate PMTCT services in their routine activities (Cumulative)	10	120	12		
Percent of pregnant women who benefited from counseling at the PMTCT Center		63000	810	15750	5%
Percent of pregnant women tested specifically for HIV		48000	810	12000	7%
Percent of pregnant women informed about their result		48000	810	12000	7%
Number of individuals who received counseling and testing for HIV and received their test results	600	48000	810	12000	7%
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	111	2000	0	500	0%
Number of health workers trained in the provision of PMTCT services according to national and international standards	23	333			

Only 810 individuals have received counseling and testing for HIV and received their test results in the AXxes sites. But it is reported that 5,472 others were counseled and tested in the 13 other non AXxes sites and 19 of them are receiving antiretroviral prophylaxis as part of PMTCT.

Coordinate with the PNLs and the national PMTCT task force: Several Workshops were held during this quarter.

- Workshops to elaborate, to adapt and to ratify the national scale-up plan of comprehensive PMTCT services: October – December 2007
- Workshop to update PMTCT BCC materials: November 2007
- Conference on ways to achieve Universal Access to HIV prevention, treatment, care and support in DR Congo: December 2007
- A protocols revision workshop was organized in Kinshasa in December 07. The PMTCT protocols were modified from mono-therapy (Nevirapine) to tri-therapy in order to significantly reduce the transmission risk and to prevent resistance to other ARV treatment when required latter. AXxes financed most of the workshop.

IV. Commentary on Work Plan Activities Component B

Establish and reinforce M&E in Health Zones

Conduct rapid assessments in all 57 HZs: A detailed assessment of health zones down to the health center level was done in November, 2007. Initial results from the assessment were used for the year two equipment order. Results from analyses of data will be finalized and disseminated in the second quarter.

Integrate GESIS in HZ (training and provision of computers): Each HZ has been provided with computer kits. GESIS training has started in East Kasai and will start soon in Katanga. Preliminary meetings were held in South Kivu with IPS, IRC and other partners to prepare the GESIS integration.

Conduct monthly reviews by HZs management teams and COGE: All health zones have done monthly reviews. The main concerns were SNIS, EPI and PMA activities. The project continues to encouraging those meeting by providing 50\$ to each HZ to facilitate the logistics of the meetings.

Provide HZs with SNIS forms and complete HIS monthly reporting by HZs: An order of three months worth of SNIS forms was placed this quarter. A new SNIS format is expected in February, at which time a larger order will be placed. HZs are still using the forms produced during year 1. It remains a challenge to get timely reports from the HZs. More effort is being put into working with HZMTS to facilitate the HCs and HGR to complete their reports on time.

Reinforce HZ co-management and community participation

Conduct HZ Administration Councils: Most HZs conducted AC meetings but some could not be held because of scheduling problems with the ISP staff.

Train and support NGOs in proposal development & management: This activity is postponed until the USAID technical staff has had time to review the NGO proposals.

Build HZMTs capacity

Complete training of HC staff in PMA: All HZ have completed training in PMA except Minova which was experiencing insecurity. Training will be done in Minova when the situation is calm.

Improve drug Supply Management to reduce stock outs and track credit system: AXxes is implementing a drug management system that gives a credit line for the essential medicine purchases directly to the health centers and hospitals. The credits are based on the health care utilization rates at the institutions. There is a cost recovery of 40% at the health center and 80% at the hospitals, which goes back to the depots for later purchases by the health centers and hospitals. MSH and IMA consultant Don Padgett helped develop the tracking system and did the training. Project AXxes has agreements with 4 central depots. Another depot in Lodja will open soon. The program is having a slow start because the HZMT are not used to handling the drug orders at the level of every health center. In Health Zones where another NGO is providing drugs, AXxes has scaled back or eliminated the drug credits for that zone.

Conduct integrated and formative supervisions by HZMT of each HC every month: Formative supervision is among the most important managerial aspects of health system strengthening and the Project AXxes. It is a process that aims to guide, instruct, correct and reinforce the activities of health zone staff so as to improve performance. The main objectives of supervision are the following: (1) Improve the capacity/ performance of health zone management staff at all levels, (2) Improve the quality of service delivery, (3) Identify problems and solutions, (4) Increase the initialization of services (5) Reinforce the internal relationships of the health system. The rate of supervision is improving but not at the level of reaching each HC monthly, partly because of bad roads and also inadequate means of transport (see table annex 5).

V. Commentary on Work Plan Activities Component C

Conduct workshops and meetings for the development of policy, especially for newborn care and integration of Zinc: During the first quarter of year two, project AXxes supported the organization of a workshop on newborn care with the technical support of BASICs and the participation of MOH experts and other partners interested in newborn care. The purpose of this workshop was to obtain a consensus on key strategies for newborn care. After the workshop, the project supported the work of the task group that was put in place. So far the following deliverables have been produced:

- directives and norms on newborn care were developed
- training curriculum and modules were defined
- M&E tools were developed
- A draft BCC tools on newborn care were developed

In collaboration with HKI, PNLMD and Provincial MOH, the project participated in the organization of the briefing sessions for HZMTs and providers on the integration of zinc. The briefing sessions were organized in Kolwezi, Kamina and South Kivu. All the HZMTs of the 12 pilot health zones and others attended the meetings. The purpose of the briefing was to facilitate the integration of zinc at the provincial and district level and reinforce the knowledge on Zinc.

Provide technical assistance to 5th direction to develop a data bank system for sharing data among partners and MOH: The integration of GESIS in the provinces is one of the steps in the development of the data bank system. The AXxes M&E team is still working with the SNIS department of the 5th direction on improving and integrating GESIS in the provincial MOH offices and in HZs.

After contributing to the workshop in Kasai Oriental and Katanga, the project supported the TOT and the subsequent training of HZMT in Kasai Oriental in GESIS. All of the HZs supported by the project were provided with IT kits. The training for Katanga and South Kivu is in preparation and will be organized soon.

While elaborating the present report, Johns Hopkins' technical experts have provided an intensive training from January 18- January 22, 2008, in network administration to three technicians from MOH 5th Direction. The focus of this training was to prepare these staff to become familiar with the use and maintenance of the Pentaho Dashboard and take ownership of the development of the data warehouse project being considered by MOH. These technicians will be partners in the deployment of the dashboard at MOH.

Provide technical assistance to 4th direction to reinforce the surveillance information system: An action plan for technical and logistical support for the 4th direction was developed and accepted. The IT materials for 4th Direction have been ordered. A meeting with the 4th Direction team to outline the support of their action plan for this year has been scheduled.

Provide technical assistance to PEV on new vaccine integration and evaluation of the RED approach: AXxes and Basics/JSI experts participated actively in the PEV workshop held in Matadi. The purpose of the workshop was to evaluate the accomplishments of 2007 and to plan 2008 activities.

Complete the last phase of leadership training with MSH: In December 2007, Jana Ntumba, worked with the AXxes team to design the third leadership development program (LDP) workshop, building on both previous workshops as well as on work done by the participants during the interim period. Working in collaboration with the co-facilitators, she led implementation of the third LDP workshop (covering an overview of monitoring and evaluation, inspiration, Work Climate Assessment results for the provincial level teams and the preparation and presentation of a summary of the work done by each province.) The debriefing focused on additional leadership resources and opportunities for the AXxes team to do more leadership training with the DR Congo health sector in the future.

The 3rd and last session of the Leadership Development Training brought together AXxes project managers/medical coordinators and all the MIP and MCD maintained in their positions after the reorganization carried out at the level of the Ministry of Health. Only the MIPs and MCD who attended the two first sessions were invited for this last session. The absence of some MIPs and MCD who were changed was a big challenge for the teams organized for the training.

Support provincial/district technical meetings (BTD, CPP, BTP) and to supervise quarterly: Only the “fiche technique” for the Kasai Oriental “comite de pilotage” and the Haut Lomami BTD meeting were provided in time for the project to support. To solve this problem in the future, the project has changed the way of managing the component C program by decentralizing activities and pushing the AXxes implementing partners to become more responsible for the activities. The AXxes implementing partners have the responsibility to push and stimulate the MOH supported structures to achieve all of the planned activities. AXxes implementing partners are still supporting District and Province to finalize development of technical procedures for supervision and meetings.

Support the supervisions of the MOH intermediate level by the central level selected directions and programs: During the first quarter of year 2, the project conduct a field trip with the staff from intermediate and central level of Tuberculosis National Program (PNT) to understand TB problem in Malemba-Nkulu which has detection rates up to 600%.

VI. Consortium and Project Management

Finalize/Approve year two work plan with USAID: The work plan and activity plans by sector have been developed and submitted. USAID is now reviewing the work plan.

Participate in quarterly meeting with implementing partners: The first quarter partners’ meeting was held in Kinshasa, 6-7th December 2007.

Supervise AXxes implementing partner teams in field: The two areas in the project that were identified in the baseline KPC as having the greatest health problems were Melemba Nkulu and Western South Kivu. To find out what is causing the high morbidity and mortality rates two evaluation trips were done by the AXxes team. A multidiscipline team of nine from AXxes and HKI, including health, agriculture and nutrition specialists, went to Malemba Nkulu. Bill Clemmer and CRS did a joint assessment of South Kivu.

Malemba Nkulu

The team that went to Malemba Nkulu found that the area has several unique problems that could be contributing to the high mortality.

1. There are very few springs that can be capped so many people use contaminated river and lake water. This contributes to endemic cholera and a high incidence of diarrhea.
2. The area has pockets of mobile population that make complete vaccination coverage difficult. Also health zone organization in Mulongo has not been good until recently so the over all vaccination coverage in that zone was low. Measles outbreaks were seen in all zones in the area last year.
3. The local diet has very little variety. Most meals consist of manioc and fish. Children often do not get their share of fish so their diets are poor in protein and micro-nutrients. The low intake of micro-nutrients probably contributes to a higher mortality rate from the diarrhea, measles and other diseases. Details of the nutrition study are in the following table.

Table 10 Results of Nutrition Study in Malemba Nkulu Area

Question	Finding
Feeding practices of pregnant women	No specific diet
Proportion of deliveries at the health centres or in the hospital	Very few
Feeding practices of breastfeeding women	No specific diet
Exclusive breastfeeding	A small percentage of women only
Weaning practices	Most women wean their child very early (around 30 days of age) because they go back to work in their plantation without the child Women feed the child with cassava porridge Child is fed with fufu as early as 90 days of age Fruits and vegetable are totally absent from diet Child is fed with fish regularly
Vitamin A supplementation for children	Capsules are distributed with mebendazole to children during the VAS campaigns
Vitamin A post-partum supplementation	No supplementation because of the non availability of vitamin A capsules in the health centre
Iron supplementation during pregnancy	Women have been supplemented 4 times during pregnancy
Step of action when child is sick	Some medicine is purchased in a pharmacy or traditional treatment is first provided A few women take the child to the health centre or the hospital
Cause of malnutrition according to mothers and health care providers	Lack of sufficient rations Lack of financial resources
Feeding practices of children	Leave the child very early to work in the plantation Some mothers who have received community based nutritional support take the child with them to the plantation when they are 6-8 months old
Knowledge of community volunteers in the village	Some women know the community volunteers, Visitation from Relays varies

South Kivu

No clear reasons for the poor health statistics in Western South Kivu were found but it could be related to the difficulty in developing a balanced health system in the area. Ironically one of the significant challenges facing AXxes is the presence of many NGOS in CRS-AXxes supported health zones. Most health zones have at least 4 other partners and some as many as 6. These include AMI, ACF, CECR, Maltessar, OXFAM, UNFPA, BCECO-BDOM and local NGOs) Many of these have overlapping areas of assistance (AMI, CECR, and Maltessar) all supply medicine and most of the international NGOs supply some sort of prime or cash assistance to the zone (in Ruzuri the monthly cash assistance from all NGOS exceeded \$2,000).

Aside from the potential problem of duplicating particular needs is the difference in program orientation. Most of these NGOS (supported by ECHO) are relief oriented and have set up a structure to care for the displaced and indigent persons; even in areas of non-conflict where the number of displaced persons is declining (one MCZ shared that it was becoming a 'challenge' to tabulate more than 5-10 cases of displaced persons per month, a requirement of their NGO for

ongoing relief assistance). The current modality of donor assistance (external support of health zone personnel, free medicine and highly subsidized patient care) runs contrary to the development mandate of AXxes. It is difficult for the project to get the local people to take responsibility for their own health care and to put high emphasis on preventive measures with almost free curative services being offered in most places.

Order equipment for year two: Equipment needs were calculated from the assessment done in November and the orders are being placed.

Distribute procured project commodities: Many of the commodities such as solar refrigerators, gel batteries, mini kits for health center, operating tables, operating lamps, consultation tables, birthing tables came in at the end of the first year and have been distributed to the HZs this quarter.

Some areas are proving to be very difficult to access and deliver supplies to. Last year AXxes could use ATLAS to deliver supplies in Katanga but that program has ended. Most of the train wagons seem to be privatized by big businesses so getting the train company to take project supplies has been difficult. The roads are passable when there has not been too much rain but the cost by road is almost \$1.00 per Kg. In South Kivu the situation is sometimes even worse because there are no roads at all.



Figure 17: Delivering supplies in Haut Plateaux

Participate to MOH meetings including CCIA, GARSS:

One of the challenges of Project AXxes has been to coordinate with NGOs working in the same health zones but with different development philosophies. IRC shares assistance in five AXxes zones. In the South Kivu zones they meet with the AXxes partner and divided the assistance between each organizations strengths. In Mutoto zone, this was attempted several times but no clear agreement has been reached. Hopefully this can be resolved in the second quarter.

Int'l Trip: Participation in GHC, CCIH & IMA Conferences: ECC represented Congo at the Geneva GAVI meeting in December. Congo was approved for a social sector grant that will overlap with many AXxes assisted health zones.

Project structure: After an SWOT analysis of year 1, ECC/AXxes decided to open new provincial offices in order to reinforce the project in the Kasais and Katanga. It was decided to establish coordination offices which would supervise no more than 5 HZ at a time. There are now 5 functional offices in Lodja, Mbuji Mayi, Kananga, Malemba - Nkulu and Kamina. A restructuring was also done at the central level to strengthen the technical team.

- a. At the central level, 3 new people were added:
 1. Dr. Adrien N'SIALA : RH/FP Specialist and DPM/AXxes-ECC
 2. Dr John OKENDE : HIV, TB and neglected diseases Specialist
 3. Dr Joachim LUBIBA : Child Survival Specialist

b. At the provincial Level, the offices are composed in the following way:

Province of Katanga

The Regional Coordination of Haut-Lomami in the Province of Katanga has the role of coordinating and supporting the activities of 2 offices at Kamina and Malemba-Nkulu which have on the whole 9 HZ. It is made up of 3 resource people:

1. Medical Regional Coordinator: Dr Benoit MIBULUMUKINI
 2. Financial and Administrative Officer: Mr. Maro MADILA
 3. Logistic Officer: Mr. Dominique MABUIJA
- 1.1. Kamina Office (in charge of 4 HZ):
 1. Medical Coordinator: Dr Jean Baptiste EBUNABO
 - 1.2. Malemba-Nkulu Office (in charge of 5 HZ)
 2. Medical Coordinator: Dr Stephane KWATA
 3. Medical supervisor and PMTCT focal point: Dr Michel NKUNA

Province Of Kasai-Occidental

- 2.1. Kananga Office (in charge of 4 HZ)
 1. Medical Regional Coordinator: Dr Crispin BATUBENGA
 2. Financial and Administrative Officer: Mme Lydie MUKEBA
 3. PMTCT supervisor: Mr Barbaix MULAMA NTUMBA

Province Of Kasai-Oriental

- 3.1. Mbuji-Mayi Office (in charge of 5 HZ)
 1. Medical Regional Coordinator: Dr Bernard NGOY
 2. Financial and Administrative Officer: Mme Berry NYOTA
 3. PMTCT supervisor: Mr. Teddy MUTEBA
- 3.2. Lodja Office (in charge of 3 HZ)
 1. Medical Coordinator: Dr Polycarpe LUBUKU
 2. Financial and Administrative Officer: Mr Gaby OKOHE

VII. Environment Impact Compliance

AXxes continues to work with the health zones and health facilities to be compliant with USAID guidelines for environmental impact. Details are shown in Annex

VIII. Security Report

Over the course of this first quarter, South Kivu was relatively quiet while North Kivu was extremely tense. Four main events have marked eastern DRC during this period:

1. The “motion of defiance” (order to leave their posts) to the provincial government by the provincial Assembly caused a destabilization in the province. The Supreme Court declared that they were not able to judge the matter and it went back to the provincial level where in December they decided to rehabilitate the officials to their functions.
2. The restructuring within MoH and its provincial structures included the replacement of the MIP of South Kivu. He refused to leave and was finally allowed to keep his position.
3. The armed conflict between CNDP and FARDC in North Kivu was very intense and has caused many displaced people. Recently the CNDP announced a restructuring of its command, which put the former governor of Sud Kivu in as president, and Jules Mutebusi (the general who took Bukavu in 2004) as Vice-President. Some interpret this to mean that the CNDP is looking at retreating to South Kivu.
4. Minova experienced much insecurity due to the war in north Kivu between Kunda army and DRC loyal army. The results have been many displaced households and many deaths.

IX. Program Performance Indicators

With the last amended cooperative agreement with USAID the indicators changed. The official project indicators were limited to 31 indicators in the categories of maternal and child health, family planning, malaria, tuberculosis and other public health threats. Some of the indicators in the cooperative agreement were outside of the scope of the project so the USAID local mission reduced the number to the 29 indicators presented in annex 1.

Other indicators that are useful to the monitoring the progress of the project have been incorporated into the appropriate sections of this report. Effort was made to make the project indicators comparable with the official USAID indicators wherever possible. This resulted in slightly distorted result because the sampled population was slightly smaller than the population used for the denominator.

X. Conclusion

The first quarter of year two was a transition phase for the project. Most of the medicines, supplies and training has arrived or been completed and there is enough solid information from the health zones now to prioritize efforts effectively. The materials ordered for year two have been adjusted to address the areas of greatest need and coordination offices have been rearranged on the same bases. The project has seen small but steady gains in the last two quarters but the gains are expected to increase now that the project is almost fully functional in with material, human resources and programs in place.

ANNEX 1: PROJECT INDICATORS

MCH PERFORMANCE INDICATOR	ANNUAL TARGET Y2	Y2 Q1	% of Target
1. Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	174,867	39888	91%
2. Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	206,346	55252	107%
3. Number of people trained in maternal/newborn health through USG-supported programs	482	0	0%
4. Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	174,867	39888	91%
5. Number of people trained in child health and nutrition through USG-supported health area programs	1,330	0	0%
6. Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs	174,867	8,683	20%
7. Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	13,115	1,169	36%
8. Number of newborns receiving essential newborn care through USG-supported programs	174,887	32,452	74%
9. Number of children reached by USG-supported nutrition programs	1,166,283	139,176	48%
10. Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs	366,446	52,267	57%
11. Number of children less than 12 months of age who received DPT3 from USG-supported programs	215,087	51,142	95%
12. Number of children under 5 years of age who received vitamin A from USG-supported programs	1,180,355	632,848	107%
13. Number of cases of child diarrhea treated in USAID-assisted programs	291,423	30,761	42%

FAMILY PLANNING PERFORMANCE INDICATOR	ANNUAL TARGET Y2	Y2 Q1	% of Target
1. Couple years of protection (CYP) in USG-supported programs	40,000	7,231	72%
2. Number of people trained in FP/RH with USG funds	456	0	0%
3. Number of counseling visits for Family Planning/Reproductive Health as a result of USG assistance (Number of individuals counseled on FP/RH is not a standard indicator)	Female	23,419	
	Male	12,393	
	107,106	35,812	134%
4. Number of people that have seen or heard a specific USG-supported FP/RH message	1,457,228		0%
5. Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services	TBD	0	
6. Number of new approaches successfully introduced through USG-supported programs	2	1	100%
7. Number of USG-assisted service delivery points providing FP counseling or services	969	864	89%
9. Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP	< 50	86	

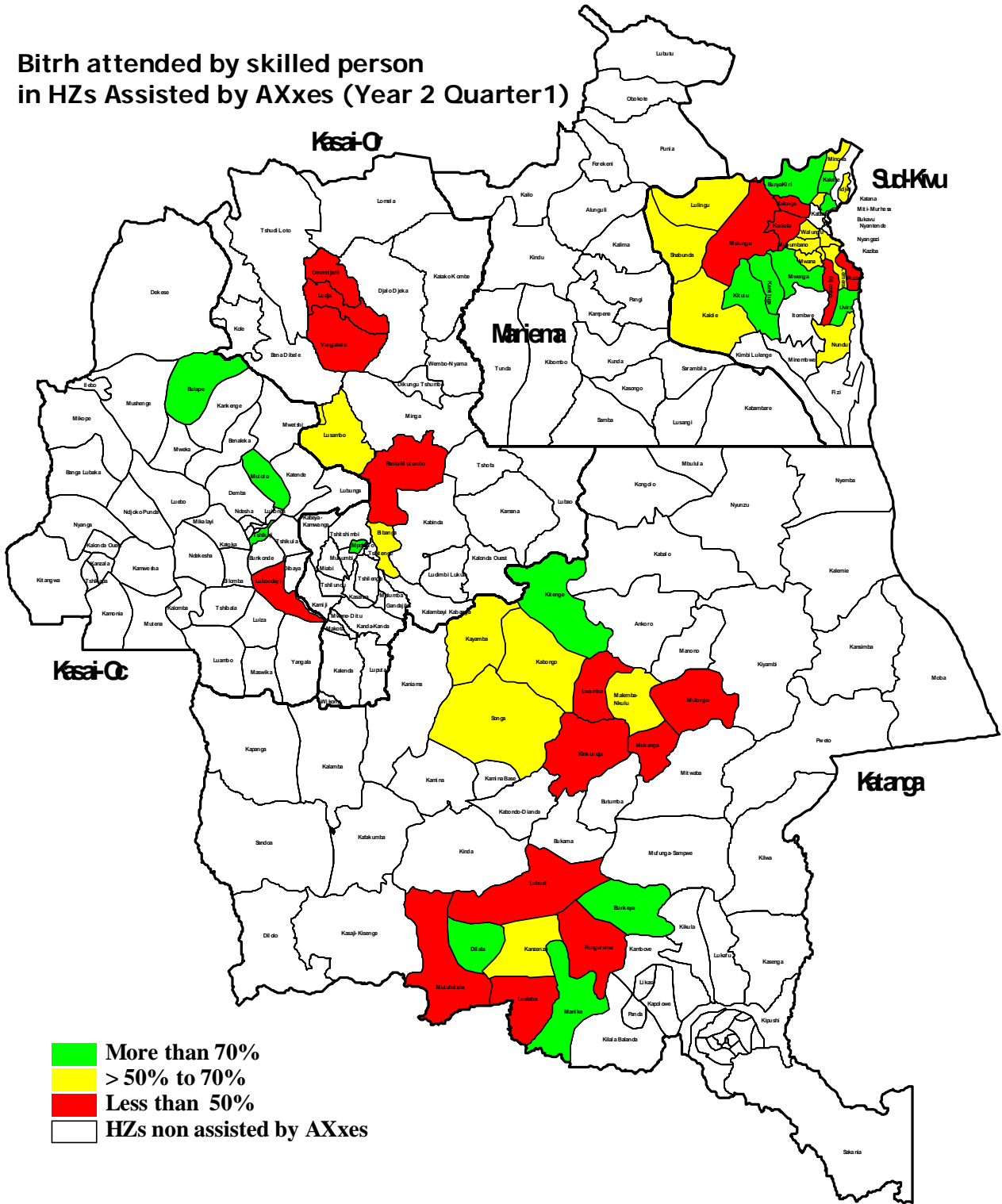
MALARIA PERFORMANCE INDICATOR	ANNUAL TARGET Y2	Y2 Q1	% of Target
1. Number of ITNs distributed that were purchased or subsidized with USG support	180,000	14,628	33%
2. Number of medical and para-medical practitioners trained in evidence-based clinical guidelines	1,330	0	0%
3. Monitoring Plan developed	1	1	100%
4. Training in Monitoring and Evaluation	1,330	0	0%
5. Number of service delivery points reporting stock-outs of any commodity offered by the SDP	< 50	NA	

TB PERFORMANCE INDICATOR	ANNUAL TARGET Y2	Y2 Q1	% of Target
1. Case notification rate in new sputum smear positive pulmonary TB cases in USG-supported areas	8,743	2,115	97%
2. Percent of USG-supported laboratories performing TB microscopy with over 95% correct microscopy results*	70	124	177%

* Estimated and needs to be verified

ANNEX 3: MAP OF ASSISTED BIRTHS

Birth attended by skilled person
in HZs Assisted by AXxes (Year 2 Quarter1)



ANNEX 4: HEALTH FACILITIES SCHEDULED FOR REHABILITATION

Health Facilities Scheduled for Rehabilitation

Provence	District	Health Zone	Partner	Structure	Name	% complete
KOC	Kga	Tshikaji	ECC	HGR	Pavillon Matern/pédiatrie	100%
KOC	Kga	Tshikaji	ECC	CS	Mamu Mwilu	100%
KOC	Kga	Tshikaji	ECC	CS	Mbumba	100%
KOC	Kga	Tshikaji	ECC	CS	Katumba	0%
KOC	Kga	Tshikaji	ECC	CS	Salongo	0%
KOC	Kga	Tshikaji	ECC	CS	Ste Thérèse	0%
KOC	Kasai	Bulape	ECC	HGR	Pavillon maternité	100%
KOC	Kasai	Bulape	ECC	CS	Yolo	100%
KOC	Kasai	Bulape	ECC	CS	Mbelo	100%
KOC	Kasai	Bulape	ECC	CS	Mpata Mbamba	0%
KOC	Kasai	Bulape	ECC	CS	Ingongo	0%
KOC	Kasai	Bulape	ECC	CS	Bulape II	0%
KOC	Lulua	Mutoto	ECC	HGR	Pavillon maternité	100%
KOC	Lulua	Lubondai	ECC	HGR	Pavillon maternité	100%
KOC	Lulua	Lubondai	ECC	CS	Dibwe dieto	100%
KOC	Lulua	Lubondai	ECC	CS	Katambwe	100%
KOC	Lulua	Lubondai	ECC	CS	Minkulumbu	0%
KOC	Lulua	Lubondai	ECC	CS	Tshilolo	0%
KOC	Lulua	Lubondai	ECC	CS	Tshimakaka	0%
KOR	Tshilenge	Bibanga	ECC	HGR	Pavillon maternité	100%
KOR	Tshilenge	Bibanga	ECC	CS	Lukangu	100%
KOR	Tshilenge	Bibanga	ECC	CS	Katanda	100%
KOR	Tshilenge	Bibanga	ECC	HGR	Pavillon Hopital	0%
KOR	Tshilenge	Bibanga	ECC	CS	Mania	0%
KOR	Tshilenge	Bibanga	ECC	CS	Katambwa	0%
KOR	Mbuji Mayi	Dibindi	ECC	HGR	Dibindi	0%
KOR	Sankuru	Lodja	ECC	HGR	Batiment	0%
KOR	Sankuru	Lodja	ECC	CS	Elema	0%
KOR	Sankuru	Lodja	ECC	CS	Elonge	0%
KOR	Sankuru	Lusambo	ECC	HGR	Pavillon hôpital	0%
KOR	Sankuru	Lusambo	ECC	CS	Lusambo Ouest	0%
KOR	Sankuru	Lusambo	ECC	CS	Lusambo Est	0%
KOR	Mbuji Mayi	Mpokolo	ECC	HGR	Pavillon maternité	100%
KOR	Mbuji Mayi	Mpokolo	ECC	HGR	Pavillon BC	100%
KOR	Mbuji Mayi	Mpokolo	ECC	HGR	Pavillon	0%
KOR	Sankuru	Omendjadi	ECC	HGR/CHR	Hiambe	0%
KOR	Sankuru	Omendjadi	ECC	CS	Ovomahoma	0%
KOR	Sankuru	Omendjadi	ECC	CS	Osomba	0%
KOR	Sankuru	Pania Mutombo	ECC	HGR	Pavillon Hôpital	0%

Health Facilities Scheduled for Rehabilitation

Province	District	Health Zone	Partner	Structure	Name	% complete
KOR	Sankuru	Vanga Kete	ECC	HGR/CHR	Utshudi	0%
KOR	Sankuru	Vanga Kete	ECC	CS	Asuku	0%
KOR	Sankuru	Vanga Kete	ECC	CS	Dikonda	0%
Katanga	H-Lomami	Mulongo	ECC	CSR	Kabamba	50%
Katanga	H-Lomami	Mulongo	ECC	CS	Ngoya	50%
Katanga	H-Lomami	Kayamba	ECC	HGR/CSR	Bâtiment	0%
Katanga	H-Lomami	Kayamba	ECC	CS	Kibila	0%
Katanga	H-Lomami	Kayamba	ECC	CS	Kafuku	0%
Katanga	H-Lomami	Kayamba	ECC	CS	Mudindwa	0%
Katanga	H-Lomami	Kayamba	ECC	CS	Kahako	0%
Katanga	H-Lomami	Kayamba	ECC	CS	Kalamba	0%
Katanga	H-Lomami	Lwamba	ECC	HGR		0%
Katanga	H-Lomami	Lwamba	ECC	CS	Kyapwa	0%
Katanga	H-Lomami	Lwamba	ECC	CS	Lubinda	0%
Katanga	H-Lomami	Songa	ECC	HGR	Pavillon maternité	75%
Katanga	H-Lomami	Songa	ECC	CS	Muleba	0%
Katanga	H-Lomami	Songa	ECC	CS	Samba	60%
Katanga	H-Lomami	Songa	ECC	CS	Kipukwe	0%
Katanga	H-Lomami	Songa	ECC	CS	Kilubi	0%
Katanga	H-Lomami	Songa	ECC	CS	Lusendja	0%
Katanga	H-Lomami	Malemba-Nkulu	ECC	HGR	3 bâtiments	60%
Katanga	H-Lomami	Malemba-Nkulu	ECC	CS	Kabonsa	60%
Katanga	H-Lomami	Malemba-Nkulu	ECC	CS	Mutombo Lupichi	60%
Katanga	H-Lomami	Mukanga	ECC	HGR	Pavillon maternité	60%
Katanga	H-Lomami	Kabongo	ECC	HGR	Batiment	75%
Katanga	H-Lomami	Kabongo	ECC	CS	Kyondo	60%
Katanga	H-Lomami	Kabongo	ECC	CS	Lwakidi	70%
Katanga	H-Lomami	Kabongo	ECC	CS	Lubyay	0%
Katanga	H-Lomami	Kabongo	ECC	CS	Bushimbi	0%
Katanga	H-Lomami	Kabongo	ECC	CS	Djombo	0%
Katanga	H-Lomami	Kitenge	ECC	HGR	Bâtiment Péd. + Mat.	70%
Katanga	H-Lomami	Kitenge	ECC	CS	Bekisha	20%
Katanga	H-Lomami	Kitenge	ECC	CS	Fwila	0%
Katanga	H-Lomami	Kitenge	ECC	CS	Kamunza	0%
Katanga	H-Lomami	Kitenge	ECC	CS	Kitenge	0%
Katanga	H-Lomami	Kitenge	ECC	CHR	Makuidi	0%
Katanga	H-Lomami	Kinkondja	ECC	CS	Kipamba II	80%
Katanga	H-Lomami	Kinkondja	ECC	CS	Masangu	80%
Katanga	Kolwezi	Bunkeya	WVI	CS	Kateba	20%
Katanga	Kolwezi	Bunkeya	WVI	CS	Kikobe	100%

Health Facilities Scheduled for Rehabilitation

Provence	District	Health Zone	Partner	Structure	Name	% complete
Katanga	Kolwezi	Dilala	WVI	CS	Musonoi	70%
Katanga	Kolwezi	Dilala	WVI	CS	Luilu	100%
Katanga	Kolwezi	Fungurume	WVI	CSR	Dipeta	70%
Katanga	Kolwezi	Fungurume	WVI	CS	Kando	0%
Katanga	Kolwezi	Kanzenze	WVI	CSR	Walembe	90%
Katanga	Kolwezi	Kanzenze	WVI	CS	Kamoa	90%
Katanga	Kolwezi	Lualaba	WVI	CS	Mibanze	0%
Katanga	Kolwezi	Lualaba	WVI	CS	Pwibwe	100%
Katanga	Kolwezi	Manika	WVI	CSR	Manika	75%
Katanga	Kolwezi	Manika	WVI	CS	Kasulo	0%
Katanga	Kolwezi	Mutshatsha	WVI	CSR	Maisha	80%
Katanga	Kolwezi	Mutshatsha	WVI	CS	Yanva	20%
Katanga	Kolwezi	Lubudi	WVI	HGR	Maternite	100%
Katanga	Kolwezi	Lubudi	WVI	CS	Lubudi	95%
Katanga	Kolwezi	Lubudi	WVI	CS	Mbebe	30%
S. Kivu	Nord	Bunyakiri	WVI	HGR	Maternite	100%
S. Kivu	Nord	Bunyakiri	WVI	CS	Lwana	100%
S. Kivu	Nord	Bunyakiri	WVI	CSR	Bitale	100%
S. Kivu	Nord	Idjwi	WVI	HGR	Movu(Maternite)	40%
S. Kivu	Nord	Idjwi	WVI	CS	Mishimbwe	30%
S. Kivu	Nord	Idjwi	WVI	CS	Mafula	40%
S. Kivu	Nord	Kalehe	WVI	HGR	Matternite+Pre Partum:	50%
S. Kivu	Nord	Kalehe	WVI	CSR	Bushushu	60%
S. Kivu	Nord	Kalehe	WVI	CS	Lushebere	80%
S. Kivu	Nord	Kalonge	WVI	HGR	Maternite+PTME	60%
S. Kivu	Nord	Kalonge	WVI	CSR	Chaminunu	60%
S. Kivu	Nord	Kalonge	WVI	CS	Cholobera	40%
S. Kivu	Nord	Katana	WVI	HGR	Maternite	65%
S. Kivu	Nord	Katana	WVI	CSR	Birava	50%
S. Kivu	Nord	Katana	WVI	CSR	Ihimbi	30%
S. Kivu	Nord	Minova	WVI	CS	Bulenga	80%
S. Kivu	Nord	Minova	WVI	CS	Nyamasasa	0%
S. Kivu	Nord	Minova	WVI	CSR	Kalungu	80%
S. Kivu	Nord	Miti-Murhesa	WVI	CSR	Kavumu	80%
S. Kivu	Nord	Miti-Murhesa	WVI	CH	Murhesa	90%
S. Kivu	Nord	Miti-Murhesa	WVI	CS	Buhandahanda	100%
S. Kivu	Sud	Uvira	CRS	CS	Kavimvira	100%
S. Kivu	Sud	Uvira	CRS	CS	Kalundu Etat	100%
S. Kivu	Sud	Uvira	CRS	CS	Kalundu Cepac	50%
S. Kivu	Sud	Ruzizi	CRS	CS	SangeEtat	100%

Health Facilities Scheduled for Rehabilitation

Provence	District	Health Zone	Partner	Structure	Name	% complete
S. Kivu	Sud	Ruzizi	CRS	CS	Mutarule Maternite	70%
S. Kivu	Sud	Ruzizi	CRS	CS	SangeEtat Maternite	95%
S. Kivu	Sud	Nundu	CRS	CS	Maternite Swima	85%
S. Kivu	Sud	Nundu	CRS	CS	Kaboke II	0%
S. Kivu	Sud	Hauts Plateaux	CRS	CS	Katanga	0%
S. Kivu	Sud	Hauts Plateaux	CRS	CS	Mugogo	0%
S. Kivu	Sud	Hauts Plateaux	CRS	CS	Kitoga	0%
S. Kivu	Sud	Lemera	CRS	HGR	Bloc Echo/Radiographie	100%
S. Kivu	Sud	Lemera	CRS	CS	Kagaragara	50%
S. Kivu	Sud	Lemera	CRS	CS	Narunanga	30%
S. Kivu	Ouest	Mwenga	CRS	CS	Sungwe	40%
S. Kivu	Ouest	Mwenga	CRS	CS	Kitamba	0%
S. Kivu	Ouest	Mwenga	CRS	CS	Iganda	0%
S. Kivu	Ouest	Kamituga	CRS	HGR	Pediatric Urgences	50%
S. Kivu	Ouest	Kamituga	CRS	CS	Kele Sidem	50%
S. Kivu	Ouest	Kamituga	CRS	CS	Kimbaguiste	50%
S. Kivu	Centre	Kaziba	CRS	CS	Ngali	0%
S. Kivu	Centre	Kaziba	CRS	CS	Kafinjo	0%
S. Kivu	Bukavu	Ibanda	CRS	CS	Ch Cah	0%
S. Kivu	Bukavu	Ibanda	CRS	CS	Ceca Nguba	0%
S. Kivu	Bukavu	Bagira	CRS	HGR	Bagira Maternite	70%
S. Kivu	Bukavu	Bagira	CRS	CS	Cigurhi	0%
S. Kivu	Centre	Walungu	CRS	CS	Walungu	100%
S. Kivu	Centre	Walungu	CRS	CS	Lurhala	80%
S. Kivu	Bukavu	Kadutu	CRS	CS	Nyamululagira	90%
S. Kivu	Bukavu	Kadutu	CRS	CS	CecaMweze	80%
S. Kivu	Bukavu	Kadutu	CRS	CS	Ciriri Maternite	100%
S. Kivu	Centre	Kaniola	CRS	CS	Cagala	10%
S. Kivu	Centre	Mubumbano	CRS	CS	HGR Maternite	80%
S. Kivu	Centre	Mubumbano	CRS	CS	Cihusi	60%
S. Kivu	Centre	Mubumbano	CRS	CS	Ibula	60%
S. Kivu	Centre	Mwana	CRS	CS	Buhamba	70%
S. Kivu	Centre	Mwana	CRS	CS	Kakwende	95%
S. Kivu	Centre	Nyangezi	CRS	HGR	Nyangezi	0%
S. Kivu	Centre	Nyangezi	CRS	CS	Kalunga	0%
S. Kivu	Ouest	Kalole	CRS	HGR	Maternite	0%
S. Kivu	Ouest	Lulingu	CRS	CS	Lolo	0%
S. Kivu	Ouest	Lulingu	CRS	CS	Milenda	0%
S. Kivu	Ouest	Lulingu	CRS	CS	Nduma	0%
S. Kivu	Ouest	Kitutu	CRS	CS	Kakenenge	90%

Health Facilities Scheduled for Rehabilitation

Provence	District	Health Zone	Partner	Structure	Name	% complete
S. Kivu	Ouest	Kitutu	CRS	HGR	Kitutu	0%
S. Kivu	Ouest	Kitutu	CRS	BCZS	BczsKitutu	0%
S. Kivu	Ouest	Mulungu	CRS	CS	Nzovu	0%
S. Kivu	Ouest	Mulungu	CRS	CS	Kolula	0%
S. Kivu	Ouest	Mulungu	CRS	HGR	Mulungu	0%
S. Kivu	Ouest	Shabunda	CRS	CS	Miswaki	50%
S. Kivu	Ouest	Shabunda	CRS	CS	Byankungu	0%
S. Kivu	Ouest	Shabunda	CRS	CS	Kasa	20%

ANNEX 5: SUPERVISION AT HEALTH ZONES

Sorted from most to least supervised health zones

Region	Partner	Health Zone	Health Centers	September		October		November		Average
				HC Supv.	%	HC Supv.	%	HC Supv.	%	
K. Oc.	ECC	Mutoto	14	14	100%	14	100%	14	100%	100%
K. Or.	ECC	Bibanga	17	16	94%	16	94%	17	100%	96%
Sud Kivu	CRS	Kaziba	13	12	92%	13	100%	12	92%	95%
Sud Kivu	CRS	Kaniola	12	11	92%	12	100%	11	92%	94%
K. Oc.	ECC	Tshikaji	12	10	83%	12	100%	12	100%	94%
K. Or.	ECC	Vanga Kete	17	14	82%	17	100%	17	100%	94%
Katanga	ECC	Malemba Nkulu	17	14	82%	17	100%	17	100%	94%
Katanga	ECC	Mulongo	15	15	100%	12	80%	15	100%	93%
Sud Kivu	CRS	Ibanda	14	13	93%	14	100%	12	86%	93%
Sud Kivu	CRS	Bagira	9	8	89%	9	100%	8	89%	93%
K. Or.	ECC	Omendjadi	18	14	78%	18	100%	18	100%	93%
K. Or.	ECC	Lodja	22	22	100%	17	77%	22	100%	92%
K. Or.	ECC	Dibindi	13	12	92%	11	85%	13	100%	92%
Sud Kivu	CRS	Nyangezi	11	9	82%	10	91%	11	100%	91%
Katanga	ECC	Songa	29	29	100%	22	76%	27	93%	90%
Sud Kivu	CRS	Mwana	9	7	78%	8	89%	9	100%	89%
Katanga	ECC	Kitenge	18	12	67%	18	100%	18	100%	89%
Sud Kivu	CRS	Nundu	21	17	81%	18	86%	20	95%	87%
K. Or.	ECC	Lusambo	13	9	69%	12	92%	13	100%	87%
Sud Kivu	CRS	Uvira	17	13	76%	16	94%	15	88%	86%
Sud Kivu	CRS	Walungu	24	20	83%	22	92%	19	79%	85%
K. Or.	ECC	Pania Mutombo	10	5	50%	10	100%	10	100%	83%
Sud Kivu	CRS	Kitutu	15	13	87%	14	93%	10	67%	82%
Katanga	ECC	Mukanga	19	19	100%	12	63%	15	79%	81%
Sud Kivu	CRS	Mubumbano	15	10	67%	13	87%	13	87%	80%
K. Or.	ECC	Mpokolo	15	10	67%	15	100%	11	73%	80%
Katanga	ECC	Kinkondja	23	16	70%	21	91%	18	78%	80%
Katanga	ECC	Kayamba	13	9	69%	8	62%	13	100%	77%
Katanga	ECC	Kabongo	26	17	65%	21	81%	18	69%	72%
Sud Kivu	CRS	Ruzizi	14	8	57%	10	71%	12	86%	71%
Sud Kivu	CRS	Mwenga	17	13	76%	10	59%	13	76%	71%
K. Oc.	ECC	Lubondaie	20	18	90%	12	60%	12	60%	70%
Sud Kivu	WV	Kalehe	10	6	60%	7	70%	8	80%	70%
Katanga	ECC	Lwamba	17	12	71%	10	59%	12	71%	67%
Sud Kivu	CRS	Kadutu	16	10	63%	8	50%	14	88%	67%
K. Oc.	ECC	Bulape	15	7	47%	8	53%	13	87%	62%
Sud Kivu	WV	Katana	16	9	56%	12	75%	8	50%	60%
Sud Kivu	CRS	Lulingu	15	10	67%	8	53%	9	60%	60%
Sud Kivu	CRS	Shabunda	15	10	67%	8	53%	9	60%	60%

Region	Partner	Health Zone	Health Centers	September		October		November		Average
				HC Supv.	%	HC Supv.	%	HC Supv.	%	
Sud Kivu	CRS	Kalole	27	18	67%	15	56%	14	52%	58%
Sud Kivu	WV	Idjwi	21	9	43%	12	57%	11	52%	51%
Katanga	WV	Dilala	10	5	50%	5	50%	5	50%	50%
Katanga	WV	Lualaba	14	7	50%	6	43%	8	57%	50%
Sud Kivu	WV	Miti-murhesa	17	10	59%	6	35%	9	53%	49%
Katanga	WV	Manika	13	8	62%	6	46%	5	38%	49%
Sud Kivu	CRS	Kamituga	20	8	40%	11	55%	10	50%	48%
Sud Kivu	WV	Kalonge	15	6	40%	7	47%	7	47%	44%
Sud Kivu	CRS	Mulungu	15	5	33%	7	47%	7	47%	42%
Katanga	WV	Kanzenze	15	6	40%	5	33%	8	53%	42%
Sud Kivu	WV	Bunyakiri	23	12	52%	10	43%	7	30%	42%
Sud Kivu	CRS	Lemera	21	14	67%	12	57%		0%	41%
Sud Kivu	CRS	Hauts Plateaux	20	8	40%	6	30%	10	50%	40%
Katanga	WV	Fungurume	17	7	41%	7	41%	6	35%	39%
Katanga	WV	Mutshatsha	13	8	62%	2	15%	4	31%	36%
Katanga	WV	Bunkeya	7	4	57%	3	43%	0	0%	33%
Sud Kivu	WV	Minova	10	3	30%	4	40%	2	20%	30%
Katanga	WV	Lubudi	16	5	31%	3	19%	5	31%	27%
Averave Supervision by HZMT			920	636	69%	642	70%	656	71%	70%

ANNEX 6: SUPERVISION BY HEALTH ZONE AND IMPLEMENTING PARTNER

District (Pool)	Partner	Area	Number	October		November		December		Average
				Supv.	%	Supv.	%	Supv.	%	
Bukavu	CRS	HZs	3	3	100%	3	100%	3	100%	100%
Bukavu	CRS	HGRs	3	1	33%	2	67%	3	100%	67%
Bukavu	CRS	HCs	6	4	67%	6	100%	3	50%	72%
S.K Centre	CRS	HZs	6	5	83%	5	83%	5	83%	83%
S.K Centre	CRS	HGRs	6	3	50%	3	50%	5	83%	61%
S.K Centre	CRS	HCs	12	9	75%	10	83%	8	67%	75%
S.K Ouest	CRS	HZs	7	6	86%	6	86%	6	86%	86%
S.K Ouest	CRS	HGRs	5	5	100%	5	100%	5	100%	100%
S.K Ouest	CRS	HCs	14	14	100%	14	100%	14	100%	100%
S.K Sud	CRS	HZs	5	4	80%	4	80%	4	80%	80%
S.K Sud	CRS	HGRs	3	3	100%	3	100%	3	100%	100%
S.K Sud	CRS	HCs	10	9	90%	10	100%	8	80%	90%
Haut Lomami	ECC	HZs	9	0	0%	3	33%	6	67%	33%
Haut Lomami	ECC	HGRs	6	0	0%	3	50%	6	100%	50%
Haut Lomami	ECC	HCs	18	0	0%	4	22%	11	61%	28%
Mbuji Mayi	ECC	HZs	5	0	0%	3	60%	5	100%	53%
Mbuji Mayi	ECC	HGRs	5	0	0%	3	60%	5	100%	53%
Mbuji Mayi	ECC	HCs	10	0	0%	4	40%	8	80%	40%
Kananga	ECC	HZs	4	0	0%	4	100%	3	75%	58%
Kananga	ECC	HGRs	4	0	0%	4	100%	2	50%	50%
Kananga	ECC	HCs	8	0	0%	6	75%	7	88%	54%
Lodja	ECC	HZs	3	0	0%	3	100%	0	0%	33%
Lodja	ECC	HGRs	3	0	0%	0	0%	0	0%	0%
Lodja	ECC	HCs	6	0	0%	0	0%	0	0%	0%
Kolwezi	WVI	HZs	8	6	75%	6	75%	3	38%	63%
Kolwezi	WVI	HGRs	6	6	100%	6	100%	3	50%	83%
Kolwezi	WVI	HCs	18	24	133%	20	111%	16	89%	111%
S.K Nord	WVI	HZ	7	7	100%	7	100%	7	100%	100%
S.K Nord	WVI	HGRs	6	6	100%	6	100%	6	100%	100%
S.K Nord	WVI	HCs	14	15	107%	15	107%	12	86%	100%
			220	130	59%	168	76%	167	76%	70%

ANNEX 7: ENVIRONMENTAL COMPLIANCE AT HEALTH ZONES (IEE)

<i>Elements/Actions</i>	CRS																				
	Bagira	Hauts Plateaux	Ibanda	Kadutu	Kalole	Kamituga	Kaniola	Kaziba	Kitutu	Lemera	Lulingu	Mubumbano	Mulungu	Mwana	Mwenga	Nundu	Nyangezi	Ruzizi	Shabunda	Uvira	Walungu
Written plans and procedures																					
Are there internal rules for generation, handling, storage, treatment, and disposal of healthcare waste.	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are there clearly assigned staff responsibilities that cover all steps in the waste management process.	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is there staff waste handling training curricula or a list of topics covered.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are there waste minimization, reuse, and recycling procedures.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Staff Training, Practices, and Protection																					
Do staff exhibit good hygiene, safe sharps handling, proper use of protective clothing, proper packaging and labeling of waste, and safe storage of waste?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Do staff know the correct responses for spills, injury, and exposure?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Is there protective clothing available for workers who move and treat collected infections waste such as surgical masks and gloves, aprons, and boots.	Y	N	Y	Y	N	Y	N	Y	N	Y	N	N	N	Y	N	N	N	N	N	N	Y
Are soap and, ideally, warm water readily available workers to use and can workers be observed regularly washing.	N	N	Y	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	Y
Are workers vaccinated for against viral hepatitis B, tetanus infections, and other endemic infections for which vaccines are available.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Handling and Storage Practices																					
Are there temporary storage containers and designated storage locations.	Y	N	Y	Y	N	Y	Y	N	N	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y
Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Does the facility have good inventory practices for chemicals and pharmaceuticals, i.e.: use the oldest batch first and open new containers only after the last one is empty	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is general waste separated from infectious/hazardous waste?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is sharp waste (needles, broken glass, etc.) collected in separate puncture-proof containers?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are other levels of segregation being applied e.g. hazardous liquids, chemicals and pharmaceuticals, PVC plastic, and materials containing heavy metals ?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is the location of temporary storage containers distant from patients or food?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Treatment Practices																					
Are wastes collected daily?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are wastes being burned in the open air, in a drum or brick incinerator, or a single-chamber incinerator?	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
If not are they being buried safely (in a pit with an impermeable plastic or clay lining)?	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
Is the final disposal site (usually a pit) surrounded by fencing or other materials and in view of the facility to prevent accidental injury or scavenging of syringes and other medical supplies?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
If the waste is transported off-site, are precautions taken to ensure that it is transported and disposed of safely?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Construction-Related Aspects of Development Projects																					
Does not offend local population or damage local social fabric	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause one or more of a set of adverse environmental impacts typical of roads, including erosion, changing water tables, or providing access for illegal landclearing, logging or poaching	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not destroy or harm plants or animals of ecological, cultural, and/or economic importance	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not destroy or harm important scenic, archeological or cultural/historical site	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not destroy or harm valuable and sensitive ecosystems and organisms	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause erosion and damage to terrestrial and aquatic ecosystems during construction or use	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not degrade forest, contributing to flooding potential	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Water and Sanitation																					
Does not cause destruction of the natural resource	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause destruction of aquatic life	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause loss of economic productivity	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause loss of recreation areas	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause increase in vector-borne diseases	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause contamination of standing water with fecal matter, solid waste, etc., leading to health problems	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause soil erosion/sedimentation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause alteration of ecosystem structure & function and loss of biodiversity	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

<i>Elements/Actions</i>	ECC																				
	Bulape	Lubondayi	Mutoto	Tshikaji	Bibanga	Mpokolo	Kabongo	Kayamba	Kinkondja	Kitenge	Lwamba	Malemba Nkulu	Mukanga	Mulongo	Songa	Lodja	Pania-Mutombo	Vangakete	Lusambo	Dibindi	Omondjadi
<i>Written plans and procedures</i>																					
Are there internal rules for generation, handling, storage, treatment, and disposal of healthcare waste.	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are there clearly assigned staff responsibilities that cover all steps in the waste management process.	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is there staff waste handling training curricula or a list of topics covered.	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are there waste minimization, reuse, and recycling procedures.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
<i>Staff Training, Practices, and Protection</i>																					
Do staff exhibit good hygiene, safe sharps handling, proper use of protective clothing, proper packaging and labeling of waste, and safe storage of waste?	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Do staff know the correct responses for spills, injury, and exposure?	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is there protective clothing available for workers who move and treat collected infections waste such as surgical masks and gloves, aprons, and boots.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are soap and, ideally, warm water readily available workers to use and can workers be observed regularly washing.	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are workers vaccinated for against viral hepatitis B, tetanus infections, and other endemic infections for which vaccines are available.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
<i>Handling and Storage Practices</i>																					
Are there temporary storage containers and designated storage locations.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Does the facility have good inventory practices for chemicals and pharmaceuticals, i.e.: use the oldest batch first and open new containers only after the last one is empty	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is general waste separated from infectious/hazardous waste?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is sharp waste (needles, broken glass, etc.) collected in separate puncture-proof containers?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are other levels of segregation being applied e.g. hazardous liquids, chemicals and pharmaceuticals, PVC plastic, and materials containing heavy metals ?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is the location of temporary storage containers distant from patients or food?	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
<i>Treatment Practices</i>																					

Are wastes collected daily?	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Are wastes being burned in the open air, in a drum or brick incinerator, or a single-chamber incinerator?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
If not are they being buried safely (in a pit with an impermeable plastic or clay lining)?	Y	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Is the final disposal site (usually a pit) surrounded by fencing or other materials and in view of the facility to prevent accidental injury or scavenging of syringes and other medical supplies?	Y		Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
If the waste is transported off-site, are precautions taken to ensure that it is transported and disposed of safely?	Y	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Construction-Related Aspects of Development Projects																						
Does not offend local population or damage local social fabric	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause one or more of a set of adverse environmental impacts typical of roads, including erosion, changing water tables, or providing access for illegal landclearing, logging or poaching	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not destroy or harm plants or animals of ecological, cultural, and/or economic importance	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not destroy or harm important scenic, archeological or cultural/historical site	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not destroy or harm valuable and sensitive ecosystems and organisms	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause erosion and damage to terrestrial and aquatic ecosystems during construction or use	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not degrade forest, contributing to flooding potential	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Water and Sanitation																						
Does not cause destruction of the natural resource	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause destruction of aquatic life	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause loss of economic productivity	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause loss of recreation areas	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause increase in vector-borne diseases	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause contamination of standing water with fecal matter, solid waste, etc., leading to health problems	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause soil erosion/sedimentation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause alteration of ecosystem structure & function and loss of biodiversity	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

<i>Elements/Actions</i>	WV														
	Bunkeya	Dilala	Fungurume	Kanzenze	Luulaba	Lubudi	Manika	Mushatsha	Bunyakiri	Iqjwi	Kalehe	Kalonge	Katana	Minova	Miti Murhesa
Written plans and procedures															
Are there internal rules for generation, handling, storage, treatment, and disposal of healthcare waste.	N	Y	N	N	N	Y	N	N	Y	N	Y	N	Y	N	Y
Are there clearly assigned staff responsibilities that cover all steps in the waste management process.	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	Y
Is there staff waste handling training curricula or a list of topics covered.	N	N	N	N	N	N	N	N	Y	N	Y	N	Y	N	Y
Are there waste minimization, reuse, and recycling procedures.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Staff Training, Practices, and Protection															
Do staff exhibit good hygiene, safe sharps handling, proper use of protective clothing, proper packaging and labeling of waste, and safe storage of waste?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Do staff know the correct responses for spills, injury, and exposure?	Y	Y	N	Y	N	Y	N	N	Y	N	Y	N	Y	N	Y
Is there protective clothing available for workers who move and treat collected infections waste such as surgical masks and gloves, aprons, and boots.	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Are soap and, ideally, warm water readily available workers to use and can workers be observed regularly washing.	N	Y	N	Y	N	N	N	N	N	Y	Y	N	Y	N	N
Are workers vaccinated for against viral hepatitis B, tetanus infections, and other endemic infections for which vaccines are available.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Handling and Storage Practices															
Are there temporary storage containers and designated storage locations.	N	Y	N	N	N	N	Y	N	Y	N	Y	N	Y	N	Y
Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Does the facility have good inventory practices for chemicals and pharmaceuticals, i.e.: use the oldest batch first and open new containers only after the last one is empty	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N
Is general waste separated from infectious/hazardous waste?	N	N	N	Y	N	N	N	N	N	N	N	N	Y	N	N
Is sharp waste (needles, broken glass, etc.) collected in separate puncture-proof containers?	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N
Are other levels of segregation being applied e.g. hazardous liquids, chemicals and pharmaceuticals, PVC plastic, and materials containing heavy metals ?	N	N	N	N	N	N	N	N	N	N	Y	N	Y	N	N
Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Is the location of temporary storage containers distant from patients or food?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Treatment Practices															
Are wastes collected daily?	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y

Are wastes being burned in the open air, in a drum or brick incinerator, or a single-chamber incinerator?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
If not are they being buried safely (in a pit with an impermeable plastic or clay lining)?	N	N	N	Y	Y	N	N	N	N		N	N		N	N
Is the final disposal site (usually a pit) surrounded by fencing or other materials and in view of the facility to prevent accidental injury or scavenging of syringes and other medical supplies?	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
If the waste is transported off-site, are precautions taken to ensure that it is transported and disposed of safely?	N	N	N	N	N	N	N	N	N	N	Y	N	Y	N	N
Construction-Related Aspects of Development Projects															
Does not offend local population or damage local social fabric	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause one or more of a set of adverse environmental impacts typical of roads, including erosion, changing water tables, or providing access for illegal landclearing, logging or poaching	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not destroy or harm plants or animals of ecological, cultural, and/or economic importance	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not destroy or harm important scenic, archeological or cultural/historical site	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not destroy or harm valuable and sensitive ecosystems and organisms	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause erosion and damage to terrestrial and aquatic ecosystems during construction or use	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not degrade forest, contributing to flooding potential	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Water and Sanitation															
Does not cause destruction of the natural resource	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause destruction of aquatic life	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause loss of economic productivity	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause loss of recreation areas	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause increase in vector-borne diseases	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause contamination of standing water with fecal matter, solid waste, etc., leading to health problems	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause soil erosion/sedimentation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Does not cause alteration of ecosystem structure & function and loss of biodiversity	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

ANNEX 8: DISTRIBUTION OF PROJECT MATERIALS (CUMALATIVE)

			Matériels/Equipements						SNIS/GSIS			
Region	Health Zone	CS	Moto	Generator	Bicycle	Hors bord	Informatique(ecran, UC...)	HF Radio plus access.	SNIS CS	SNIS BCZ	SNIS HGR	Ordinogramme A,B,C
K. Oc.	Tshikaji	12	3	0	0	0	1	0	346	18	16	0
K. Oc.	Bulape	15	3	1	0	0	1	0	432	18	16	0
K. Oc.	Mutoto	13	0	1	0	0	0	0	374	18	16	0
K. Oc.	Lubondai	19	3	0	8	0	1	0	547	17	16	0
K. Or.	Bibanga	14	3	1	4	0	0	0	403	18	16	0
K. Or.	Mpokolo	15	3	1	16	0	1	0	432	18	16	0
K. Or.	Dibindi	13	0	0	0	0	0	0	0	15	30	0
K. Or.	Lodja	22	0	0	0	0	1	0	0	9	18	0
K. Or.	Lusambo	13	0	0	0	0	1	0	0	13	27	0
K. Or.	Omendjadi	18	0	0	0	0	1	0	0	8	16	0
K. Or.	Pania Mutombo	10	0	0	0	0	1	0	0	13	27	0
K. Or.	Vanga Kete	17	0	0	0	0	0	0	0	8	16	0
Katanga	Mulongo	25	0	1	0	1	0	0	461	16	15	0
Katanga	Kayamba	20	2	1	0	0	0	0	374	16	15	0
Katanga	Lwamba	23	2	1	0	0	0	0	230	16	15	0
Katanga	Songa	15	1	1	0	0	0	0	835	16	15	0
Katanga	Malemba Nkulu	7	3	1	0	1	0	0	461	16	15	0
Katanga	Mukanga	13	2	1	16	1	0	0	461	16	15	0
Katanga	Kabongo	14	1	0	0	0	0	0	720	16	15	0
Katanga	Kitenge	16	1	1	0	0	0	0	576	16	15	0
Katanga	Kinkondja	18	1	1	1	0	0	0	662	16	15	0
Distributed to HZs			28	12	45	3	8	0	7314	317	365	0
Quantity Received by ECC			28	12	45	3	16	0	7,314	317	365	0
Balance			0	0	0	0	8	0	0	0	0	0
% Distributed			100%	100%	100%	100%	50%		100%	100%	100%	
Katanga	Kanzenze	15	2	0	11	0	1	0	400	16	18	0
Katanga	Bunkeya	7	2	0	8	0	1	0	400	16	9	0
Katanga	Mutshatsha	13	2	1	11	0	1	0	400	16	9	0
Katanga	Lualaba	14	2	1	16	0	1	0	400	16	6	0
Katanga	Lubudi	16	2	1	3	0	1	0	400	16	27	0
Katanga	Fungurume	11	2	1	20	0	1	0	400	16	18	0
Katanga	Dilala	10	2	0	16	0	1	0	400	16	18	0
Katanga	Manika	13	2	0	15	0	1	0	400	16	18	0
S. Kivu	Kalonge	15	2	1	12	0	1	0	500	13	1	0
S. Kivu	Kalehe	10	1	0	8	0	0	0	500	13	1	0
S. Kivu	Minova	10	1	0	8	0	1	0	500	13	1	0
S. Kivu	Bunyakiri	23	2	1	8	0	1	0	500	13	1	0
S. Kivu	Katana	16	1	0	8	0	0	0	500	13	1	0
S. Kivu	Miti	17	1	0	8	0	0	0	500	13	1	0

			Matériels/Equipements						SNIS/GSIS			
Region	Health Zone	CS	Moto	Generator	Bicycle	Hors bord	informatique(ecran, UC...)	HF Radio plus access.	SNIS CS	SNIS BCZ	SNIS HGR	Ordinogramme A,B,C
S. Kivu	Idjwi	21	1	1	12	0	1	0	3,000	13	1	0
Distributed to HZs			25	7	164	0	12	0	9,200	219	130	0
Quantity Received by WVI			25	7	180		13	0	9,200	219	130	0
Balance			0	0	16	0	1	0	0	0	0	0
% Distributed			100%	100%	91%		92%		100%	100%	100%	
S. Kivu	Kadutu	11	2	1	0	0	0	0	570	21	24	0
S. Kivu	Mwana	19	3	1	0	0	0	0	550	18	18	0
S. Kivu	Nyangezi	10	3	1	0	0	0	0	200	21	18	0
S. Kivu	Kaziba	15	3	1	0	0	0	0	300	18	18	0
S. Kivu	Walungu	11	3	1	7	0	0	0	640	18	18	0
S. Kivu	Kaniola	7	2	1	0	0	0	0	370	18	18	0
S. Kivu	Mubumbano	10	3	1	0	0	0	0	280	18	18	0
S. Kivu	Kamituga	20	3	1	9	0	0	0	510	18	18	0
S. Kivu	Mwenga	22	3	1	9	0	0	0	300	18	18	0
S. Kivu	Uvira	25	1	1	15	0	1	0	620	18	18	0
S. Kivu	Bijombo	10	3	1	12	0	1	0	630	18	18	0
S. Kivu	Nundu	15	2	1	21	0	1	0	630	18	18	0
S. Kivu	Lemera	20	2	1	12	0	1	0	410	18	18	0
S. Kivu	Ruzizi	15	3	1	6	0	1	0	380	18	18	0
S. Kivu	Bagira	22	0	0	0	0	0	0	260	21	18	0
S. Kivu	Ibanda		3	1	9	0	0	0	380	21	18	0
S. Kivu	Kitutu	26	2	0	0	0	0	0	500	6	6	0
S. Kivu	Lulingu	15	2	0	0	0	0	0	300	6	6	0
S. Kivu	Kalole	15	2	0	0	0	0	0	500	6	6	0
S. Kivu	Shabunda	21	1	0	0	0	0	0	400	6	6	0
S. Kivu	Mulungu	22	2	0	0	0	0	0	500	6	6	0
Distributed to HZs			48	15	100	0	5	0	9,230	330	324	0
Quantity Received by CRS			48	15	100	0	18	0	9230	330	324	0
Balance			0	0	0	0	13	0	0	0	0	0
% Distributed			100%	100%	100%		28%		100%	100%	100%	0%
Total Distributed to HZs			101	34	309	3	25	0	25,744	866	819	0
Total Quantity Received			101	34	325	3	47	0	25744	866	819	0
Total Balance			0	0	16	0	22	0	0	0	0	0
Total % Distributed			100%	100%	95%	100%	53%		100%	100%	100%	

			SNIS				Laboratory				Finance & Drugs	
Region	Health Zone	CS	Fiches de référence registre Consultations Curatives	Calendriers Axes	Fiches de Monitoring 07	HIV tests Determine secutrans	FICHES techniques Sécurité transfusionnelle	Blood tests kits	Kit Labo	RUMER	Registre Cons. Méd/ HGR	
K. Oc.	Tshikaji	12	2,000	20	100	38	1300	31	1	0	20	1
K. Oc.	Bulape	15	2,000	20	100	46	800	41	1	0	20	2
K. Oc.	Mutoto	13	2,000	20	100	43	400	36	1	0	20	1
K. Oc.	Lubondai	19	3,000	30	100	63	1000	52	1	0	30	2
K. Or.	Bibanga	14	1,750	21	125	40	1300	39	2	0	4	2
K. Or.	Mpokolo	15	4,599	23	175	50	1200	41	2	0	23	2
K. Or.	Dibindi	13	3,000	45	0	0	5000	50	1	0	0	0
K. Or.	Lodja	22	2,500	5	0	0	0	50	1	0	7	0
K. Or.	Lusambo	13	2,500	45	0	0	5000	50	1	0	7	0
K. Or.	Omendjadi	18	2,500	5	0	0	0	50	2	0	7	0
K. Or.	Pania Mutombo	10	2,500	5	0	0	0	50	1	0	7	0
K. Or.	Vanga Kete	17	2,500	5	0	0	0	50	2	0	7	0
Katanga	Mulongo	25	1094	24	125	50	300	70	1	0	24	2
Katanga	Kayamba	20	1861	20	125	40	500	55	1	0	20	2
Katanga	Lwamba	23	1880	12	125	30	500	63	1	0	12	2
Katanga	Songa	15	2701	44	250	90	1100	41	1	0	43	2
Katanga	Malemba Nkulu	7	3637	24	125	50	1000	19	1	0	24	2
Katanga	Mukanga	13	4485	24	125	50	1300	40	1	0	24	2
Katanga	Kabongo	14	4672	36	250	80	1300	40	1	0	38	2
Katanga	Kitenge	16	4733	30	250	60	1300	45	1	0	30	2
Katanga	Kinkondja	18	5065	35	250	70	1600	45	1	0	35	2
Distributed to HZs			60977	493	2325	800	24900	958	25	0	402	28
Quantity Received by ECC			60,977	493	2,500	800	24900	958	25	0	402	28
Balance			0	0	175	0	0	0	0	0	0	0
% Distributed			100%	100%	93%	100%	100%	100%	100%		100%	100%
Katanga	Kanzenze	15	1,000	20	125	44	500	20	1	0	20	2
Katanga	Bunkeya	7	1,000	20	125	44	500	20	1	0	20	2
Katanga	Mutshatsha	13	1,000	20	125	44	500	20	1	0	22	1
Katanga	Lualaba	14	1,000	20	125	44	500	20	2	0	20	1
Katanga	Lubudi	16	1,500	30	125	44	300	20	1	0	25	2
Katanga	Fungurume	11	1,500	30	125	44	500	15	1	0	28	2
Katanga	Dilala	10	1,500	30	125	44	300	25	2	0	25	1
Katanga	Manika	13	1,500	30	125	44	600	25	2	0	28	2
S. Kivu	Kalonge	15	2,500	21	186	63	500	17	1	0	25	2
S. Kivu	Kalehe	10	2,833	21	186	63	500	18	1	0	25	2
S. Kivu	Minova	10	2,833	21	186	63	500	18	1	0	25	2
S. Kivu	Bunyakiri	23	2,833	21	186	63	500	19	1	0	25	2
S. Kivu	Katana	16	2,833	21	186	63	1000	15	3	0	25	2

			SNIS				Laboratory				Finance & Drugs	
Region	Health Zone	CS	Fiches de référence registre	Consultations Curatives	Calendriers Axes	Fiches de Monitoring 07	HIV tests Determine secutrans	FICHES Techniques Sécurité transfusionnelle	Blood tests kits	Kit Labo	RUMER	Registre Cons. Méd/ HGR
S. Kivu	Miti	17	2,500	21	186	63	1000	15	1	0	25	2
S. Kivu	Idjwi	21	2,833	30	220	63	1000	20	1	0	30	2
Distributed to HZs			29,165	356	2,336	793	8,700	287	20	0	368	27
Quantity Received by WVI			29,165	410	3,342	793	8,700	332	22	0	373	27
Balance			0	54	1006	0	0	45	2	0	5	0
% Distributed			100%	87%	70%	100%	100%	86%	91%		99%	100%
S. Kivu	Kadutu	11	2500	17	0	0	1,200	42	2	0	18	3
S. Kivu	Mwana	19	2500	11	204	36	400	27	1	0	11	2
S. Kivu	Nyangezi	10	1,500	5	104	27	400	0	1	0	15	1
S. Kivu	Kaziba	15	3,500	10	207	54	100	0	1	0	31	2
S. Kivu	Walungu	11	4,400	24	216	48	400	85	1	0	33	3
S. Kivu	Kaniola	7	2500	19	156	14	100	0	1	0	18	1
S. Kivu	Mubumbano	10	2000	24	204	36	100	0	1	0	20	2
S. Kivu	Kamituga	20	2500	27	120	120	500	0	2	0	22	2
S. Kivu	Mwenga	22	3000	11	120	120	200	0	1	0	25	2
S. Kivu	Uvira	25	3,000	24	120	36	9,100	58	5	0	23	2
S. Kivu	Bijombo	10	3500	29	0	0	0	85	1	0	42	2
S. Kivu	Nundu	15	4,500	45	106	47	3,800	81	3	0	32	2
S. Kivu	Lemera	20	3500	27	120	24	1,000	70	1	0	28	2
S. Kivu	Ruzizi	15	2,000	22	120	24	1,400	46	2	0	18	1
S. Kivu	Bagira	22	2000	12	0	0	300	31	1	0	12	1
S. Kivu	Ibanda		500	20	0	0	800	58	2	0	22	2
S. Kivu	Kitutu	26	1000	23	146	50	0	0	1	0	22	2
S. Kivu	Lulingu	15	2800	27	146	50	0	77	1	0	24	2
S. Kivu	Kalole	15	1000	23	146	50	0	116	1	0	22	2
S. Kivu	Shabunda	21	1000	23	146	50	0	70	1	0	22	2
S. Kivu	Mulungu	22	1000	23	146	50	0	30	1	0	22	2
Distributed to HZs			50,200	446	2,527	836	19,800	876	28	0	482	40
Quantity Received by CRS			50200	446	2527	836	27600	876	27	0	482	40
Balance			0	0	0	0	7800	0	-1		0	0
% Distributed			100%	100%	100%	100%	72%	100%	105%		100%	100%
Total Distributed to HZs			140,342	1,295	7,188	2,429	53,400	2,121	73	0	1,252	95
Total Quantity Received			140342	1349	8369	2429	61200	2166	74	0	1257	95
Total Balance			0	54	1181	0	7800	45	1	0	5	0
Total % Distributed			100%	96%	86%	100%	87%	98%	99%		100%	100%

			Finances & Drugs									
Region	Health Zone	CS	Fiches tech Gestion Méd CS	Fiches tech Gestion Méd HGR	Fiches tech Gestion Méd BCZS	Fiches de stock	Quittancier	Journa recettes CS	Journal dépenses CS	Journa recettes BCZS	Journal dépenses BCZS	Journal Ventillation HGR
K. Oc.	Tshikaji	12	18	2	2	2000	64	12	12	12	5	5
K. Oc.	Bulape	15	23	2	2	2000	64	15	15	15	5	5
K. Oc.	Mutoto	13	20	2	2	2000	64	13	13	13	5	5
K. Oc.	Lubondai	19	29	2	2	2000	64	19	19	19	5	5
K. Or.	Bibanga	14	21	2	2	2000	64	14	14	14	5	5
K. Or.	Mpokolo	15	23	2	2	2000	64	14	14	14	5	5
K. Or.	Dibindi	13	42	5	1	6000	70	36	36	36	0	6
K. Or.	Lodja	22	42	5	1	0	70	36	36	36	0	4
K. Or.	Lusambo	13	40	4	2	6000	70	32	32	32	0	4
K. Or.	Omendjadi	18	40	4	1	0	70	32	32	32	0	0
K. Or.	Pania Mutombo	10	40	4	4	6000	70	32	32	32	0	0
K. Or.	Vanga Kete	17	40	4	1	0	70	32	32	32	0	0
Katanga	Mulongo	25	24	2	2	2000	70	25	25	25	5	5
Katanga	Kayamba	20	20	2	2	2000	70	20	20	20	5	5
Katanga	Lwamba	23	12	2	2	2000	70	23	23	23	5	5
Katanga	Songa	15	43	2	2	2000	70	15	15	15	5	5
Katanga	Malemba Nkulu	7	24	2	2	2000	70	7	7	7	5	5
Katanga	Mukanga	13	24	2	2	2000	70	13	13	13	5	5
Katanga	Kabongo	14	38	2	2	2000	70	14	14	14	5	5
Katanga	Kitenge	16	30	2	2	2000	70	16	16	16	5	5
Katanga	Kinkondja	18	35	2	2	2000	70	18	18	18	5	5
Distributed to HZs			628	56	40	48000	1,434	438	438	438	75	89
Quantity Received by ECC			628	56	40	48,000	1,000	438	438	438	75	89
Balance			0	0	0	0	-434	0	0	0	0	0
% Distributed			100%	100%	100%	100%	143%	100%	100%	100%	100%	100%
Katanga	Kanzenze	15	19	2	1	2250	0	9	18	0	2	4
Katanga	Bunkeya	7	19	2	1	2250	0	5	5	0	1	1
Katanga	Mutshatsha	13	19	1	1	2250	0	9	13	0	2	4
Katanga	Lualaba	14	19	1	1	2250	0	9	15	0	2	0
Katanga	Lubudi	16	18	2	1	2250	0	10	10	0	2	3
Katanga	Fungurume	11	19	2	1	2250	0	10	10	0	1	3
Katanga	Dilala	10	19	1	1	2250	0	8	19	0	2	6
Katanga	Manika	13	19	2	1	2250	0	9	15	0	2	6
S. Kivu	Kalonge	15	20	1	1	3000	0	19	12	9	0	4
S. Kivu	Kalehe	10	15	1	1	1500	0	12	7	9	0	4
S. Kivu	Minova	10	15	1	1	3000	0	13	8	9	0	4
S. Kivu	Bunyakiri	23	28	1	1	2000	0	28	17	9	0	4
S. Kivu	Katana	16	20	1	1	2000	0	19	12	9	0	4
S. Kivu	Miti	17	20	1	1	1500	0	20	13	9	0	4

			Finances & Drugs									
Region	Health Zone	CS	Fiches tech Gestion Méd CS	Fiches tech Gestion Méd HGR	Fiches tech Gestion Méd BCZS	Fiches de stock	Quittancier	Journa recettes CS	Journal dépenses CS	Journa recettes BCZS	Journal dépenses BCZS	Journal Ventilation HGR
S. Kivu	Idjwi	21	28	1	1	2000	0	25	16	9	0	4
Distributed to HZs			297	20	15	33,000	0	205	190	63	14	55
Quantity Received by WVI			354	27	29	33,000	0	206	192	68	58	71
Balance			57	7	14	0	0	1	2	5	44	16
% Distributed			84%	74%	52%	100%		100%	99%	93%	24%	77%
S. Kivu	Kadutu	11	28	2	2	2,458	0	0	0	0	3	3
S. Kivu	Mwana	19	0	2	1	0	0	0	0	0	2	2
S. Kivu	Nyangezi	10	0	0	0	0	0	0	0	0	3	3
S. Kivu	Kaziba	15	0	0	0	0	0	0	0	0	5	5
S. Kivu	Walungu	11	56	4	4	4,917	0	0	0	0	6	6
S. Kivu	Kaniola	7	0	0	0	0	0	0	0	0	3	3
S. Kivu	Mubumbano	10	0	0	0	0	0	0	0	0	3	3
S. Kivu	Kamituga	20	0	4	0	0	0	0	0	0	4	4
S. Kivu	Mwenga	22	0	0	0	0	0	0	0	0	4	4
S. Kivu	Uvira	25	38	3	3	3,352	0	0	0	0	4	4
S. Kivu	Bijombo	10	56	4	4	4,917	0	0	0	0	6	6
S. Kivu	Nundu	15	54	4	4	4,693	0	0	0	0	5	5
S. Kivu	Lemera	20	46	4	4	4,023	0	0	0	0	5	5
S. Kivu	Ruzizi	15	31	2	2	2,682	0	0	0	0	3	3
S. Kivu	Bagira	22	20	2	2	1,788	0	0	0	0	2	2
S. Kivu	Ibanda		38	3	3	3,352	0	0	0	0	4	0
S. Kivu	Kitutu	26	0	0	0	0	0	0	0	0	6	6
S. Kivu	Lulingu	15	0	0	0	0	0	0	0	0	0	5
S. Kivu	Kalole	15	0	0	0	0	0	0	0	0	0	8
S. Kivu	Shabunda	21	0	0	0	0	0	0	0	0	50	5
S. Kivu	Mulungu	22	3	0	1	800	0	0	0	0	5	5
Distributed to HZs			370	34	30	32,982	0	0	0	0	123	87
Quantity Received by CRS			370	34	30	33000	0	0	0	0	123	87
Balance			0	0	0	18	0	0	0	0	0	0
% Distributed			100%	100%	100%	100%					100%	100%
Total Distributed to HZs			1,295	110	85	113,982	1,434	643	628	501	212	231
Total Quantity Received			1352	117	99	114000	1000	644	630	506	256	247
Total Balance			57	7	14	18	-434	1	2	5	44	16
Total % Distributed			96%	94%	86%	100%	143%	100%	100%	99%	83%	94%

			Finances & Drugs					FP and Reproductive Health				
Region	Health Zone	CS	Journal recettes HGR	Journal depenses HGR	Bons Sortie caisse	Bons entrée caisse	Livre de caisse	Fiche CPN (x1000)	Fiche CPON (x1000)	Partogramme (x500)	Fiche Cons P.F (1000)	Registre Cons P.F(jeu x...files)
K. Oc.	Tshikaji	12	5	5	0	0	18	1.5	3	3	0.5	15
K. Oc.	Bulape	15	5	5	0	0	18	2	3	3	1	20
K. Oc.	Mutoto	13	5	5	0	0	16	1.5	3	3	0.5	20
K. Oc.	Lubondai	19	5	5	0	0	18	2.5	3	4	1	30
K. Or.	Bibanga	14	5	5	0	0	17	1.5	3	3	1	2
K. Or.	Mpokolo	15	5	5	0	0	18	4.5	4	8	2.5	23
K. Or.	Dibindi	13	0	0	0	0	18	0	0	0	0	9
K. Or.	Lodja	22	0	0	0	0	18	1.5	0	0	0	10
K. Or.	Lusambo	13	0	0	0	0	16	1.5	0	0	7	9
K. Or.	Omendjadi	18	0	0	0	0	16	1.5	0	0	0	9
K. Or.	Pania Mutombo	10	0	0	0	0	16	1.5	0	0	7	9
K. Or.	Vanga Kete	17	0	0	0	0	16	1.5	0	0	0	9
Katanga	Mulongo	25	5	5	0	0	16	1	1	1	0.5	24
Katanga	Kayamba	20	5	5	0	0	18	2	1	3	1	20
Katanga	Lwamba	23	5	5	0	0	18	2	1.5	3	1	12
Katanga	Songa	15	5	5	0	0	18	2.5	2	4	2	44
Katanga	Malemba Nkulu	7	5	5	0	0	18	3.5	3	6	1	24
Katanga	Mukanga	13	5	5	0	0	18	4.5	4	8	1	24
Katanga	Kabongo	14	5	5	0	0	18	4.5	4	8	1	38
Katanga	Kitenge	16	5	5	0	0	18	4.5	4	8	1	30
Katanga	Kinkondja	18	5	5	0	0	18	5	4.5	9	1	35
Distributed to HZs			75	75	0	0	365	49500	44000	74000	30000	416
Quantity Received by ECC			75	75	0	0	365	39000	33000	33,000	12,000	416
Balance			0	0	0	0	0	-10500	-11000	-41000	18000	0
% Distributed			100%	100%			100%	127%	133%	224%	250%	100%
Katanga	Kanzenze	15	4	4	18	9	18	1,500	1,000	1,000	0	4
Katanga	Bunkeya	7	1	1	7	5	7	1,500	1,000	1,000	0	4
Katanga	Mutshatsha	13	4	4	14	13	14	1,000	1,000	1,000	0	4
Katanga	Lualaba	14	0	0	21	20	21	1,500	1,000	1,500	0	4
Katanga	Lubudi	16	3	3	17	20	17	1,500	1,500	1,500	0	4
Katanga	Fungurume	11	3	3	15	10	13	2,000	2,500	1,500	0	4
Katanga	Dilala	10	6	6	17	10	18	2,000	1,500	1,500	0	4
Katanga	Manika	13	6	6	20	25	20	2,000	1,500	1,500	0	4
S. Kivu	Kalonge	15	4	0	18	15	18	1,500	2,500	2,250	517	5
S. Kivu	Kalehe	10	4	0	12	15	12	1,500	2,500	2,250	517	5
S. Kivu	Minova	10	4	0	13	15	13	1,500	2,583	2,250	517	5
S. Kivu	Bunyakiri	23	4	0	16	20	14	1,500	2,500	2,250	517	5

			Finances & Drugs					FP and Reproductive Health				
Region	Health Zone	CS	Journal recettes HGR	Journal depenses HGR	Bons Sortie caisse	Bons entrée caisse	Livre de caisse	Fiche CPN (x1000)	Fiche CPON (x1000)	Partogramme (x500)	Fiche Cons P.F (1000)	Registre Cons P.F(jeu x...flles)
S. Kivu	Katana	16	4	0	18	17	18	1,500	2,583	2,250	517	5
S. Kivu	Miti	17	4	0	19	17	19	1,500	2,583	2,250	517	5
S. Kivu	Idjwi	21	4	0	23	20	23	1,500	2,500	2,500	517	12
Distributed to HZs			55	27	248	231	245	23,500	28,749	26,500	3,619	74
Quantity Received by WVI			75	31	250	233	247	23,500	28,834	28,000	7,000	80
Balance			20	4	2	2	2	0	85	1500	3381	6
% Distributed			73%	87%	99%	99%	99%	100%	100%	95%	52%	93%
S. Kivu	Kadutu	11	3	3	12	12	12	3000	2500	2000	500	0
S. Kivu	Mwana	19	2	2	7	7	7	3000	2500	2500	500	0
S. Kivu	Nyangezi	10	3	3	11	11	11	1000	500	1,500	500	0
S. Kivu	Kaziba	15	5	5	21	21	21	1000	500	3,000	750	0
S. Kivu	Walungu	11	6	6	23	23	23	1000	2500	4,500	750	0
S. Kivu	Kaniola	7	3	3	13	13	13	3000	2500	1500	500	0
S. Kivu	Mubumbano	10	3	3	14	14	14	3000	2500	2000	500	0
S. Kivu	Kamituga	20	4	4	16	16	16	3000	2500	3000	750	0
S. Kivu	Mwenga	22	4	4	17	17	17	1000	500	3500	750	0
S. Kivu	Uvira	25	4	4	16	16	16	3000	2500	2,000	750	0
S. Kivu	Bijombo	10	6	6	23	23	23	3000	2500	3,000	750	0
S. Kivu	Nundu	15	5	5	22	22	22	3000	2500	3000	750	0
S. Kivu	Lemera	20	5	5	19	19	19	3000	2500	2500	750	0
S. Kivu	Ruzizi	15	3	3	13	13	13	3000	2500	1,500	500	0
S. Kivu	Bagira	22	2	2	8	8	8	3000	2500	1000	500	0
S. Kivu	Ibanda		4	4	16	16	16	3000	2500	1000	500	0
S. Kivu	Kitutu	26	6	6	24	24	24	1000	0	1000	950	27
S. Kivu	Lulingu	15	5	5	21	21	21	1800	2000	2200	500	27
S. Kivu	Kalole	15	8	8	32	32	32	1000	0	1000	950	27
S. Kivu	Shabunda	21	5	5	19	19	19	1000	0	1000	950	27
S. Kivu	Mulungu	22	5	5	19	20	22	1000	0	1000	950	27
Distributed to HZs			91	91	366	367	369	45,800	36,000	43,700	14,300	135
Quantity Received by CRS			91	91	366	367	369	45800	36000	43700	14300	135
Balance			0	0	0	0	0	0	0	0	0	0
% Distributed			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total Distributed to HZs			221	193	614	598	979	118,800	108,749	144,200	47,919	625
Total Quantity Received			241	197	616	600	981	108300	97834	104700	33300	631
Total Balance			20	4	2	2	2	-10500	-10915	-39500	14619	6
Total % Distributed			92%	98%	100%	100%	100%	110%	111%	138%	144%	99%

			FP and Reproductive Health									
Region	Health Zone	CS	Carte RDV ND	Regis. CPN	Registre CPON	Registre Accouchements	Depo Provera	Lo-femenal	Ovrette	DIU	Condoms	Condoms Féminin
K. Oc.	Tshikaji	12	700	0	20	20	8	4	4	37	14	500
K. Oc.	Bulape	15	700	0	20	20	6	2	2	2	12	500
K. Oc.	Mutoto	13	600	0	20	20	3	1	1	1	4	500
K. Oc.	Lubondai	19	1000	0	30	30	8	2	2	2	12	500
K. Or.	Bibanga	14	800	0	20	21	3	1	1	3	3	500
K. Or.	Mpokolo	15	1700	0	20	33	7	1	1	1	8	500
K. Or.	Dibindi	13	2000	0	8	5	0	0	0	1	0	0
K. Or.	Lodja	22	2000	0	9	5	0	0	0	1	0	0
K. Or.	Lusambo	13	2000	0	7	4	0	0	0	1	0	0
K. Or.	Omendjadi	18	2000	0	7	4	0	0	0	1	0	0
K. Or.	Pania Mutombo	10	2000	0	7	4	0	0	0	1	0	0
K. Or.	Vanga Kete Ototo	17	2000	0	7	4	0	0	0	1	0	0
Katanga	Mulongo	25	500	0	24	24	3	2	2	2	7	500
Katanga	Kayamba	20	1000	0	20	20	3	1	1	2	4	500
Katanga	Lwamba	23	1000	0	12	12	3	2	2	2	4	500
Katanga	Songa	15	1400	0	43	44	8	2	2	2	10	500
Katanga	Malemba Nkulu	7	1500	0	24	24	6	2	2	2	8	500
Katanga	Mukanga	13	2000	0	24	24	7	2	2	2	11	500
Katanga	Kabongo	14	2000	0	38	38	21	3	3	3	15	500
Katanga	Kitenge	16	1200	0	30	30	7	3	3	2	13	500
Katanga	Kinkondja	18	1400	0	35	35	16	5	5	3	15	500
Distributed to HZs			29500	0	425	421	109	33	33	72	140	7500
Quantity Received by ECC			29,500	0	425	421	109	33	33	72	140	7,500
Balance			0	0	0	0	0	0	0	0	0	0
% Distributed			100%		100%	100%	100%	100%	100%	100%	100%	100%
Katanga	Kanzenze	15	0	0	10	30	0	1600	1300	25	15000	400
Katanga	Bunkeya	7	0	15	10	20	100	1600	1300	25	15000	500
Katanga	Mutshatsha	13	0	15	10	30	0	1600	1300	25	15000	400
Katanga	Lualaba	14	0	15	10	30	50	1600	1300	25	15000	500
Katanga	Lubudi	16	0	20	13	40	150	1600	1300	25	15000	600
Katanga	Fungurume	11	0	30	13	40	100	1600	1300	25	15000	400
Katanga	Dilala	10	0	30	13	40	0	1600	1300	25	15000	600
Katanga	Manika	13	0	30	13	40	0	1600	1300	25	15000	600
S. Kivu	Kalonge	15	1000	18	35	23	0	1200	1,200	25	18000	428
S. Kivu	Kalehe	10	1000	18	35	23	0	1200	1,200	25	16000	428
S. Kivu	Minova	10	1000	18	35	23	0	1200	1,200	200	17000	428
S. Kivu	Bunyakiri	23	1500	18	35	23	0	1200	1,200	25	17000	428

			FP and Reproductive Health									
Region	Health Zone	CS	Carte RDV ND	Regis. CPN	Registre CPON	Registre Accouchements	Depo Provera	Lo-femenal	Ovrette	DIU	Condoms	Condoms Féminin
S. Kivu	Katana	16	1500	18	35	14	0	1200	1,200	200	17000	428
S. Kivu	Miti	17	1000	18	35	20	0	1200	1,200	200	18000	428
S. Kivu	Idjwi	21	1500	16	36	21	0	1200	2,400	50	17000	428
Distributed to HZs			8,500	279	338	417	400	21,200	20,000	925	240,000	6,996
Quantity Received by WVI			8,500	309	372	445	21,200	24,800	24,000	2,200	240,000	7,000
Balance			0	30	34	28	20800	3600	4000	1275	0	4
% Distributed				90%	91%	94%	2%	85%	83%	42%	100%	100%
S. Kivu	Kadutu	11	375	21	19	14	1,618	2,446	1,490	20	19,799	1,002
S. Kivu	Mwana	19	500	18	18	10	921	1,096	868	12	11,311	449
S. Kivu	Nyangezi	10	250	9	7	3	1,143	798	1,111	16	14,064	327
S. Kivu	Kaziba	15	500	19	14	7	1,406	828	1,377	20	17,319	339
S. Kivu	Walungu	11	500	24	38	21	2,721	1,038	2,712	40	33,692	425
S. Kivu	Kaniola	7	250	26	25	16	1,513	1,038	1,392	20	17,642	425
S. Kivu	Mubumbano	10	250	29	29	21	1,722	1,255	1,164	24	21,184	514
S. Kivu	Kamituga	20	375	43	34	24	2,265	1,436	2,212	32	27,881	588
S. Kivu	Mwenga	22	500	12	19	9	1,876	1,476	1,359	28	24,732	604
S. Kivu	Uvira	25	375	31	33	21	1,926	837	1,906	28	23,753	343
S. Kivu	Bijombo	10	500	37	41	29	2,457	932	2,441	36	30,318	381
S. Kivu	Nundu	15	500	39	41	30	2,483	1,119	2,454	36	30,605	458
S. Kivu	Lemera	20	500	35	36	23	2,243	1,273	2,200	32	27,631	512
S. Kivu	Ruzizi	15	500	23	26	21	1,559	1,972	1,456	20	19,073	808
S. Kivu	Bagira	22	250	15	14	10	1,207	1,283	1,145	16	14,807	525
S. Kivu	Ibanda		250	26	16	23	1,543	1,869	1,450	20	18,915	765
S. Kivu	Kitutu	26	0	23	23	23	1877	968	2227	40	17684	396
S. Kivu	Lulingu	15	0	27	23	23	1916	1,262	2248	40	3554	519
S. Kivu	Kalole	15	0	23	23	23	1938	1,430	2259	40	18391	585
S. Kivu	Shabunda	21	0	23	23	23	1938	1,430	2259	40	18391	585
S. Kivu	Mulungu	22	0	23	23	23	1962	1,614	2272	40	18674	661
Distributed to HZs			6,375	526	525	397	38,234	27,400	38,002	600	429,420	11,211
Quantity Received by CRS			6375	526	525	397	38,234	27400	38,002	600	429,420	11220
Balance			0	0	0	0	0	0	0	0	0	9
% Distributed			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total Distributed to HZs			44,375	805	1,288	1,235	38,743	48,633	58,035	1,597	669,560	25,707
Total Quantity Received			44375	835	1322	1263	59543	52233	62035	2872	669560	25720
Total Balance			0	30	34	28	20800	3600	4000	1275	0	13
Total % Distributed			100%	96%	97%	98%	65%	93%	94%	56%	100%	100%

			FP and Reproductive Health							Malaria		
Region	Health Zone	CS	Tests RPR/cpn	Collier du Cycle	CCV Kit	Diu Kit	SP/TPI	Mebendazole	Fer+Acide folique	Moustiquaires I.I.	Registre I.T.N -Sans	Registre I.T.N femmes enceintes
K. Oc.	Tshikaji	12	3	100	2	1	5	2	118	5000	58	68
K. Oc.	Bulape	15	3	98	2	1	5	2	123	5600	43	48
K. Oc.	Mutoto	13	3	98	2	1	4	2	102	1600	20	20
K. Oc.	Lubondai	19	3	100	2	1	7	2	168	5500	29	29
K. Or.	Bibanga	14	4	100	2	2	5	1	126	6300	22	22
K. Or.	Mpokolo	15	4	100	2	2	13	3	325	3000	27	27
K. Or.	Dibindi	13	0	0	2	0	0	0	0	1850	0	60
K. Or.	Lodja	22	0	0	2	0	0	0	0	2050	0	60
K. Or.	Lusambo	13	0	0	1	0	0	0	0	1650	0	60
K. Or.	Omendjadi	18	0	0	1	0	0	0	0	1600	0	60
K. Or.	Pania Mutombo	10	0	0	1	0	0	0	0	1650	0	60
K. Or.	Vanga Kete Ototo	17	0	0	1	0	0	0	0	1600	0	60
Katanga	Mulongo	25	2	95	2	1	4	2	79	2100	36	36
Katanga	Kayamba	20	3	95	1	1	3	1	100	2800	30	30
Katanga	Lwamba	23	3	96	1	1	3	1	136	2300	33	33
Katanga	Songa	15	3	95	2	2	8	3	195	6400	23	23
Katanga	Malemba Nkulu	7	3	95	2	2	4	1	100	4000	11	11
Katanga	Mukanga	13	3	95	2	2	4	1	180	2500	20	20
Katanga	Kabongo	14	2	97	2	2	6	2	98	6200	21	21
Katanga	Kitenge	16	2	100	1	1	6	1	98	2500	24	24
Katanga	Kinkondja	18	3	100	2	2	6	2	99	8500	27	27
Distributed to HZs			44	1464	35	22	83	26	2047	74700	424	799
Quantity Received by ECC			44	1,464	35	22	83	26	2047	74700	424	799
Balance			0	0	0	0	0	0	0	0	0	0
% Distributed			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Katanga	Kanzenze	15	873	310	0	1	1000	0	0	2600	25	0
Katanga	Bunkeya	7	933	310	0	1	1000	0	0	2100	7	0
Katanga	Mutshatsha	13	1240	308	0	1	1500	0	0	2400	25	0
Katanga	Lualaba	14	1376	360	0	1	0	0	0	2600	25	0
Katanga	Lubudi	16	1418	365	0	1	1500	0	0	2900	25	0
Katanga	Fungurume	11	1697	360	0	1	2000	0	0	3000	10	0
Katanga	Dilala	10	1786	397	0	1	2000	0	0	3000	25	0
Katanga	Manika	13	3114	387	0	1	0	0	0	4500	25	0
S. Kivu	Kalonge	15	1700	457	0	1	0	0	0	1000	0	0
S. Kivu	Kalehe	10	1700	457	0	1	0	0	0	1000	0	0
S. Kivu	Minova	10	1700	457	0	1	0	0	0	1000	0	0
S. Kivu	Bunyakiri	23	1900	518	0	1	0	0	0	1000	0	0

			FP and Reproductive Health							Malaria		
Region	Health Zone	CS	Tests RPR/cpn	Collier du Cycle	CCV Kit	Diu Kit	SP/TPI	Mebendazole	Fer+Acide folique	Moustiquaires I.I.	Registre I.T.N -sans	Registre I.T.N femmes enceintes
S. Kivu	Katana	16	2500	457	0	1	0	0	0	1000	0	0
S. Kivu	Miti	17	2200	457	0	1	0	0	0	1000	0	0
S. Kivu	Idjwi	21	1900	517	0	1	0	0	0	1000	0	0
Distributed to HZs			26,036	6,117	0	15	9,000	0	0	30,100	167	0
Quantity Received by WVI			26,036	6,320	7	15	9000	0	0	30100	186	0
Balance			0	203	7	0	0	0	0	0	19	0
% Distributed			100%	97%	0%	100%	100%			100%	90%	
S. Kivu	Kadutu	11	36	299		1				3,400	0	0
S. Kivu	Mwana	19	12	120	1	1				0	0	0
S. Kivu	Nyangezi	10	12	172	1					0	0	0
S. Kivu	Kaziba	15	3	344	1					0	0	0
S. Kivu	Walungu	11	12	599	1					0	0	0
S. Kivu	Kaniola	7	3	206	1	1				0	0	0
S. Kivu	Mubumbano	10	3	223	1	1				0	0	0
S. Kivu	Kamituga	20	15	258	1	1				0	0	0
S. Kivu	Mwenga	22	6	275	1	1				0	0	0
S. Kivu	Uvira	25	129	408	1	1				2,700	0	0
S. Kivu	Bijombo	10	0	599	1	1				1,150	0	0
S. Kivu	Nundu	15	63	572	1	1				1,800	0	0
S. Kivu	Lemera	20	12	490	1	1				0	0	0
S. Kivu	Ruzizi	15	27	326	1	1				2,750	0	0
S. Kivu	Bagira	22	9	218	1	1				1,700	0	0
S. Kivu	Ibanda		28	408						3,050	0	0
S. Kivu	Kitutu	26	0	395	1	1				0	0	0
S. Kivu	Lulingu	15	0	545	1	1				6,800	0	0
S. Kivu	Kalole	15	0	817	1	1				0	0	0
S. Kivu	Shabunda	21	0	490						0	0	0
S. Kivu	Mulungu	22	0	260	1	1				0	0	0
Distributed to HZs			370	8,024	18	16				23,350	0	0
Quantity Received by CRS			370	8024	18	16	83	26	2,050	52500		
Balance			0	0	0	0	83	26	2050	29150	0	0
% Distributed			100%	100%	100%	100%	0%	0%	0%	44%		
Total Distributed to HZs			26,450	15,605	53	53	9,083	26	2,047	128,150	591	799
Total Quantity Received			26450	15808	60	53	9166	52	4097	157300	610	799
Total Balance			0	203	7	0	83	26	2050	29150	19	0
Total % Distributed			100%	99%	88%	100%	99%	50%	50%	81%	97%	100%

			Malaria				PEV/CPS					
Region	Health Zone	CS	Registre Rapport Mensuel ITN	Boite image paludisme	Registre Rapport Annuel I.T.N	Fiches Techniques P.N.L.P.	Registre Form. PEV 1	Registre Form. PEV 2	Registre Form. PEV 3	Registre Form. PEV 4	Carnet Fiches pointage PEV	Registre vacc PEV
K. Oc.	Tshikaji	12	18	18	1	18	48	3	18	18	18	18
K. Oc.	Bulape	15	23	23	1	23	60	3	18	18	23	23
K. Oc.	Mutoto	13	20	20	1	20	52	3	18	18	20	20
K. Oc.	Lubondai	19	29	28	1	29	76	3	18	18	28	28
K. Or.	Bibanga	14	22	21	1	21	56	3	18	18	21	21
K. Or.	Mpokolo	15	27	23	1	23	60	3	18	18	23	23
K. Or.	Dibindi	13	0	45	0	0	0	9	45	45	46	46
K. Or.	Lodja	22	0	45	0	0	0	9	45	45	45	45
K. Or.	Lusambo	13	0	40	0	0	0	9	45	45	45	45
K. Or.	Omendjadi	18	0	40	0	0	0	9	45	45	45	45
K. Or.	Pania Mutombo	10	0	40	0	0	0	9	45	45	45	45
K. Or.	Vanga Kete Ototo	17	0	40	0	0	0	9	18	18	45	45
Katanga	Mulongo	25	36	24	1	24	68	3	18	18	24	24
Katanga	Kayamba	20	30	20	1	21	56	3	18	18	20	20
Katanga	Lwamba	23	33	12	1	23	36	3	18	18	12	12
Katanga	Songa	15	23	44	1	44	120	3	18	18	44	44
Katanga	Malemba Nkulu	7	11	24	1	24	68	3	18	18	24	24
Katanga	Mukanga	13	20	24	1	24	0	3	18	18	24	24
Katanga	Kabongo	14	21	38	1	24	104	3	18	18	38	38
Katanga	Kitenge	16	24	30	1	30	84	3	18	18	30	30
Katanga	Kinkondja	18	27	33	1	30	96	3	18	18	33	33
Distributed to HZs			364	632	15	378	984	99	513	513	653	653
Quantity Received by ECC			364	632	15	378	984	99	513	513	653	653
Balance			0	0	0	0	0	0	0	0	0	0
% Distributed			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Katanga	Kanzenze	15	20	20		19	70	3	15	8	20	19
Katanga	Bunkeya	7	7	20	0	20	70	3	15	8	5	19
Katanga	Mutshatsha	13	20	10	0	20	45	1	10	8	70	20
Katanga	Lualaba	14	20	20	0	19	70	3	15	7	70	19
Katanga	Lubudi	16	20	20	0	23	60	3	15	20	70	15
Katanga	Fungurume	11	10	20	0	19	70	3	15	7	20	18
Katanga	Dilala	10	20	28	0	20	80	4	20	8	70	20
Katanga	Manika	13	20	28	0	22	80	0	20	8	70	20
S. Kivu	Kalonge	15	17	17	0	20	40	1	5	5	102	10
S. Kivu	Kalehe	10	11	12	0	15	22	1	5	5	102	8
S. Kivu	Minova	10	12	12	0	15	22	1	5	5	102	8
S. Kivu	Bunyakiri	23	24	25	0	28	50	1	5	5	102	16
S. Kivu	Katana	16	17	20	0	20	40	1	5	5	102	17

			Malaria				PEV/CPS					
Region	Health Zone	CS	Registre Rapport Mensuel ITN	Boite image paludisme	Registre Rapport Annuel I.T.N	Fiches Techniques P.N.L.P.	Registre Form. PEV 1	Registre Form. PEV 2	Registre Form. PEV 3	Registre Form. PEV 4	Carnet Fiches pointage PEV	Registre vacc PEV
S. Kivu	Miti	17	17	17	0	20	40	1	5	5	102	10
S. Kivu	Idjwi	21	24	25	0	28	50	1	5	5	102	16
Distributed to HZs			259	294	0	308	809	27	160	109	1,109	235
Quantity Received by WVI			304	348	0	330	1,065	41	290	249	1,250	349
Balance			45	54	0	22	256	14	130	140	141	114
% Distributed			85%	84%		93%	76%	66%	55%	44%	89%	67%
S. Kivu	Kadutu	11	17	27	1	28	79	3	21	21	64	27
S. Kivu	Mwana	19	14	32	1	31	0	0	0	0	41	17
S. Kivu	Nyangezi	10	15	0	1	0	0	0	0	0	58	0
S. Kivu	Kaziba	15	30	0	1	0	0	0	0	0	117	0
S. Kivu	Walungu	11	30	54	1	57	159	7	41	41	128	54
S. Kivu	Kaniola	7	18	0	1	0	0	0	0	0	70	0
S. Kivu	Mubumbano	10	20	0	1	0	0	0	0	0	0	0
S. Kivu	Kamituga	20	23	37	1	0	0	6	0	0	87	0
S. Kivu	Mwenga	22	24	0	1	0	0	0	0	0	93	0
S. Kivu	Uvira	25	23	37	1	57	108	5	28	28	87	37
S. Kivu	Bijombo	10	33	54	1	40	159	5	41	41	128	54
S. Kivu	Nundu	15	32	52	1	0	152	7	39	39	122	52
S. Kivu	Lemera	20	27	45	1	39	130	4	34	34	105	45
S. Kivu	Ruzizi	15	18	30	1	47	87	2	23	23	70	30
S. Kivu	Bagira	22	12	20	1	21	58	2	15	15	47	20
S. Kivu	Ibanda		23	37	1	39	108	5	28	28	87	37
S. Kivu	Kitutu	26	35	0	1	0	0	0	0	0	134	0
S. Kivu	Lulingu	15	30	0	1	0	0	0	0	0	117	0
S. Kivu	Kalole	15	45	0	1	0	0	0	0	0	175	0
S. Kivu	Shabunda	21	27	0	1	0	0	0	0	0	105	0
S. Kivu	Mulungu	22	32	0	1	3	27	0	15	11	2	10
Distributed to HZs			528	425	21	362	1,067	46	285	281	1,837	383
Quantity Received by CRS			528	425	21	362	1,067	46	285	281	1,837	383
Balance			0	0	0	0	0	0	0	0	0	0
% Distributed			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total Distributed to HZs			1,151	1,351	36	1,048	2,860	172	958	903	3,599	1,271
Total Quantity Received			1196	1405	36	1070	3116	186	1088	1043	3740	1385
Total Balance			45	54	0	22	256	14	130	140	141	114
Total % Distributed			96%	96%	100%	98%	92%	92%	88%	87%	96%	92%

			PEV/CPS						Equipment HC & HGR				
Region	Health Zone	CS	Fiches de CPS	Registre CPS	Solar Refrigerator Sundanzer	Vaccine Carrier	Icepark/Accumulateur	Refrigerator SIBIR	Microscope HGR	Microscope CS	HGR Gloves/Gauzes Kit	Solar Lighting system kit	HC Minikit
K. Oc.	Tshikaji	12	2000	20	0	0	0	0	0	0	4	2	12
K. Oc.	Bulape	15	2000	20	0	0	0	0	0	0	4	2	15
K. Oc.	Mutoto	13	1500	20	1	0	0	1	0	0	4	2	13
K. Oc.	Lubondai	19	2500	30	0	0	0	1	0	0	4	2	19
K. Or.	Bibanga	14	1935	21	1	0	0	1	0	0	4	2	14
K. Or.	Mpokolo	15	5084	23	1	0	0	2	0	0	4	2	15
K. Or.	Dibindi	13	0	7	0	0	0	1	0	0	4	2	16
K. Or.	Lodja	22	0	7	1	0	0	1	0	0	4	2	16
K. Or.	Lusambo	13	0	7	0	0	0	1	0	0	12	2	16
K. Or.	Omendjadi	18	0	7	1	0	0	1	0	0	4	2	16
K. Or.	Pania Mutombo	10	0	7	0	0	0	1	0	0	12	2	16
K. Or.	Vanga Kete Ototo	17	5135	7	1	0	0	1	0	0	4	2	16
Katanga	Mulongo	25	1173	23	1	0	0	0	0	0	4	2	16
Katanga	Kayamba	20	5200	20	1	0	0	0	0	0	4	2	13
Katanga	Lwamba	23	2044	12	1	0	0	1	0	0	4	2	8
Katanga	Songa	15	0	44	1	0	0	0	0	0	4	2	29
Katanga	Malemba Nkulu	7	3986	24	1	0	0	1	0	0	4	2	16
Katanga	Mukanga	13	4924	24	1	0	0	1	0	0	4	2	16
Katanga	Kabongo	14	2022	38	1	0	0	0	0	0	4	2	25
Katanga	Kitenge	16	2950	30	1	0	0	0	0	0	4	2	20
Katanga	Kinkondja	18	5565	35	1	0	0	0	0	0	4	2	23
Distributed to HZs			48018	426	15	0	0	14	0	0	100	42	350
Quantity Received by ECC			48,018	426	16	0	0	14	0	0	100	42	350
Balance			0	0	1	0	0	0	0	0	0	0	0
% Distributed			100%	100%	94%			100%			100%	100%	100%
Katanga	Kanzenze	15	1,000	20	0	0	0	0	0	0	2	4	14
Katanga	Bunkeya	7	1,000	15	0	0	0	0	0	0	2	4	7
Katanga	Mutshatsha	13	1,000	15	0	0	0	0	0	0	2	0	13
Katanga	Lualaba	14	1,000	20	0	0	0	0	0	0	2	4	14
Katanga	Lubudi	16	2,000	20	0	0	0	0	0	0	3	0	16
Katanga	Fungurume	11	2,000	20	0	0	0	1	0	0	2	4	15
Katanga	Dilala	10	2,000	20	0	0	0	0	0	0	2	0	10
Katanga	Manika	13	2,000	20	0	0	0	1	0	0	2	0	15
S. Kivu	Kalonge	15	2000	30	0	0	0	0	0	0	8	2	18
S. Kivu	Kalehe	10	2000	24	0	0	0	0	0	0	8	2	11
S. Kivu	Minova	10	2000	24	0	15	60	0	0	0	8	2	15
S. Kivu	Bunyakiri	23	2000	30	0	0	0	0	0	0	8	2	22

			PEV/CPS						Equipment HC & HGR				
Region	Health Zone	CS	Fiches de CPS	Registre CPS	Solar Refrigerator Sundanzer	Vaccine Carrier	Icepark/Accumulateur	Refrigerator SIBIR	Microscope HGR	Microscope CS	HGR Gloves/Gauzes Kit	Solar Lighting system kit	HC Minikit
S. Kivu	Katana	16	2000	24	0	0	0	0	0	0	8	2	17
S. Kivu	Miti	17	2000	24	0	0	0	0	0	0	8	2	17
S. Kivu	Idjwi	21	3000	40	0	0	0	0	0	0	8	2	22
Distributed to HZs			27,000	346	0	15	60	2	0	0	73	30	226
Quantity Received by WVI			32,000	395	3	121	492	5	0	0	120	30	244
Balance			5000	49	3	106	432	3	0	0	47	0	18
% Distributed			84%	88%	0%	12%	12%	40%			61%	100%	93%
S. Kivu	Kadutu	11	3000	18				3			8		11
S. Kivu	Mwana	19	1000	17				2			8		13
S. Kivu	Nyangezi	10	2000	6				3			8		10
S. Kivu	Kaziba	15	4000	12				3			8		12
S. Kivu	Walungu	11	6000	34				3			8		22
S. Kivu	Kaniola	7	1000	21				2			8		12
S. Kivu	Mubumbano	10	1000	29				2			8		14
S. Kivu	Kamituga	20	3000	29				3			9		18
S. Kivu	Mwenga	22	2000	16				2			9		16
S. Kivu	Uvira	25	3000	27				3			8	2	17
S. Kivu	Bijombo	10	3000	38				2			8	2	20
S. Kivu	Nundu	15	3000	37				2			8	2	21
S. Kivu	Lemera	20	3000	29				1			8	2	18
S. Kivu	Ruzizi	15	3000	24				2			8	2	12
S. Kivu	Bagira	22	3000	13				2			8		8
S. Kivu	Ibanda		3000	21				2			8		12
S. Kivu	Kitutu	26	2000	23				3			9		23
S. Kivu	Lulingu	15	2400	23				1			9		20
S. Kivu	Kalole	15	2000	23				2			9		25
S. Kivu	Shabunda	21	2000	23				2			8		18
S. Kivu	Mulungu	22	2000	23				2			9		21
Distributed to HZs			54,400	486				47	0	0	174	10	343
Quantity Received by CRS			54400	486				47			340	42	343
Balance			0	0	0	0	0	0	0	0	174	32	0
% Distributed			100%	100%				100%			51%	24%	100%
Total Distributed to HZs			129,418	1,258	15	15	60	63	0	0	347	82	919
Total Quantity Received			134418	1307	19	121	492	66	0	0	560	114	937
Total Balance			5000	49	4	106	432	3	0	0	213	32	18
Total % Distributed			96%	96%	79%	12%	12%	95%			62%	72%	98%

			Equipment HC & HGR										
Region	Health Zone	CS	Table d'opération HGR hydraulique	Lampe scyalitique	table de consultation	Table d'accouchement HGR/gyneco	Bte d'accouchement HGR	Bte laparo HGR	Bte Herniorraphie HGR	Bte Césarienne HGR	Boîte Appendicectomie HGR	Kerosene(litre)	ARI Timer
K. Oc.	Tshikaji	12	0	0	4	3	0	0	2	0	2	800	25
K. Oc.	Bulape	15	0	0	4	4	0	0	2	2	2	800	31
K. Oc.	Mutoto	13	0	1	4	4	4	1	2	3	2	800	27
K. Oc.	Lubondai	19	0	1	4	5	2	0	2	1	2	800	31
K. Or.	Bibanga	14	0	0	4	4	2	0	2	1	0	800	29
K. Or.	Mpokolo	15	1	1	4	5	4	1	2	3	2	800	29
K. Or.	Dibindi	13	1	1	4	4	0	1	1	1	1	0	0
K. Or.	Lodja	22	1	1	4	4	0	1	1	1	1	0	0
K. Or.	Lusambo	13	1	1	4	4	1	1	1	1	1	0	0
K. Or.	Omendjadi	18	1	1	4	4	0	1	1	1	1	0	0
K. Or.	Pania Mutombo	10	1	1	4	4	1	1	1	1	1	0	0
K. Or.	Vanga Kete Ototo	17	1	1	4	4	0	1	1	1	1	0	0
Katanga	Mulongo	25	0	0	5	4	4	0	2	2	1	800	33
Katanga	Kayamba	20	0	1	4	5	4	0	2	0	1	800	27
Katanga	Lwamba	23	1	0	4	4	3	0	2	2	1	800	17
Katanga	Songa	15	1	1	4	5	3	0	2	1	1	800	59
Katanga	Malemba Nkulu	7	1	1	5	4	1	0	2	2	1	800	33
Katanga	Mukanga	13	1	1	4	4	4	1	2	3	2	800	33
Katanga	Kabongo	14	0	1	4	4	2	0	2	1	0	800	51
Katanga	Kitenge	16	1	1	4	5	4	1	2	3	2	800	41
Katanga	Kinkondja	18	0	0	0	0	0	0	0	1	1	800	41
Distributed to HZs			12	15	82	84	39	10	34	31	26	12000	507
Quantity Received by ECC			13	16	86	88	39	10	34	31	26	12000	507
Balance			1	1	4	4	0	0	0	0	0	0	0
% Distributed			92%	94%	95%	95%	100%	100%	100%	100%	100%	100%	100%
Katanga	Kanzenze	15	0	0	0	0	3	1	4	2	1	480	31
Katanga	Bunkeya	7	0	0	0	0	3	0	3	2	1	600	15
Katanga	Mutshatsha	13	0	0	0	0	3	0	2	2	1	480	27
Katanga	Lualaba	14	0	0	0	0	2	0	1	1	0	600	29
Katanga	Lubudi	16	0	0	0	0	3	1	3	2	1	600	33
Katanga	Fungurume	11	0	0	0	0	3	0	2	2	1	240	37
Katanga	Dilala	10	0	0	0	0	2	0	0	1	1	120	40
Katanga	Manika	13	0	0	0	0	3	1	4	2	1	240	27
S. Kivu	Kalonge	15	0	0	0	0	0	0	2	1	0	1015	25
S. Kivu	Kalehe	10	0	0	0	0	0	0	2	1	0	490	25
S. Kivu	Minova	10	0	0	4	4	0	0	2	1	0	105	25

			Equipment HC & HGR										
Region	Health Zone	CS	Table d'opération HGR hydraulique	Lampe scyalitique	table de consultation	Table d'accouchement HGR/gyneco	Bte d'accouchement HGR	Bte laparo HGR	Bte Herniorraphie HGR	Bte Césarienne HGR	Boite Appendicectomie HGR	Kerosene(litre)	ARI Timer
S. Kivu	Bunyakiri	23	0	0	0	0	0	1	2	2	0	1015	25
S. Kivu	Katana	16	0	0	0	0	0	0	2	1	0	455	28
S. Kivu	Miti	17	0	0	0	0	0	0	2	1	0	595	25
S. Kivu	Idjwi	21	0	0	0	0	0	1	3	2	0	905	25
Distributed to HZs			0	0	4	4	22	5	34	23	0	7,940	417
Quantity Received by WVI			1	2	31	31	22	6	35	29	9	8,240	417
Balance			1	2	27	27	0	1	1	6	9	300	0
% Distributed			0%	0%	13%	13%	100%	83%	97%	79%	0%	96%	100%
S. Kivu	Kadutu	11					2		2	1			21
S. Kivu	Mwana	19					2		2	2		820	13
S. Kivu	Nyangezi	10					2		2	1			19
S. Kivu	Kaziba	15					2		2	2		1180	0
S. Kivu	Walungu	11					2		2	2		1540	42
S. Kivu	Kaniola	7					2		2	2		630	23
S. Kivu	Mubumbano	10					2		2	2		910	25
S. Kivu	Kamituga	20					3	1	3	2		990	29
S. Kivu	Mwenga	22					3	1	2	2		1360	31
S. Kivu	Uvira	25					2		2	2			29
S. Kivu	Bijombo	10					2	1	2	2		910	42
S. Kivu	Nundu	15					2		2	1		1360	40
S. Kivu	Lemera	20					2		2	1		2070	35
S. Kivu	Ruzizi	15					2		2	2			23
S. Kivu	Bagira	22					2		2	1			15
S. Kivu	Ibanda						2		2	1		540	29
S. Kivu	Kitutu	26					2	1	2	1		640	44
S. Kivu	Lulingu	15					2	1	2	2			38
S. Kivu	Kalole	15					2	0	3	2		820	58
S. Kivu	Shabunda	21					2		2	1			35
S. Kivu	Mulungu	22					2	1	2	2		720	0
Distributed to HZs			0	0	0	0	44	6	44	34	0	14,490	591
Quantity Received by CRS							44	6	44	34	0	14490	600
Balance			0	0	0	0	0	0	0	0	0	0	9
% Distributed							100%	100%	100%	100%		100%	99%
Total Distributed to HZs			12	15	86	88	105	21	112	88	26	34,430	1,515
Total Quantity Received			14	18	117	119	105	22	113	94	35	34730	1524
Total Balance			2	3	31	31	0	1	1	6	9	300	9
Total % Distributed			86%	83%	74%	74%	100%	95%	99%	94%	74%	99%	99%