

# Project AXxes

IMA / ECC / CRS / WVI



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## Quarterly Report Year 2 Quarter 3

**April 01 – June 30, 2008**

Integrated Health Services Project (Project AXxes)  
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Democratic Republic of Congo



with these implementing partners:



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## ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ACT	Artemisinin-Based Combination Therapy
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)
BDOM	Bureau Diocésain des Œuvres Médicales
CCIA	Coordination Committee inter agency
CCIH	Christian Connection for International Health
CDR	Centrale de Distribution Régionale
CDT	Centre de dépistage et traitement
C-IMCI	Community-Based Integrated Management of Childhood Illnesses
CODESA	Comité de Développement et Santé
COSA	Comité de Santé
COP	Chief of Party
CRS	Catholic Relief Services
CSOs	Civil Society Organizations
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 Observed Treatment Strategy
DRC	Democratic Republic of Congo (also DR Congo)
ECC	The Protestant Church of Congo
ECZ	Health management team of health zone
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
HC	Health Center
HGR	General Reference Hospital Hôpital Général de Référence
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HKI	Helen Keller International
HZ & HZMT	Health Zone and Health Zone Management Team
ICC	Interagency Coordination Committee
IMA	IMA World Health (Interchurch Medical Assistance Inc.)
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 Device
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 Illnesses
PEV	Programme Elargie de Vaccination (EPI in English)
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
POPHI	Prevention of Postpartum Hemorrhage Initiative
PRONANUT	National Program for Nutrition
RECO	Relays Communautaire (Community Relays)
RHS	Reproductive Health Services
SOW	Scope of Work
SPHK	School of Public Health School of Kinshasa
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 Carolina
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund for Population Activities
VCT	Voluntary Counseling and Testing
VFR	Vaginal 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 three-year \$42 million dollar USAID-financed primary health care project designed to revitalize health zones across the DRC. The main goal of AXxes is to provide integrated development assistance for primary health care health systems strengthening based on the “Appui Global” strategy of the Ministry of Health. The project assists fifty-seven (57) health zones in four provinces of eastern and southern DR Congo with a catchment population of approximately 7.5 million.

AXxes provides health zone development assistance through three major components:

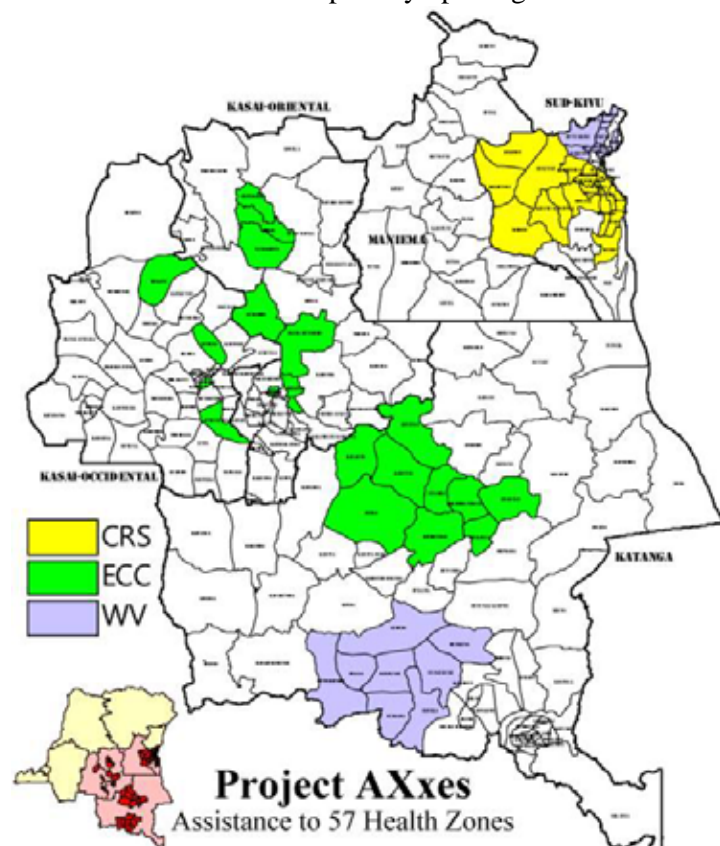
- Component A: Increase access to, quality of, and demand for multi-sectoral, integrated PHC
- Component B: Increased capacity of the health zone and the referral system
- Component C: Increased capacity of national health programs and provincial/district offices

IMA World Health (IMA) as prime recipient for AXxes collaborates with three implementing partners -- World Vision (WV), The Protestant Church of Congo (ECC) and Catholic Relief Services (CRS). Each partner manages assistance to clusters of health zones (see map).

Additional technical assistance is provided by Johns Hopkins University (M&E), Helen Keller International (Micronutrition), Basics (MOH and Newborn), POPPHI/Path (Maternal Health), JSI (Reproductive Health), and MSH (Drug Management).

AXxes health development assistance includes the MOH priority package of PHC interventions, e.g., the Minimum Package of Activities. This includes reinforcement of vaccination services, provision of pharmaceuticals and supplies to hospitals and health centers, provision of a full complement of maternal and child health services including family planning, PMTCT and newborn and postpartum care, vitamin A and Zinc supplementation, prevention of HIV/AIDS and STIs, malaria diagnosis and treatment and prevention, nutrition support, management of re-emerging diseases such as tuberculosis, and elaboration of water, sanitation.

Support systems on the national, provincial, and health zone level include planning and management, health facility rehabilitation, training and supervision, supply line and cost recovery, and information and surveillance systems.



Major activities of Project AXxes from the past quarter include the following:

- 1) Arrival of year two essential drug order in Kinshasa.
- 2) Integrating Zinc in the treatment of diarrhea in 12 (pilot) health zones (Katanga).
- 3) Importation of ACT and distribution and integration into malaria treatment programs.
- 4) Produced and distributed ANC (BCC) messages to all rural health centers.
- 5) Finalized TOT training materials for maternal and newborn care.
- 6) Arrival of year two LLIN order and start of distribution to health zones.
- 7) Reinforced three CDT (diagnostic and treatment centers) in high prevalent district.
- 8) Production of GBV material to prevent gender discrimination.
- 9) MOU with SafeBlood to ensure project wide blood safety; HIV tests received.
- 10) Production of C-IMCI materials for upcoming training.
- 11) Support to MOH for organization of three national program planning workshops.

Key indicators continue to improve (see below and relevant sections in report). The project is on track (75% or greater) with all indicators except use of services, measles, and IPT.

### Key USAID AXxes Indicators and Progress

Indicators	Year 2 Annual Target	Year 2 Quarterly target	Q5	Q6	Q7	Cumulative Q5+Q6+Q7	% of annual target achieved	% of quarterly target achieved
Rate of use of health services	2,550,144	637,536	490,264	556,606	615,291	1,662,161	65%	97%
Couple years of protection (CYP) for Family Planning	40,000	10,000	9,048	9,498	14,861	33,407	84%	149%
Proportion births attended by skilled personnel	174,868	43,717	43,498	47,021	58,366	148,885	85%	134%
Rate / Number of antenatal care (ANC) visits	233,156	58,289	60,635	67,383	74,945	202,963	87%	129%
Percent of pregnant women received VAT2 or 5 doses of VAT*	186,524	46,631	44,292	51,950	51,148	147,390	79%	110%
Proportion of children receiving measles vaccination	228,856	57,214	47,869	54,664	58,487	161,020	70%	102%
DPT3 Coverage**	228,856	57,214	56,602	60,646	61,983	179,231	78%	108%
Percent of pregnant women in targeted health zones received IPT	186,524	46,631	35,682	32,513	40,119	108,314	58%	86%
TB Detection Rate	8,744	2,186	2,416	2,589	3,058	8,063	92%	140%
Percent / Number of children under the age of five with ARI/pneumonia are cared for correctly by health structures following national policy guidelines,	291,448	72,862	56,416	72,700	85,349	214,465	74%	117%
Percent / Number of children under the age of five with diarrheal illnesses are cared for correctly by health structures following national policy guidelines	291,448	72,862	32,923	30,828	44,083	107,834	37%	61%

\* The quarterly target has changed from 58,289 to 46,631. The target previously was 80% of all pregnant women as opposed to 80% of women who attended CPN clinics. This target has been corrected (down) to correctly coincide with other CPN indicators such as IPT, etc. \*\*DPT coverage target has been corrected from Q6 report where 3.69% rate was used as opposed to 3.49%

## II. Table of Planned Activities and Actual Accomplishments

The Project AXxes year two work plan includes a wide spectrum of activities across the three project components. The following table shows proposed activities, accomplishments, and the current status and percentage completion.

Intermediate Results	activités	Period of activity					Comments
		Q1	Q2	Q3	Q4	%	
Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks							
<b>Component A: Increase access to, quality of, and demand for multi-sectoral, integrated PHC</b>							
<b>Improve curative care services and quality</b>	<b>Increase access to HC and Reinforce referral system</b>						
	Instruct HC staff in correct use of curative care protocols (ordinogramme)	X...				90%	11 out of 16 remaining HZs completed their training in Q3. 6 HZs in Sankuru and Mbuji Mayi still beginning training delayed because of the schedule conflict with MOH activities. Now, the follow up work is done to ensure compliance to ordinograms.
	Provide each HGR and HC with essential drugs	X...				95%	100% of year 1 drugs order is available at the BDOM and CDRs. Distribution is continuing according to HZ credit lines. HZs now understand the credit line system as demonstrated by use of credit lines.
	Equip HC/HZ with mini Kits	X				100%	869 of 869 HCs received the mini kits
	Equip each HGR with HGR kits and surgical boxes	X				100%	All 57 HGRs benefited from Kits and Surgical boxes containing laparotomy, herniorraph, caesarean and the basic surgical boxes.
	Provide each HC and HGR with care protocols	X				100%	All HCs and HGRs have been provided with care protocols (flow charts, tables of clinic IMCI, technical family planning charts and Ordinograms)
	Rehabilitate HGR and at least 3 new HC/ HZ (prioritizing maternities)	X	X...			45%	Most of the facilities on which rehabilitation was started in year 1 are still being repaired. Y2 rehabilitation for new HCs was started for ECC and CRS areas. There are now, 69 completed and 101 being repaired.
	Establish preferential payment system for referred patients (at least 20% less than other patients)			X		55%	The system is effective in South Kivu, Haut-Lomami and Kananga. Negotiation is still in process in Mbuji Mayi, Lodja and in some HZ in Kolwezi.
	Establish episodic Payment system			X		40%	HZs in Haut-Lomami (9), North district (7) South Kivu, Mutoto and Dibindi and in Kasai and Bunkeya in Katanga are applying the system. HZs supported by Maltezer and Louvain development in SKivu are also applying the system. Some Katanga HZs sampled to provide picture of pricing standards in rural/urban HZs. This will constitute a basis of setting final episodic rates. The sampled HZs are Manika, Fungurume, Mutshatsha and Kanzenze. Negotiation with providers and stakeholders are in progress in the remaining HZs
Instruct CODESAs in referral system			X		0%	To implement after the C-IMCI training during the coming quarter because training was delayed	
<b>Improve family planning services</b>	Train HZMTs, HC staffs and HGR staffs in RH/FP		X			100%	This activity was achieved during Y1 except for 6 new HZs. The trained HZMT and people in charge of the maternities from those HZ have trained HC staff.
	Provide the package of FP commodities to the selected structures			X...		85%	All the HZs received the second wave of contraceptive pills from USAID. And AXxes later added the missing depo-provera from UNFPA. Only cycle beads are still missing. The order for Y2 has been already made.
	Provide HC and HGR with FP protocols and information tools			X...		100%	FP information tracking tools are available in HCs and HGRs. FP protocols are used for the day to day work. 108 HC from 6 new HZs in Kasai East will be provided after the training next quarter.
	Provide HC and relays with FP BCC materials for disseminating key messages in community			X...		65%	The document 'cahier du relais' has been translated in to local languages, including FP messages.. The materials will be provided to relays after their C-IMCI training this coming quarter.

Intermediate Results	activités	Period of activity					Comments	
		Q1	Q2	Q3	Q4	%		
Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks								
	Conduct workshop/meeting on policies or guidelines needing development or change	X...				100 %	The project supported a PNSR workshop to develop their strategic plan, as well as policies and guidelines regarding reproductive health.	
	Increase service delivery points providing FP counseling or services and establish systematic HC counseling activities	X...				90%	The activity is integrated in almost all HCs (860 out of 869)	
	Integrate GBV counseling and community-based awareness activities in health areas through Nurses and CODESA		X...			30%	Strategy is already elaborated and materials are in production. The activity will be implemented after C-IMCI training during the next quarter	
Improved reproductive health and newborn services	<b>Birth Preparedness and maternity services</b>							
	Provide minimum package of activities for antenatal Health Center and out reach sites. Package include: detection of High risk pregnancy, IPT, LLINs, Iron-folic acid, Tetanus toxoid, Screening and treatment for ISTs, and FP info.	X...					100 %	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. This quarter, South Kivu coordination has been able to distribute for the first time SP (Fansidar) for IPT in all HZs.
	Provide HC with ANC BCC materials to disseminate keys messages to pregnant women		X				100 %	All of the HC were provided with the materials during this quarter
	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 for delivery. The old newborn care protocols are still being used in several maternities and the new protocols will be available after training
	Provide each maternity with protocols for prevention of PPH	X					100 %	All HCs and HGRs received the AMTSL sheets to be displayed at each maternity. They also integrated in the ordinogram C which is now available in all facilities
	Train maternity staff in essential newborn care including clean cord care, drying, keeping mother & infant warm (kangaroo), early/exclusive breastfeeding, basic newborn resuscitation techniques			X			60%	ToTs has already started with TA from Basics and Path
	Equip maternities for care of newborn		X				40%	Equipment already ordered and due in July.
	Promote postpartum/newborn visits in each maternity	X...					80%	Maternities are sensitizing pregnant women during ANC lessons to visit the maternity after delivering as only the first visit out of 3 planned is usually observed. The sensitization work should be reinforced by relays communication after C-IMCI training
	Provide HGR and selected HC with blood safety commodities			X			100 %	All HZs were stocked last year. The project staff is tracking the current stock to avoid stock outs. Order for year 2 is already completed.
	Train doctors and Nurses in Vaginal fistula repair	X	X				100 %	4 doctors trained in Tshikaji and 4 doctors and 4 Nurses trained in HGR Panzi. The second phase of training in Panzi will be done next quarter.
	Support VFR in ten 10 selected sites			X...			60%	This activity is not yet achieved as still waiting for additional materials and an MOU between HGR staff and AXxes project for the subsidy of health care for women who have the operation.
	<b>Immunization, including polio</b>							
	Reinforce the RED approach in the all supported HZs	X...					80%	Provided bicycles, motorcycles, fuel, operation fees for supervision, and ordered missing EPI forms. Activities are still on going.
Participate and support polio campaign activities in AXxes HZ	TBD					100 %	The project supported and participated in the polio campaign in South Kivu	

Intermediate Results	activités	Period of activity					Comments
		Q1	Q2	Q3	Q4	%	
Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks							
	Reinforce integrated surveillance system at HC and community levels	X...				70%	Integrated at all HZs after training in SMIR, but surveillance needs reinforcing at community level. In Kolwezi, the medical district has reactivated the surveillance section. HC received surveillance forms .
<b>Clinic Integrated Management of Childhood Illnesses (IMCI)</b>							
	Train HZMTs as TOT, HGR and HC staff in IMCI including management of Diarrhea, ARI, fever, Measles, malnutrition and other child diseases	X				90%	Done in all HZs last year except in 6 new HZs: 51 HZMT members were trained as TOTs and they trained their HC staffs. Training was completed in south Kivu
	Provide HC with IMCI drug package including ORS, Zinc, ACT and antibiotics...	X...				90%	ORS and antibiotics and ACT are available in all HCs and depots. Zinc tablets are available in 12 selected pilot HZ in Katanga.
	Hold workshops for zinc (on policy, strategy and BCC materials)		X				The program to update BCC materials is delayed until Mai in collaboration with Unicef, Basics and HKI.
	Integrate Zinc in diarrhea treatment in 12 pilots HZs	X				100 %	Zinc intervention is already integrated in 4 pilot HZs since December 07. This quarter, specific supervision has been conducted by HKI in order to assess acceptance of Zinc tablets
	Evaluate zinc pilot program after 6 months			X		70%	Done south Kivu and Kolwezi and planned next quarter for Haut Lomami
	Train personnel for expansion of zinc program into all AXxes zones			X		50%	Done for south Kivu Planned for early fourth quarter for Haut Lomami and Kolwezi
<b>Integrated Community-Based IMCI (C-IMCI)</b>							
	Train C IMCI teams (5 pers/ HZs and 4/Health areas)	X				80%	Done except for Kasai Oriental
	Train selected relays in C-IMCI		X			30%	Selection is ongoing. Training of relays scheduled for next quarter. Institutional Relais trained in ECC areas
	Reproduce educational materials (flipcharts, tip cards, posters, pamphlets, etc.)	X				80%	Partners have received BCC materials from COP:1000 Key family practices, 1000 boites à images sensibilisation GBV, 1000 boites à images PF/SR Dispatching of these materials is going on. "Cahiers du relais" in local languages are being produced
	Diffuse key messages in the community		X...			10%	Will start after C-IMCI training for majority of HZs except 18 HZs where IMCI training is already done. ITs & institutional trained are disseminating messages.
	Evaluate care group approach in pilot zones			X		0%	Implementation is going on in CRS pilot zone. First Evaluation scheduled at the end of third quarter.
	Scale up care group strategy in other HZs				X	0%	To implement after assessment of results of care group strategy, then orient scaled up HZs
<b>Development of Water Sources and Promotion of Hygiene and Sanitation</b>							
	Build or rehabilitate community water sources	X...				40%	More than 66 water sources have been rehabilitated in S.Kivu. Some of Y1 sources still not completed
	Construct incinerators at hospitals	X...				40 %	25 incinerators have been rehabilitated this quarter versus last quarter
	Construct latrines at health centers	X...				~10 %	Work linked to ongoing rehabilitation projects; will continue during fourth quarter
<b>Maternal and young children nutrition including Micronutrient</b>							
	Reproduce and distribute educational materials of nutritional key messages through HZ team, HGR, HC and C-IMCI relays		X			65%	The document 'cahier du relais'' in local languages which also includes FP messages has been translated and produced.. The materials will be provided to relays after C-IMCI training this coming quarter.
	Participate and Support the Vitamin A campaign in collaboration with HKI	X		X		100 %	In May, The project participated and supported the vitamin A campaign in the all supported HZs
	Scale up the routine distribution of Vitamin A in the rest of HZs		X...				Waiting until June after evaluation and harmonization with HKI and Unicef

Intermediate Results	activités	Period of activity					Comments
		Q1	Q2	Q3	Q4	%	
Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks							
	Reinforce growth monitoring by distributing cards, equipping facilities with scales, height boards and registers.	X				100 %	Activity is going on successfully. CPS forms are being reproduced and sent to the HZs
	<b>GBV Prevention interventions</b>						
	Reproduce and distribute key educational messages on prevention of gender discrimination	X				60%	1000 Boites a images were produced and distributed. The BCC materials are being developed and will produced the next quarter
	Work with HZs to increase the participation of women among the village health activists and CODESA/COGE members	X...				30%	Instructions given to HZs to include women in C-IMCI from health area to HZ team. Instructions given to revitalize CODESA by taking into account, gender balance as well as introduction of mother group relays.
Reduced malaria in target pop.	<b>Improve malaria treatment at HC and HGR</b>						
	Provide each HZ with ACT	X...				100 %	ACT are currently available and are being distributed to HZs from depots and CDRs following the credit line system . the second order of ACT is already done.
	Provide HGR and HC with other malaria drugs (quinine, Fansidar)	X...				100 %	Malaria drugs are currently available at CDRs and BDOM depot but the quantity is not also enough and the second order is already done.
	Improve laboratory capacity in diagnosing malaria including provision of lab supplies	X...				85%	TOT and the training of HZ lab technicians has been completed and part of Lab supplies including kit laboratories and microscopes have been received and distribution is going on. Lab staff from the new HZ will be trained next quarter
	Reinforce the use of Malaria care protocols	X...				100 %	Protocols "fiches techniques" are available in all HCs/HGR and providers trained.
	Develop communication program focused on home care, care seeking and recognition of signs of danger that include BCC materials et relay training	X...				65%	The document 'cahier du relais'' in local languages which also includes FP messages has been translated and produced.. The materials will be provided to relays after they've been trained in C-IMCI this coming quarter. The malaria flip charts are already distributed to all HZs
	<b>Improve and promote malaria prevention</b>						
	Provide IPT as part of FANC in each health center	X...				80%	Systematically provided in all HCs the second Order was already placed and dispatching to HZs through depots will be done soon.
Provide LLINs to HZs			X		100 %	Almost all HZs received the second stock of LLINS according the distribution plan.	
Diffuse keys messages on malaria through community relay		X			15%	The activity will take off in all HZs after C-IMCI training	
Improved TB detection and treatment	<b>Improve TB detection</b>						
	Train HZ teams in supervision of TB programs within the normal activities of the HZ and DOTS		X			10%	Training to be organized is delayed to quarter 4.
	Provide HZs with PATI 4		X			0%	The PATI 4 is almost finalized by the PNT, but not yet validated. We await the validation to start reproduction and distribution.
	Collaborate with the national program at intermediate & central level to reinforce 3 geographically well distributed "Centre de Depistage et de Traitement (CDTs)" in each HZ; providing microscopes and lab materials		X			80%	In progress. All of TB activities are done in collaboration with the national program through its provincial representatives
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	

Intermediate Results	activités	Period of activity					Comments
		Q1	Q2	Q3	Q4	%	
Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks							
	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 trip with the national program at the intermediate and central level to understand TB problem in Malemba-Nkulu (detection rates up to 600%)	X				100%	Done. A study protocol is being developed in order to carry out prevalence study in Malamba Nkulu areas and in South Kivu. AXxes is leading the process
	Provide lab supplies			X		90%	The lab Kits and microscopes are already distributed in the majority of the HZs
<b>Establish blood testing &amp; grouping at HGRs &amp; CSR</b>							
	Train HGRs & CSR Lab staff not trained in year one in screening for transfusion-transmissible infections, blood grouping, compatibility testing, the storage and transport of blood products	X	X			100%	Done for the SANKURU and Mbuji Mayi clusters
	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 continued by HZMTs, to encourage of all community involvement especially by young people. This was stressed during PMA training. The PNTS has distributed guidelines in all HZ and given directives on how to promote blood donations.
<b>Establish PMTCT</b>							
	Integrate PMTCT services in selected HZ (3 sites per HZ)	X				64%	Ordered material has been distributed. 77 out of 120 selected sites are functional. 8 Provincial Focal Points have been trained in management of the program and supervision of activities in sites.
HIV/AIDS (Blood safety and PMCT)	Train health care workers in management and provision of PMTCT services in HZs	X				~60%	The training was conducted in Haut-Lomami (Kamina), Malemba Nkulu, Mbuji Mayi, Lodja and Katana. 177 additional staff have been trained. Training in CRS Health Zones has been postponed due to the conflict with the PNLs schedule.
	Provide routine HIV testing along with prenatal testing profile to all pregnant women attending antenatal clinics	X...				~60%	Implementation is in progress in the functional 77 sites.
	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...				~60%	Selected sites are undergoing rehabilitations, have been stocked with products, and have trained personnel on counseling techniques.
	Provide HIV infected pregnant women with a complete course of antiretroviral prophylaxis for PMTCT			X...		64%	Nevirapine tablets have been distributed in the 77 functional sites in Kolwezi, Haut-Lomami, Kasai and Northern South-Kivu.
	Provide newborns with a complete course of antiretroviral prophylaxis for PMTCT			X...		64%	Nevirapine suspension, syringes and pouches have been received and distributed to existing and new PMTCT sites.
	Counsel and test partners/husbands of identified HIV infected pregnant women			X...		64%	The implementation has already started in the 77 functional sites.
	Provide CTX and MVI to identified HIV infected women as post birth follow up services			X...		64%	CTX (198,500 tablets) and MVI (190,000 tablets) have been distributed to the 77 functional sites in Kolwezi, Haut-lomami, Kasai and Northen South Kivu.

Intermediate Results	activités	Period of activity					Comments
		Q1	Q2	Q3	Q4	%	
Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks							
	Provide newborns with CTX and MVI as post birth follow up		X...			64 %	CTX (198,500 tablets) and MVI (190,000 tablets) have been distributed to the 77 functional sites in Kolwezi, Haut-Iomami, Kasai and Northern South Kivu.
	Refer out to existing services newborns established as positive		X...				Where it is possible (Kasai Occidental, Kolwezi, Bukavu).
	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.
<b>Component B: Increased Capacity to the health zone and the referral system</b>							
Improved HZ Planning, Governance, Transparency and Accountability	Establish and reinforce M&E in HZs						Indicator forms and computer kits have been sent to all HZs.
	Conduct rapid assessments in 57 HZs	X				95%	Completed but some GPS data is still missing.
	Provide HZ with SNIS forms	X...				100 %	Ordered for 3 months since new SNIS forms will be very soon implemented by Provincial health office after GESIS harmonization
	Integrate GESIS in HZ training & computer provision	X...				50%	The GESIS integration process is going on.
	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	90%	Reports are sent but the challenge remains with data quality and promptness.
	<b>Reinforce HZ co management and community participation</b>						
	Conduct HZ Admin. Councils	X				60%	So far 36/57 CAs have been held. The MOH conflict of agenda is the main cause of this delay
Train and provide educational materials for CODESA to become functional		X...			35%	Most of the materials are currently being developed and distribution is in progress. Training is planned for the coming quarter.	
Train and support NGOs in proposal development & management		X			90%	4 NGOs from the 6 trained are selected and will be founded the next quarter	
Improved HZ support systems	<b>Build HZMTs capacity</b>						
	Complete training of HC staff in PMA	X...				90%	CRS has completed remaining PMA sessions training. The 6 ECC new HZ did not organize this quarter and they planned for soon in next quarter.
	Improve drug Supply Mgmt to reduce stock outs and track credit system	X...				80%	Training of TOT in drug management done, as well as distribution of management tools. The restoration to the providers is planned next quarter. All HZs ordered their first drug requisition and only a few have introduced their second requisition.
	Conduct integrated and formative supervisions by HZMT of each HC every month.	X...				70%	AXxes implementing partners are improving joint supervision with HZMTs. However some HCs have not been supervised mainly because they are in far off areas and roads are bad.
<b>Component C: Increased capacity of national health programs and provincial/district offices</b>							
	Conduct workshops and meetings for the development of policy, especially for newborn care and Zn integration	X	X			100 %	3 workshops were supported by AXxes this quarter
	Provide TA to 5th direction to develop a data bank system for sharing with partners and MOH	X...				40%	In progress with the collaboration of JHU experts. 5 <sup>th</sup> direction received M&E documents
	Provide TA to 4th direction to reinforce surveillance info. system	X...				40%	In progress with the collaboration of JHU experts. Workshop on tools revision supported and held on May
	Provide TA to PEV on new vaccine integration and evaluation of RED.	X	X		X	60%	In progress in collaboration with Basics JSI. TA to PEV staff and participated in PEV national campaign.
	Install HQ & MOH level Data Dashboard		X			50%	Installed at SANRU HQ
	Install and test servers for data bank at 5th direction and AXxes office		X			0%	Programmed with JHU for 4 <sup>th</sup> quarter

Intermediate Results	activités	Period of activity					Comments
		Q1	Q2	Q3	Q4	%	
Legend: X = activity event X... = activity begins & ongoing % or # = targets/benchmarks							
	Complete the last phase of leadership training with MSH	X				100%	Completed since 1 <sup>st</sup> quarter
	Support the supervisions of the MOH intermediate level by the central level selected directions and programs	X	X	X	X	30%	5 <sup>th</sup> direction received funds from AXxes to harmonize supervision documents and to prepare field visits at the intermediate level
	Support provincial/district technical meetings (BTD, CPP, BTP)	X	X	X	X	80%	AXxes supported the BTD and annual reviews for the districts and provinces of Kasai Occidental, Kasai oriental and South Kivu. Kolwezi is still inactive
	Support Provincial and district teams to supervise quarterly	X	X	X	X	80%	AXxes supported the supervisions reviews for the districts and provinces of Kasai Occidental, Kasai oriental and South Kivu Kolwezi is still inactive
<b>Consortium and Project Management Functions</b>							
	Finalize/Approve year three work plan with USAID	X...				40%	In process (to be finalized in 3 <sup>rd</sup> quarter)
	Participate in quarterly meeting with implementing partners	X	X	X		100%	In lieu of project wide quarterly meeting project managers from all partners met COP team in Kinshasa to discuss year 3 budget and data management
	Supervise implementing partner teams in field	X	X	X		80%	Integrated and specific supervisions were done at different coordinations
	Order equipment for year two	X	X			100%	Completed
	Distribute procured project commodities	X	X	X		90%	Distribution in progress of year two commodities
	Submit quarterly program and financial reports	X	X	X		100%	Reports have been submitted as required
	Prepare Annual Program and Financial Reports				X	75%	Ongoing
	Prepare for the annual audit				X	50%	Planned for 4 <sup>th</sup> quarter
	Participate in MOH meetings including CCIA, GARSS,	X	X	X		100%	Continuous - according to the schedule
	Collaborate closely with UN agencies and other partners	X	X	X		100%	In progress according to the schedule
	Int'l Trip: Participation in GHC, CCIH & IMA Conferences		X			66%	Annual IMA conference scheduled for October

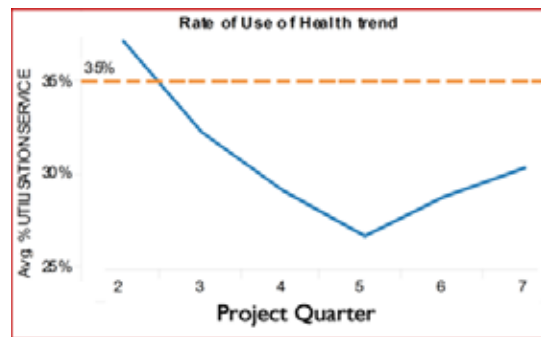
### III. Component A: Increase access to, quality of, and demand for multi-sectoral, integrated PHC

#### A.1 Increased access to HC and Reinforce referral system

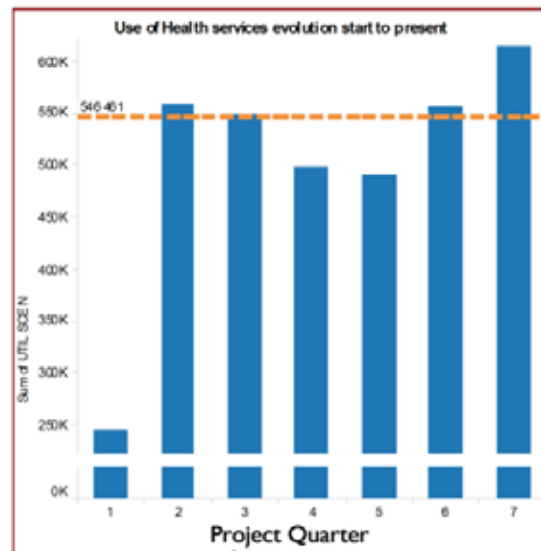
##### Overall Objective and Progress:

The project objective is to increase health service utilization to 35%. Table 1 summarizes the utilization rates by project quarter, i.e., in which quarter 1 represents Sep-Oct 2006 (the first project quarter) and quarter 7 represents this reporting quarter (Apr-June 2008). The trend over time has been parabolic. Project year one shown a decline in utilization which can be largely attributed to the initial lack of medicines and the re-introduction of fees for service. Project year two, however, shows a steady increase from 27% to 30% due to improvements in the quality of services after trainings, regular supervision, and the re-establishment of drug supply lines.

##### Health Services Utilization



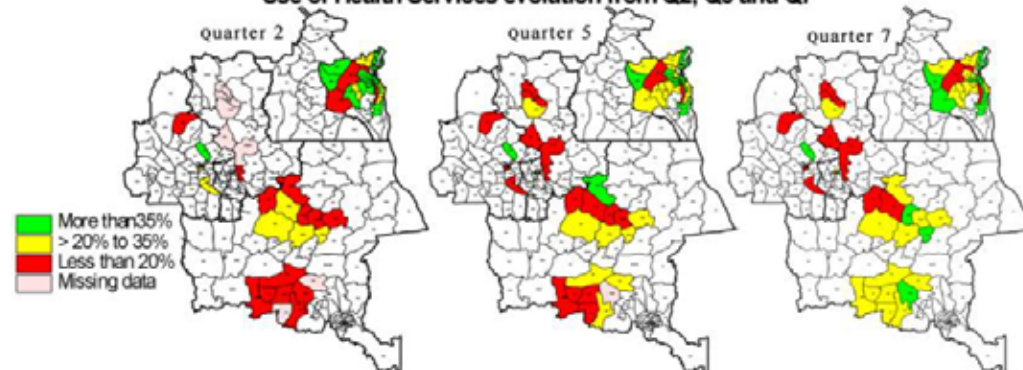
Note: quarter one removed due to insufficient reporting



Percentage of Health Services utilisation from start to present

DISTRICTS	1	2	3	4	5	6	7
BUKAVU	22%	28%	24%	24%	26%	30%	34%
SK- CENTRE	52%	56%	50%	40%	39%	44%	36%
SK- OUEST	44%	87%	46%	37%	28%	25%	31%
SK- SUD	26%	29%	35%	37%	32%	32%	38%
<b>Total</b>	37%	57%	41%	36%	31%	32%	35%
KAMINA	16%	18%	19%	19%	21%	25%	24%
KANANGA	25%	24%	24%	22%	21%	20%	23%
LODJA					18%	20%	17%
MALEMBA	16%	16%	20%	21%	23%	24%	30%
MBUJI-MAYI	11%	10%	10%	10%	14%	15%	17%
<b>Total</b>	18%	18%	19%	19%	20%	21%	22%
KOLWEZI		9%	24%	22%	17%	27%	32%
SK- NORD	40%	49%	41%	37%	39%	46%	38%
<b>Total</b>	40%	33%	32%	30%	29%	36%	35%
<b>Grand Total</b>	29%	37%	32%	29%	27%	29%	30%

Use of Health Services evolution from Q2, Q5 and Q7



## **Comments on Past Quarter Activities:**

### **1) Instruct HC staff in correct use of curative care protocols (ordinogramme)**

Eleven HZs (S. Kivu) completed PMA training during the Q3. At this time 51 out of 57 health zones have completed their PMA training in correct use of ordinogrammes. Curative protocols were also distributed where they had been missing in Kolwezi district coupled with a briefing on how to use them. The six “new” HZs in Sankuru and Mbuji Mayi are still in process of starting their PMA training which was delayed because of the schedule conflict with MOH activities. More than 750 Curative protocols were also distributed coupled with a briefing on how to use them.

HZMTs and AXxes team are now concentrating efforts on follow up activities during supervision in order to ensure that ordinogrammes are used systematically during consultation at each health center, especially in some areas in Kananga and Katanga where head nurses (infirmière titulaire) were changed and new health areas were created.

### **2) Provide each HGR and HC with essential drugs:**

The year one missing essential drugs (ACT and Quinine) have been provided to the decentralized depots and HZs are being served. Distribution to HZs is continuing according to their credit lines system. Globally HZs are starting to understand the credit line system as seen by improvement of use of credit lines provided by project coordination offices, especially in Kolwezi. However, there are still some challenges that Project AXxes is working with stakeholders on to solve:

- ✓ The price for some drugs is high and does not fit in the episodic payment system;
- ✓ Even though the rate is increasing quarter by quarter, many HCs have deposited less than 20% of cost recovery (projected to be 60% value of medicines received). As a result some HZs have not returned to the depot for another requisition; and
- ✓ Some Centrale de Distribution Régionale (CDR) are far from the HZs that they are supposed to serve like the HZs in Mbuji Mayi which depend on the Kananga CDR.

One proposed solution would be to allow HZs to take a quarterly amount from the CDR and distribute to HCs monthly. This would enable HZs to have adequate time to follow up HCs that have not been able to remit their monthly expenditures and to treat HCs that have been able to pay fairly.

AXxes has curtailed provision of essential drugs to HZs supported by other partners like IRC and Maltezer, and is envisioning to do the same with HZs supported by CORDAID in South Kivu. However, discussion will be held between AXxes, Cordaid and MIP in order to harmonize interventions. CORDAID is carrying out health interventions in three AXxes assisted zones (Katana, Shabunda and Idjwi) in South Kivu. CORDAID is providing drugs to these zones based on their performance contracts. An issue of concern is that if this approach is not done well (indicating correct measurement of performance indicators in relation to AXxes indicators) it could impede AXxes work in the zones. Some HZs may have a tendency to ‘alter their data’ in order to show optimum and increase their reimbursement. Project AXxes will be meeting with government and HZ authorities in Bukavu in mid July to work on a solution to these concerns.

### 3) Rehabilitate HGR and at least 3 new HC/ HZ (prioritizing maternities)

Rehabilitation is still one of the biggest challenges of Project AXxes. The following table shows the current status of the 176 proposed and ongoing rehabilitation projects. As of this quarter 35% of projects have been completed and 61% are more than 50% completed. Please see Annex 8 for details

Status of Rehabilitation Projects					
% Completion	CRS	ECC	WV	Total	%
100%	27	19	16	62	35%
75 à 99%	3	5	7	15	9%
50 à 75%	6	17	7	30	17%
moins de 50%	24	37	8	69	39%
<b>Total</b>	<b>60</b>	<b>78</b>	<b>38</b>	<b>176</b>	

ZS Kitutu - BCZS before and after



Rehabilitation work for some of the planned structures in year one is still going on. Implementing partners are setting new strategies to speed up this work and to complete the major part of planned rehabilitation before the end of year two of the project. Challenges that led to delay in completing rehabilitation include:

- Partner constraints in negotiating building contracts with select contractors (time delay as partners sought HQ approval)
- Poor road conditions because of heavy rains which delayed reaching project sites and challenges in managing commodities.
- Challenges in planning between implementing partners and builders to inspect the work and finance the next phase.
- The rise in price of construction materials.

### 4) Establish preferential tarification for referred patients

This system of preferential tarification (charging referred patients at least 20% less than other patients) is still being tested in almost half of the assisted HZs. The results differ from rural zone to urban zones (lower in urban areas). This is because of the presence of many private health centers and lack of control of their referral practices by the Provincial Inspection. Further discussions on this topic are being conducted under MIPs Coordination in collaboration with AXxes/implementing partners to apply the system correctly in remaining HZs.

In South Kivu the IPS notified all health centers that referred patients should pay 50% of the usual tariff. Approximately half of all centers have adopted this. The challenge comes with health centers supported by 'emergency oriented NGOs' where tariffs are already low and where costs of hospitalization is significantly higher. This causes a loss of referred patients. Discussion and negotiation are continuing with stakeholders to facilitate the application of the proposed system and to improve the referral and counter-referral system.

## 5) Establish episodic payment system

As this is the national policy, MIPs in different provinces are involved in the process of bringing all of the HZs towards an episodic payment system. In South Kivu, all HZs apply the system except some western zones (Kalole, Kitutu, Lulingu, Shabunda and Mulungu). In Katanga the episodic payment system is applied in Haut Lomami, but in Kolwezi only Bunkeya is implementing the system. (Instructions were given by the MIP for the application by July 2008). However, in Kolwezi, episodic tariffication is a challenge in many HCs because many of these HCs are owned by private organizations or institutions. Where the system is applied, the cost of medicines is still an issue (especially where drug costs exceed the fixed tariff fees) and there is a need of assessing this case-by-case (HZ) based on the existing reality in each health zone. As stated above, the price of some medicines like ACT is limiting the application of the system. See Annex 13 for costing and tariffication information by health zone and implementing partner.

## 6) Instruct CODESAs in referral system

CODESAs are always advised through primary health care meetings to sensitize the local population about the referral system. The situation is progressing well except in urban zones where relais are less influential or visible. These monthly meetings are supported by Project AXxes. This process of sensitization will be reinforced by the C-IMCI training “wave” of relais that is scheduled for next quarter.

## A.2 Improved family planning quality services

### Overall Objective and Progress:

The objective of the family planning component is to increase Couple Years of Protection (CYP). There has been good improvement during the project as shown in the indicators table below and other related table, charts and maps. The third quarter target of 10,000 CYP was surpassed by almost 50%. Overall the project is on course to meet the year two objective of 40,000 CYP. This is related to the number of people counseled, which is increasing as well. We have noticed a stock-out of contraceptives and at the end of Q7, 20% of health centers presented a stock out. This was due to delayed importation of commodities from Kinshasa.

### Evolution of Family Planning and Couple Year Protection

Performance Indicator	Year 2 Target	Q5	Q6	Q7	Cumulative Year 2 Total	% of Annual Target Achieved
Couple years of protection( CYP) for FP	40000	9048	9498	14861	33407	84%
Percent of Health center with Integrated Reproductive Health Service(RHS) and child spacing in their routine activities	969	864	864	864	864	89%
Number of people trained in (RH) Reproductive Health and Child Spacing/FP	456	182	685	10	877	192%
Number of individual counseled in FP/ RH	107106	37911	66575	76753	181239	169%
Number of people who 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 commodities offered by SDP at any time during reporting period	969	57	124	197	378	39%

## The Evolution of Couple Year Protection (2006-2008)

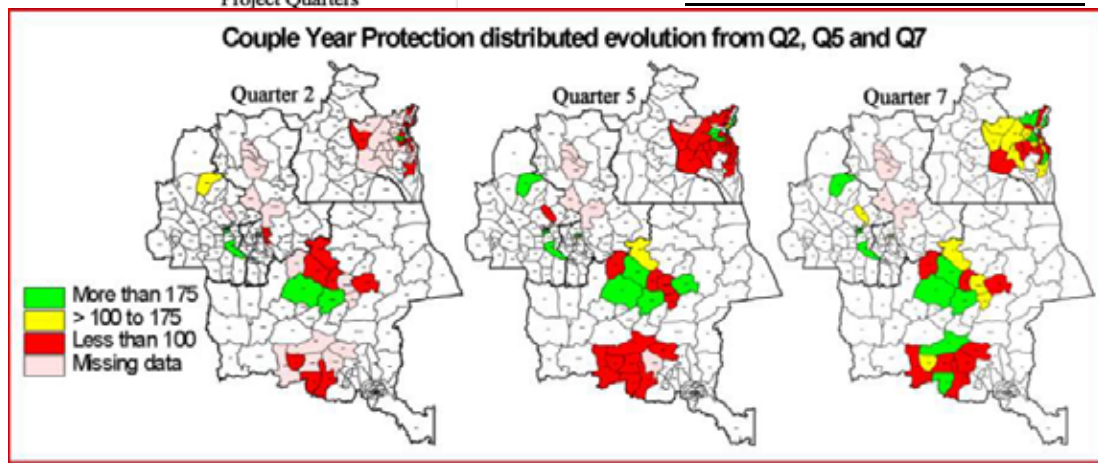
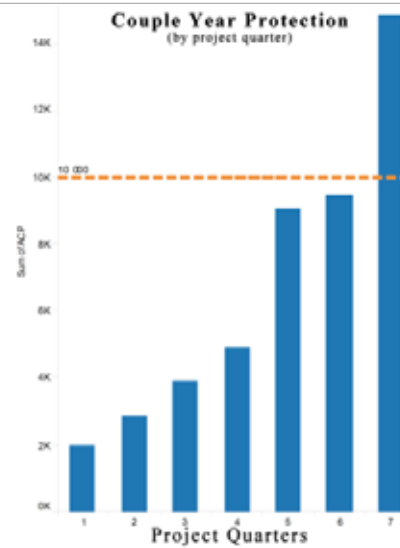
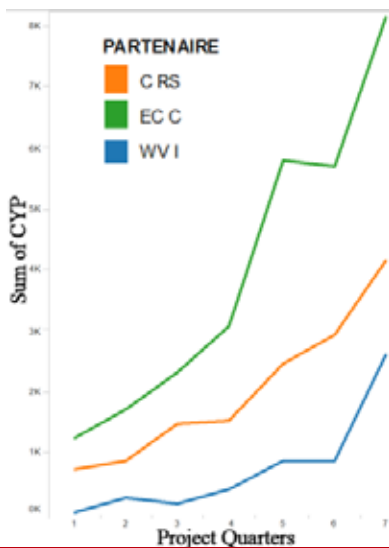
The Data Table (right) shows the evolution of CYP by utilization.

The Partner Progress Chart (below left) shows CYPs by partner. ECC zones had the benefit of 5 previous years of (SANRU) experience enabling them to capitalize on commodities. CRS zones used traditional methods with lower CYPs and WV is a new start up.

The Target chart (below right) shows that the project has surpassed its quarterly CYP target for the first time.

The Evolution Maps (below) compares CYP across HZs for quarters 2, 5 and 7

Couple Year Protection evolution up to present							
DISTRICTS	1	2	3	4	5	6	7
BUKAVU	108	556	977	782	863	594	1 239
SK- CENTRE	585	222	338	307	974	668	1 245
SK- OUEST	0	51	117	236	289	520	872
SK- SUD	33	28	24	198	300	1 149	797
<b>Total</b>	<b>726</b>	<b>857</b>	<b>1 456</b>	<b>1 523</b>	<b>2 426</b>	<b>2 931</b>	<b>4 153</b>
KAMINA	276	222	435	580	1 430	1 581	1 298
KANANGA	721	1 066	1 554	1 488	1 127	1 117	1 578
LODJA					0	0	0
MALEMBA	155	275	265	409	942	697	1 089
MBUJI-MAYI	68	160	52	560	2 254	2 281	4 151
<b>Total</b>	<b>1 220</b>	<b>1 723</b>	<b>2 306</b>	<b>3 037</b>	<b>5 753</b>	<b>5 676</b>	<b>8 116</b>
KOLWEZI		89	114	215	268	188	1 589
SK- NORD	31	190	31	178	601	703	1 003
<b>Total</b>	<b>31</b>	<b>279</b>	<b>145</b>	<b>393</b>	<b>869</b>	<b>891</b>	<b>2 592</b>
<b>Grand Total</b>	<b>1 977</b>	<b>2 859</b>	<b>3 907</b>	<b>4 953</b>	<b>9 048</b>	<b>9 498</b>	<b>14 861</b>



### Comments on Past Quarter Activities:

**1) Increase service delivery points providing FP counseling or services and Establish systematic counseling activities in each HC**

Almost all health centers are now implementing family planning (FP) activities. The health centers from Sankuru HZs integrated FP during the second quarter of year 2 after the training

of providers. While CYP and contraceptive prevalence are still somewhat low, numbers are increasing each quarter. We hope to further increase utilization through awareness by CODESAs and community relays after the C-IMCI community training. We also anticipate that there will be a favorable reception for the long lasting methods that will be introduced after Voluntary Surgical Contraception (VSC) and Intrauterine Devices (IUD) training.

There are difficulties with certain methods, especially in HZs where natural methods are preferred by the Catholic and Methodist churches. AXxes partners are working with HZMTs and others to create awareness on available FP methods and stressing the advantages of family planning and birth spacing so that people can make informed choices. In addition, it has been observed that data from health structures supported by the NGO ASF are not integrated in the HIS. A meeting to harmonize integration of FP data has been held between AXxes, ASF, and HZMTs. It was agreed that community distributors working for ASF/PSI will be integrated into HZs in order to provide information related to FP.

Other main FP issues for the project are: 1) poor reporting for natural methods: SNIS does not take in account cycle bead reporting and most FOSA did not report this method; 2) poor involvement of Community Relays in sensitization and promotion of FP services; and 3) some services providers are reluctant to recommend or promote certain methods.

## **2) Provide the package of FP commodities to the selected structures**

Most HCs faced stock out for at least two methods (Depo-provera and Cycle Beads) both of which are preferred methods. This quarter, the project received from USAID year-two FP commodities, but Depo-provera was still not available. The COP team negotiated with UNFPA to obtain a three month provision of Depo-provera while awaiting the USAID procured stock. The request was accepted and during this quarter the UNFPA has provided Project AXxes with 23,000 doses of Depoprovera which are already dispatched to the HZs.

The planned training on CCV and DIU was not completed because of the lack of clients at the clinics selected for training. Partners are asked to reinforce sensitization at the community level for that purpose. Those two methods have a great influence on the CYP evolution given their correction factor. In South Kivu especially in Idjwi and Katana, CYP rates are improving since they also apply IUD insertion which seems to interest certain women. The hope is that after training and integration of these long lasting methods, CYP will increase.

## **3) Provide HC and relays with FP BCC materials for disseminating keys messages**

The FP BCC materials are available in most HCs (boites à images, affiches PF). Implementation will be effective after IMCI training the next quarter for community relays.

## **4) Integrate GBV counseling and community-based awareness via Nurses and CODESA**

AXxes partners are promoting the participation of women in community development. This is coupled with awareness of women and girl's rights through peer women in CODESAs and Care Groups of mothers. Sensitization will be done during CPN (ANC) and vaccination campaigns. The activities will speed up after the C-IMCI training next quarter when Community Relays and mother's care groups will be empowered to accelerate the promotion of gender issues. In south Kivu, community sensitization was just started after mobilizing community leaders. This activity has been implemented by Centre OLAME, and some visual aids such as boites à images (flip charts) are now available while others (tee shirts, hats) promoting key messages are now being printed locally.

Almost 1000 flipcharts on GBV were distributed to the HZs and new BCC materials are being developed. Strategies are to include women in C-IMCI committees and mother groups. Instructions have been communicated to HZMTs and AXxes implementers to make this happen. In Idjwi HZ in South Kivu, a lady was elected as CODESA president. This is a transformation in an area where women have in the past been regarded as passive members of community especially when it came to community development work and decision making. We believe that this is one of the fruits of AXxes interventions.

### A.3 Improved reproductive health and newborn services

#### Overall Objective and Progress:

The improved reproductive health and newborn services is the most comprehensive AXxes intervention, and includes the following areas:

- Birth Preparedness and Maternity Services;
- Immunizations, including Polio;
- Clinic IMCI;
- Community-Based IMCI;
- Water and Sanitation;
- ARI and Diarrhea; and
- Maternal and Young Children (Under Five) Nutrition.

The table below shows the synthesis of key indicators related to reproductive health (RH) and new born services and the level of accomplishment of the target for the period. Significantly it is noted that for assisted births and antenatal care (ANC) the target was reached during this quarter. The primary lagging component is Active Management of the Third Stage of Labor (AMSTL). This target was not met as training in AMSTL training is still ongoing and pharmaceutical products (oxytocin) have only recently been stocked in all AXxes sites. There is need for greater integration of the AMSTL strategy with essential new born care.

Indicators	Year 2 Annual Target	Year 2 Quarterly Target	Q5	Q6	Q7	Cumulative Q5+Q6+Q7	% of Annual Target Achieved	% of Quarterly Target Achieved
Proportion of births attended by skilled personnel	174867	43,717	43498	47021	58366	148885	85%	134%
Rate / Number of antenatal care (ANC) visits	233156	58,289	60635	67383	74945	202963	87%	129%
Percent of pregnant women who received VAT2 (during the CPN) or 5 doses of VAT (cumulative)	188525	47,131	44292	51950	51148	147390	78%	109%
Number of newborns receiving essential newborn care	174867	43,717	35827	40478	48038	124343	71%	110%
Number of women receiving Active Management of the Third Stage of Labor (AMSTL)*	174867	43,717	10422	17636	39702	67760	54%	91%

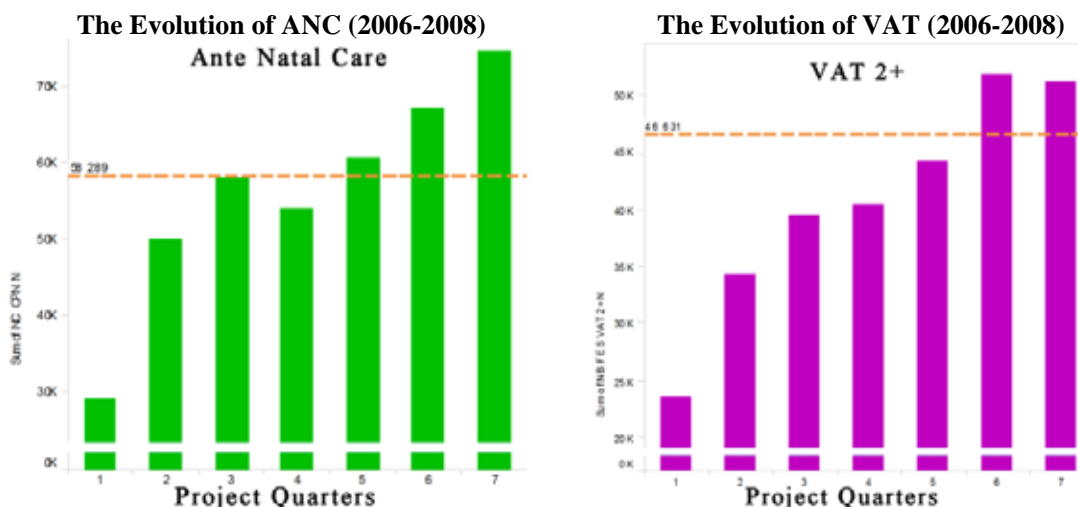
\*Indicator not met as AMSTL training is ongoing and pharmaceutical products (oxytocin) have only recently been stocked in AXxes sites.

**Comments on Past Quarter Activities:**

**A3-1 BIRTH PREPAREDNESS AND MATERNITY SERVICES**

**1) Provide the minimum package of activities for antenatal**

Since the integration of Focused Ante-Natal Care (FANC) in year one, and with the addition of the Sankuru HZs, all AXxes HZs are now providing a minimum package of antenatal activities including consultation, education, VAT, IPT and LLIN to protect against malaria, iron tablets to prevent anemia and mebendazole for de-worming. ANC participation is still growing as shown below and is surpassing quarter targets.



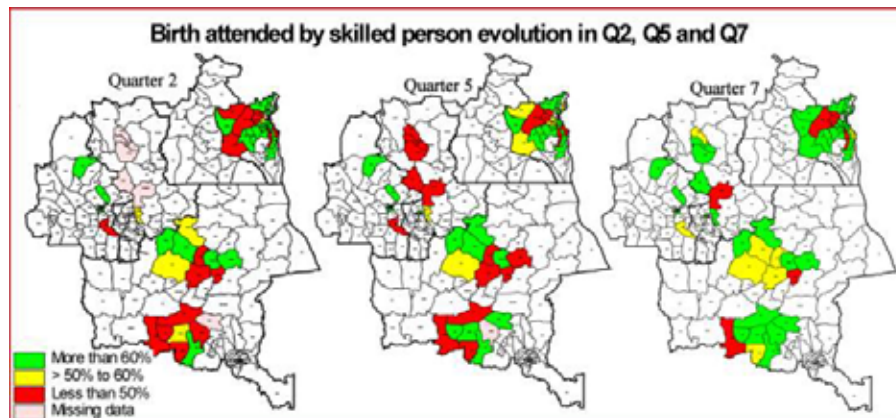
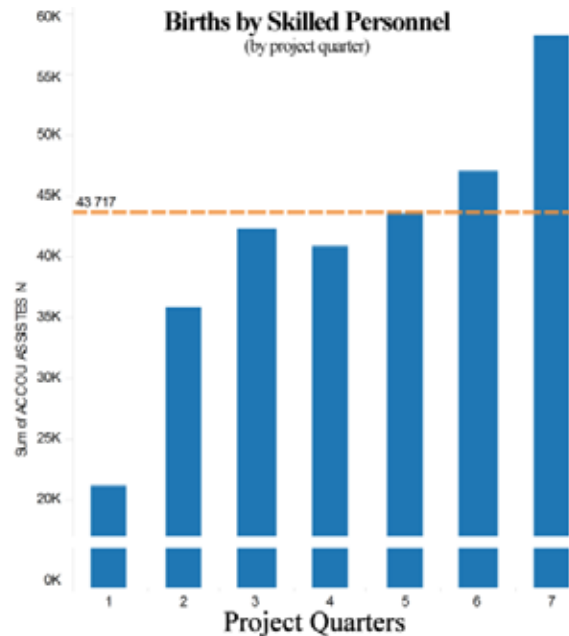
Some HZs still remain under the target like Mulungu, Kanzenze, Mutshatsha, and Plateaux. Specific actions must be undertaken for those HZs. Also, even though the target is reached, the issue remains that few women start antenatal visit early in pregnancy as recommended (at 16 weeks) and most of pregnant women prefer to start at 7<sup>th</sup> or 8<sup>th</sup> month. This quarter, “Pratiques clés familiales, cahier des relais (indicating the Ten Commandments for good health) and familial planning icon boxes were been distributed in all HZs for community sensitization of this important issue.

A careful analysis of ANC reveals some HZs reporting rates up to 100% especially in S. Kivu and Kolwezi. This discrepancy is likely caused by an underestimation of the population of pregnant women in some HZs. The estimated number of pregnant women is calculated as 4% of the entire population which is similar to the estimation of children between 0-11months. The data collected during population census in each HZs have shown that the actual number of children counted as between 0-11 months was higher than the estimated number calculated as 4% of the population.

DISTRICTS	Antenatal Care percentage from start to present						
	1	2	3	4	5	6	7
BUKAVU	65%	72%	75%	68%	64%	74%	81%
SK- CENTRE	90%	93%	108%	86%	89%	103%	109%
SK- OUEST	99%	76%	122%	92%	92%	96%	98%
SK- SUD	94%	80%	86%	78%	83%	97%	93%
<b>Total</b>	<b>86%</b>	<b>80%</b>	<b>100%</b>	<b>83%</b>	<b>85%</b>	<b>95%</b>	<b>97%</b>
KAMINA	94%	75%	81%	77%	78%	80%	81%
KANANGA	74%	82%	77%	76%	83%	76%	85%
LODJA					59%	100%	96%
MALEMBA	58%	73%	64%	63%	74%	71%	81%
MBUJI-MAYI	71%	80%	78%	82%	71%	76%	81%
<b>Total</b>	<b>74%</b>	<b>77%</b>	<b>74%</b>	<b>73%</b>	<b>75%</b>	<b>79%</b>	<b>84%</b>
KOLWEZI		47%	71%	68%	76%	70%	91%
SK- NORD	95%	98%	104%	100%	101%	102%	109%
<b>Total</b>	<b>95%</b>	<b>78%</b>	<b>87%</b>	<b>84%</b>	<b>89%</b>	<b>85%</b>	<b>99%</b>
<b>Grand Total</b>	<b>83%</b>	<b>79%</b>	<b>88%</b>	<b>80%</b>	<b>82%</b>	<b>86%</b>	<b>93%</b>

## 2) Provide maternities with birth kits, birth management tools and newborn care protocols

HZMTs have selected five key maternities per HZ to supply supplemental birth kits based on birth frequencies and to implement new strategies of newborn resuscitation and care. Previously baseline birth kits have been given to all maternities and these supplemental kits are designated for selected ones. Meanwhile, partners continue to monitor usage of birth management tools (partogram) and the application of AMTSL. It is noticed at the different sites that many nurses need refresher courses for this topic. Newborn protocols used are those facilitated during RH training. In addition each HC was provided with at least 2 AMTSL posters. The number of births attended by skilled persons is increasing as seen in the maps below which compare



The revised new born protocols are still being refined at the national level. While writing this report, the training of Trainers started at the central level on “*Soins obstétricaux et néonataux de base durant l’accouchement et le postpartum* ». This training includes theoretical and practical training and is facilitated by national and international experts from BASICS and POPPHI. The objectives are:

1. Improve knowledge, skills and attitude of health providers in obstetric and basic neonatal care during the third stage of birth and postpartum;
2. Improve pedagogical knowledge, skills and attitude of participants in training of health providers in obstetric and basic neonatal care during the third stage of birth and postpartum; and
3. Improve participants’ skills for the RECO training in obstetric and basic neonatal care during the third stage of birth and postpartum.

### 3) Promote postpartum/newborn visits in each maternity

This service is available in all AXxes -assisted maternities. Newborn/ postpartum visits are regularly observed during the three days following birth, but according to the MOH, visits should be observed three times (6<sup>th</sup> hour of birth, at the 6<sup>th</sup> day and at 6<sup>th</sup> week). In S. Kivu an increase in overall post partum visits has been noted. HZs supported by CRS increased from 33% in Q2 of Y2 to 46% this quarter. Many women think that these visits are useless because they do not include medications for newborns, yet they are required to pay for the visit. Negotiations are in progress to remove fees for postpartum ANC visits, ANC and delivery. Discussion is undertaken with CODESAs to promote the benefits of postpartum visits.

### 4) Support VFR in ten selected sites

During the third quarter, Project AXxes, aware of the obstacles that women with fistulas face to obtain needed surgical care, initiated agreements between selected reference hospitals and implementing partners. The agreement states that Project AXxes will provide select sites with surgical kits for fistula repair and also provide a payment of \$50 per fistula repair operated. A follow up form was developed and shared with AXxes partners and HZMTs. Some of the trained doctors are claiming that the proposed amount is not enough and the lack of specific materials is stopping them from performing this work. The project has already ordered the needed kits which will be dispatched at the beginning of the next quarter and will advocate through implementing partners that hospitals accept the proposed compensation.

A total of 123 fistula repairs were completed this quarter (see table). Tshikaji and Panzi previously provided this care. A mobile team from Panzi visited Shabunda in June to provide TA to HGR staff (Dr Hubert Kashama and nurse Zambizabo) on gynecological surgery and urogenital fistula repair. A total of 18 patients were operated on, and 5 of them for VFR. This visit raised discussion about subsidies for treatment of victims of sexual violence who are operated on for lesions due to violence.

Health Zones	Q5	Q6	Q7	Total
IBANDA	60	44	98	202
SHABUNDA	0	0	5	5
KABONGO	0	27	0	27
TSHIKAJI	25	12	14	51
LODJA	0	0	1	1
MULONGO	0	12	0	12
DIBINDI	0	1	1	2
LUBUDI	0	8	4	12
MANIKA	0	2	0	2
MUTSHATSHA	0	1	0	1
<b>TOTAL</b>	<b>85</b>	<b>107</b>	<b>123</b>	<b>315</b>



*Joint team Dr. Kashama (Shabunda) and Dr. Chebeya (Panzi Hosp) operating in Shabunda HGR*

## A3-2 IMMUNIZATION, INCLUDING POLIO

### Overall Objective and Progress:

The overall objective of the immunization component is to reinforce routine vaccination programs to attain and sustain 80% vaccination coverage (or higher) according to project indicators (section I).

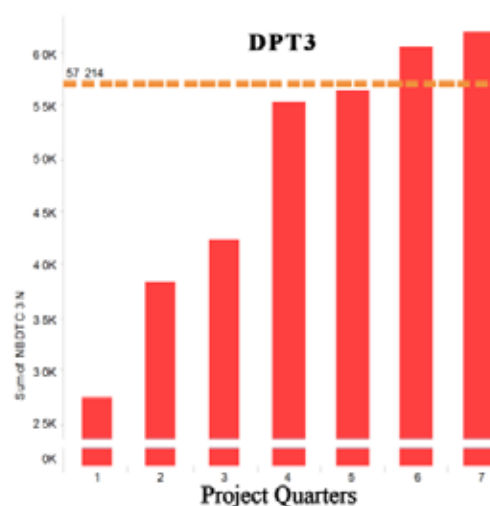
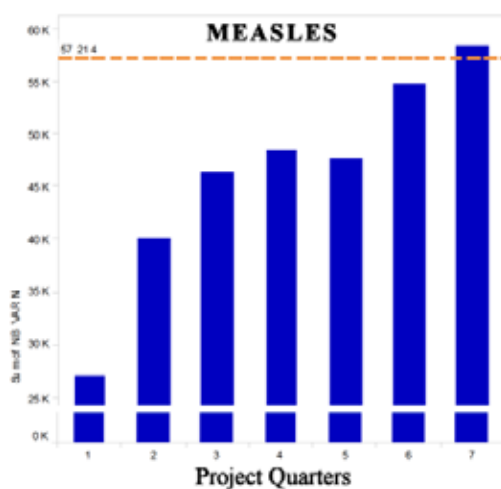
The table, graphs and maps below show the significant improvement in coverage this quarter for Measles and DPT3. The quarterly targets were reached for all EPI indicators. There has also been an improvement in data quality of compared to the last quarter which had several HZs above 100% of coverage.

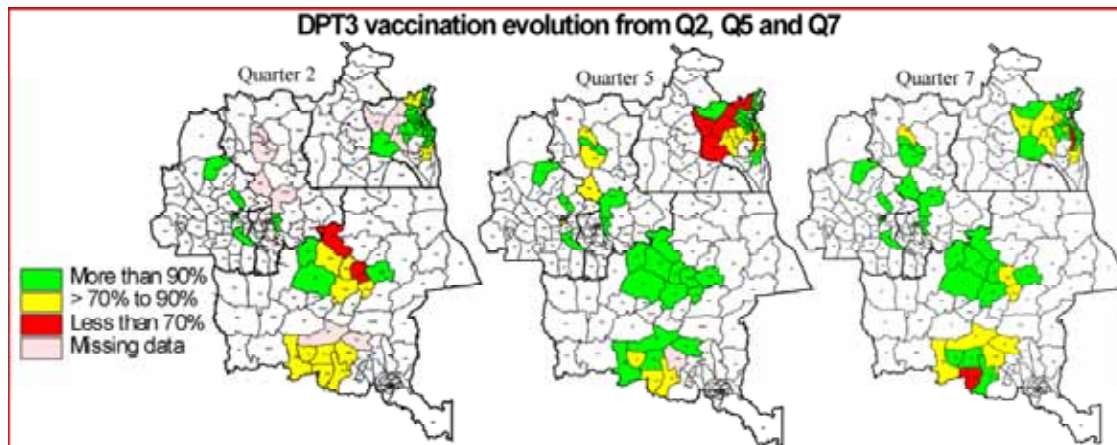
Indicators	Year 2 Annual Target	Year 2 Quarterly target	Q5	Q6	Q7	Cumulative Q5+Q6+Q7	% of annual target achieved	% of quarterly target achieved
Proportion of children receiving measles vaccination	228,857	57,214	47,869	54,664	58,487	161,020	70%	102%
DPT3 Coverage	228,857	57,214	56,602	60,646	61,983	179,231	78%	108%
Percent of drop-out DPT1/DPT3			10,228	1,612	5,887	67,870		9%

### DPT3 Rate (Data, Chart & Map) and Measles (Chart)

#### DPT3 percentage from start to present

DISTRICTS	Q1	Q2	Q3	Q4	Q5	Q6	Q7
BUKAVU	86%	68%	68%	101%	83%	76%	86%
SK- CENTRE	108%	89%	107%	98%	92%	102%	92%
SK- OUEST	81%	89%	57%	60%	50%	66%	78%
SK- SUD	71%	110%	41%	86%	116%	128%	82%
<b>Total</b>	90%	91%	70%	82%	80%	90%	84%
KAMINA	93%	35%	77%	109%	86%	86%	84%
KANANGA	90%	87%	97%	98%	72%	90%	88%
LODJA					62%	52%	91%
MALEMBA	69%	52%	53%	84%	93%	82%	88%
MBUJI-MAYI	93%	94%	86%	89%	85%	87%	89%
<b>Total</b>	84%	63%	75%	95%	82%	81%	88%
KOLWEZI		55%	81%	90%	92%	80%	89%
SK- NORD	104%	84%	97%	126%	120%	119%	99%
<b>Total</b>	104%	72%	89%	109%	107%	99%	94%
<b>Grand Total</b>	90%	77%	78%	94%	87%	89%	88%





Despite the high coverage, there are still some disparities among HZs. Efforts are being made to work closely with the PEV in order to not only to harmonize data but also to investigate reported data that is above 100% and to identify (and resolve) the poorer performance in some HZs like Fungurume, Kanzenze, Lubondayi, Plateaux, and the HZs around Shabunda.

**Comments on Past Quarter Activities:**

**1) Reinforce the RED approach in the all supported health zones**

Nurse’s training was completed this quarter for the 21 CRS-assisted HZs. This means that all health center nurses are now trained except for six Sankuru HZs. The project has, as usual, provided need kerosene to HZs for cold chains for 3 months. Each HZ has received subsidies for supervisions and monthly monitoring meetings. To increase the availability of cold chain, an assessment on the status of fridges in disrepair from past donors in ongoing in the project area. Missing EPI forms were ordered and distributed to HZs. Plan for the next quarter is, in addition to others EPI activities, to reinforce the community relays who will provide support during C-IMCI in promoting communities to vaccinate young children.

Presentation of kerosene and bicycles for the cold chain at Lodja with the Vice Governor.



**2) Participate and support polio campaign activities in AXxes-assisted HZ**

There were two phases of the polio campaign in South Kivu. The first was from May 15-19, 2008 combined with Vitamin A supplementation, and the second from June 17- 19. In East Kasai, a tetanus campaign was organized this quarter. A vitamin A campaign was organized in May in the all 21 HZs assisted by ECC. AXxes partners participated in the Inter Agency Coordination Committee (CCIA) meeting when partners discussed and decided on the kind of

support to be provided to health zones. WV provided transportation of materials to Minova, purchased megaphones (10 per HZ) and batteries (10 dozen per HZ) in the 7 targeted HZs.

### **3) Reinforce integrated surveillance system at HC and community levels**

The training of two nurses per health center from the 21 CRS-assisted HZs was completed this quarter. Integration at the community level will be reinforced during the C-IMCI training next quarter. In Kolwezi, a weekly meeting for epidemiology surveillance is held at the District level as part of (CCIA) while in South Kivu, weekly epidemiology surveillance is followed at provincial level where data are analyzed, interpreted and shared at health cluster meetings. Whenever there is a trend alert in the epidemiology chart, partners meet with the IPS team to plan their response. The District in Kolwezi plans to do a tetanus campaign this coming quarter in Mutshatsha, Lubudi, and Fungurume HZs as there has been an increase in the reported cases of tetanus in children in those areas.



*Patients treated at Cholera treatment center in Minova*

In Minova HZ there was a cholera epidemic with levels higher than expected during the 18<sup>th</sup> week. We noted that 80% of deaths occurred in the community because of delays in seeking health care and treatment. WV responded with Project AXxes support by initiating a health education campaign through local radio, briefing of 50 community relays, 20 titular nurses and other nurses on universal precaution, prevention and treatment. Project AXxes also supported the formation of health committees to follow up on cholera response in the area including supervising chlorination of drinking water. In addition AXxes purchased items required in the treatment centers such as plastic bottles and protection gear.

### **A3-3 CLINIC IMCI**

#### **Overall Objective and Progress:**

Clinic-Based Integrated Management of Childhood Illnesses (IMCI) is an integrated set of protocols for the review and treatment of clients at health facilities. For example, this approach is based on the principle that a child coming to a health center for treatment of diarrhea should also be queried about his/her vaccination status, and, if necessary, provided the appropriate vaccination. In DR Congo IMCI is also referred to as the Minimum Package of Activities (PMA) for children that each functional health facility is expected to provide. A key Project AXxes activity has, therefore, been the training of health center staff in PMA. All health zones, except the six recently added in Sankuru region, have completed PMA training.

#### **Comments on Past Quarter Activities:**

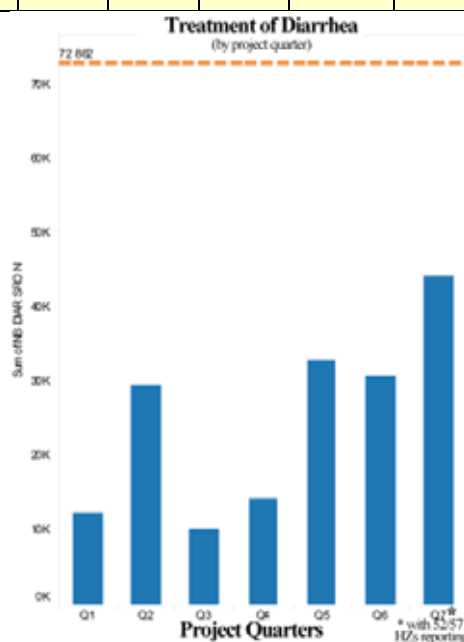
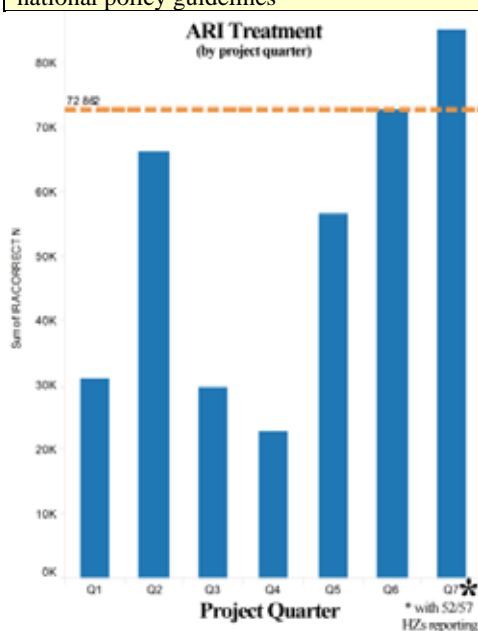
##### **1) Provide HC with IMCI drug package including ORS, Zinc, ACT and antibiotics...:**

IMCI drugs are part of the overall drugs ordered. So far ORS, Antibiotics and Zinc are available at depots and in the HZs. Zinc is available in pilot zones.

## 2) ARI and Diarrhea

The ARI indicator at the start was a challenge for some health zones to define (i.e. correct treatment) which may have caused a false rise in Q1 and Q2. Following training and adaption of strict criteria, the health zones are more accurately reporting. Thus we believe that we are showing a progressive and true increase in these indicators.

Performance Indicators	Year2 Target	Y2Q1 Numerator	Y2Q2 Numerator	Y2Q3 Numerator	Denominator	% Coverage in Y2Q3	% Target Achieved as of Y2Q3
Percent / Number of children under the age of five with ARI/pneumonia are cared for correctly by health structures following national policy guidelines	72862	56416	72700	85349	72862	117%	74%
Percent / Number of children under the age of five with diarrheal illnesses are cared for correctly by health structures following national policy guidelines	72862	32923	30828	44083	72862	61%	37%



## 3) Integrate Zinc in diarrhea treatment in 15 pilot health zones

Project AXxes is implementing Zinc intervention as adjuvant treatment of diarrhea in 12 HZs: 4 in Kolwezi, 4 in Haut Lomami and 4 in South Kivu. Zinc tablets have been available since December 07 but the appropriate data collection tools were lagging.

This quarter, the zinc program was evaluated in the pilot zones in Kolwezi and South Kivu in collaboration with PNMLD, HKI, IPS/MOH, HZMTs, nurses in charge of the pediatric services and titular nurses. The methodology used was focused group discussions, observation and use of data from registers. Results indicated that about 78% of cases of diarrhea were treated using zinc only and 61% were treated using both Zinc and ORS. Data collection tools were available (70%) with 55% of health personnel deemed competent in using these tools. There was no reported case for zinc side effects.

Challenges included lack of trained personal to manage the stock and report correctly. There was under reporting on treatment. Also geographical accessibility in some areas was an issue. It was also noted that people were not able to pay FC 180 for treating diarrhea using Zinc.

The team proposed to reinforce supervision; to be more formative and qualitative, to provide refresher courses for health personnel and to reinforce community sensitization through CODESA and community relays. It was also recommended to include zinc treatment in the episodic system which is set FC 800 (1.5\$US).

The evaluation team also worked on how to convey messages on 'the importance of zinc' on the community level. Messages on the use of zinc were updated and translated in Swahili and a consensus was reached for adoption. Based on the lessons learned in piloting phase, a briefing has been conducted to scale up integration of zinc in the entire district.

#### **4) Train personnel for expansion of zinc program into all AXxes zones**

A briefing has been organized in Kolwezi for other zones in order to scale up Zinc integration (Dilala, Kanzenze, Lubudi and Fungurume). Targeted participants included MCZs, the HZ supervisor in charge of PHC and nurses working in pediatric services. In South Kivu, the briefing for expansion of zinc was organized immediately after the C-IMCI training at the HZ level at the end of June. Participants included MCZs, HZ supervisors in charge of PHC, nutritionists and the community development agents. The trainer came from MOH Kinshasa supported by HKI. Replication for pediatric services and HCs will be done during C-IMCI restitution planned this month.

### **A3-4 COMMUNITY-BASED IMCI**

#### **Overall Objective and Progress:**

Community-Based Integrated Management of Childhood Illnesses (C-IMCI) is an integrated framework for the organization and promotion of community level health activities. C-IMCI includes three elements:

- **Element 1:** Links partnerships between communities and health facilities, e.g., CODESA;
- **Element 2:** Increases appropriate, accessible care from community-based providers, e.g., TBAs; and
- **Element 3:** Integrates promotion of key family practices, e.g., "Ten Commandments of Health"

The project objective is to train health center teams, CODESA and Community Relais in C-IMCI for all AXxes-assisted health zones.

#### **Comments on Past Quarter Activities:**

##### **1) Train C-IMCI teams (5 pers/ HZs and 4/Health areas)**

World Vision has organized C-IMCI training at the Provincial level in South Kivu and Katanga and at the health zone level in South Kivu. Main topics included C-IMCI integration, key messages for communities and use of "cahier de relais" for sensitization about *Ten Commandments of Health* to promote good health. Facilitators came from the central level and from the provinces. In South Kivu, training was organized in consortium (CRS-WVI) with IPS team for three days. A total of 32 (12 female and 20 male) people participated, including project coordinators and seventy nine HZ level participants. In Mbuji Mayi ECC trained 9 members of HZMTs, 36 titular nurses and 180 relays. For the all partners the remaining training will be done the next quarter for the HZs and HC levels.

##### **2) Train selected relays in C-IMCI**

Community relays (especially the CODESA members and mother groups) will be trained after training personnel from HCs. Therefore the plan is to train them in August 2008.

### 3) Reproduce educational materials (flipcharts, tip cards, posters, pamphlets, etc.)

AXxes partners in South Kivu have printed 2,100 “cahier de relais” (flip charts). WV translated it into Eastern Congo Swahili and Katanga Swahili (Kolwezi). In addition they reproduced copies for TOTs. An order has now been placed to reproduce copies for HCs and community relays.

Partners have received BCC materials. This has included 1,000 key family practices, 1,000 boites à images for awareness about GBV, and 1,000 boites à images for Family Planning/Reproductive Health. Dispatching these materials is an ongoing process. Copies of the *Ten Commandments of Health* have been translated in local languages, including Tshiluba, Tetela, Kilubakat, Swahili, Mashie, Kirega, Kifulero et Kibembe. The next step will be the production of these tools for CRS supported HZs.

### 4) Disseminate key messages in the community

It will be made effective after C-IMCI training at HC and the community level.

## A3-5 WATER AND SANITATION

### Overall Objective and Progress:

The objective of the AXxes Water and Sanitation (W/S) is primarily the development of water sources and promotion of hygiene and sanitation. The project objective is to improve three water sources by health zone each year.

### Comments on Past Quarter Activities:

#### 1) Build or rehabilitate community water sources and construct incinerators

This quarter more than 66 water sources and 25 incinerators have been rehabilitated or constructed for HZs in South Kivu. Construction of latrines is still slow but efforts to improve are ongoing in different sites. There was no significant progress for HZs in Kolwezi, Haut Lomami and Kasai compared to the last quarter. Dispositions are being taken to speed up the work next quarter as construction material is now on the field. Water committees, trained in maintenance and protection of water sources have been formed in each HZ.

Water source activities include promotion of hygiene and sanitation through community relays and forming water committees. To bolster performance, the project will reinforce training of water committees in protection of water sources and hygiene practices including boiling drinking water through C-IMCI since incidences of cholera are mainly in Kolwezi, S. Kivu and Haut Lomami



*Before and After the spring capping (3 litres per minute) at Bazee (Busakizi Health Area, Kitutu HZ).*

## **A3-6 MATERNAL AND YOUNG CHILDREN NUTRITION**

### **Overall Objective and Progress:**

This component focuses on the distribution of Vitamin A via national campaigns and integration into of Vitamin A into routine growth monitoring programs and Post-Natal Consultations (CPON).

### **Comments on Past Quarter Activities:**

#### **1) Participate and Support the Vitamin A campaign in collaboration with HKI**

Project AXxes, in collaboration with HKI, PRONANUT, and other partners supported Vitamin A campaigns carried out in May 2008 in all supported HZs. AXxes support was technical and logistical especially in the organization of micro planning process, in social mobilization, and in the transportation of vitamin A and materials. In Kolwezi, WV provided transport for vaccines, sensitization through radio and banners. In South Kivu, Vitamin A campaign was done jointly with polio campaign with significant support from AXxes as explained in polio component. An evaluation to determine coverage is now in process. Almost all of the HZs had at least 80% which is the performance rate, except for 2 HZs ( Mukanga et Mutoto).

#### **2) Reinforce growth monitoring by distributing card, equipping facilities with scales, height boards and registers for growth monitoring**

Growth Monitoring/Promotion cards have been distributed this past quarter to complement the height boards and scales that were distributed the previous ones. Promotion of growth monitoring and other nutrition related activities is important because of the high incidence of malnourished children. This was documented in a nutrition survey in April 2008 conducted by PRONANUT in South Kivu. Mothers need to be sensitized and encouraged to attend growth monitoring sessions rather than only attending during vaccination campaigns that are only conducted twice a year. In addition, children above two years only occasionally benefit from growth monitoring as mothers do not bring them for screening.

## **A.4 Reduced malaria in target population**

### **Overall Objective and Progress:**

The malaria component of AXxes is based on a two prong strategy to 1) improve malaria treatment at health centers and reference hospitals and 2) to improve and promote malaria prevention. The treatment objective is 80% of children with fever treated promptly and correctly. The prevention objective is that 80% of pregnant women receive IPT during ANC, and 60% coverage of LLINs during the project duration.

## **Comments on Past Quarter Activities:**

### **IMPROVE MALARIA TREATMENT AT HC AND HGR**

#### **1) Provide each HZ with ACT and other malaria drugs (quinine, Fansidar)**

ACT tablets and other malaria drugs are available in all Project AXxes supported depots and are being distributed to the HZ level following the credit line system. The big concern currently is the price of ACT. The ACT price poses a utilization problem because malaria which is the main pathology often requires ACTs which surpass the cost of episodic care in most centers. This could create disequilibrium in the provision of care. Project AXxes is looking at possibilities of reducing the price of ACT as it is the first line drug for treatment of malaria. Discussion is still ongoing with all stakeholders.

#### **2) Improve laboratory capacity in diagnosing malaria including laboratory supplies**

Laboratory technicians were trained during year one. Laboratory supplies such as reagents were received and distributed in quarter 6. Supervision is conducted regularly to support this process.

#### **3) Reinforce the use of Malaria care protocols**

Malaria care protocols and drugs are available in all HZs. WV AXxes is increasing joint supervision with HZMTs to make sure that care protocols are used systematically and information is reported correctly in HIS. However, the cost for first line ACT is high than the second line drug (quinine). High cost of ACT impedes effectiveness of episodic system and many people cannot afford. The concern is that even doctors may be tempted to provide quinine as first line if there is no close supervision. The remaining providers (87 staff and two nurses per health center) from the 21 CRS-assisted HZs were trained in Malaria this quarter during the PMA training.

#### **4) Develop communication program focused on home care, care seeking and recognition of signs of danger that include BCC materials and relay training**

BCC materials are now available and training has begun. Community relays will be training in the following quarter as subscribed in C-IMIC plan. (please refer to C-IMCI section)

### **IMPROVE AND PROMOTE MALARIA PREVENTION**

<b>Performance Indicator</b>	<b>Year2 Quarter target</b>	<b>Y2Q1 Numerator</b>	<b>Y2Q2 Numerator</b>	<b>Y2Q3 Numerator</b>	<b>Denominator</b>	<b>% Coverage in Y2Q3</b>	<b>% Target Achieved as of Y2Q3</b>
Percent of pregnant women in targeted health zones received IPT	172,070	35,682	32,513	40,119	53,772	75%	63%
Percent of pregnant women, received LLINs in targeted health zones*	43,717	4,075	11,185	7,805	54,646	14%	53%
Percent of pregnant children under the age of five, received LLINs in targeted health zones*	156,283	11,553	8,132	8,856	39,071	23%	18%

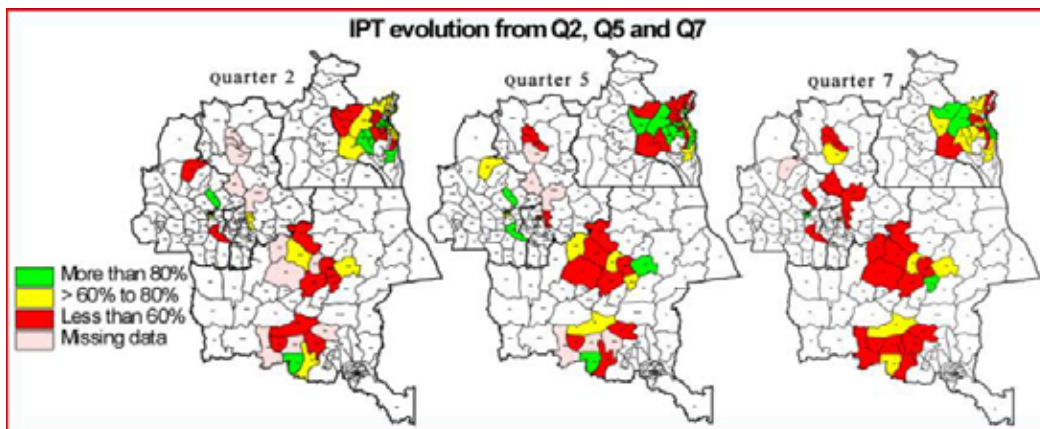
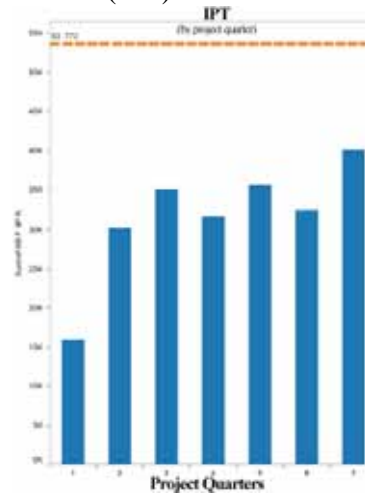
\*target for year two has not been met for LLINs as containers of impregnated nets are currently arriving in country (Bukavu, Lubumbashi, and Matadi). Year one distribution of 215,000 nets has been completed.

SP (Fansidar) is provided systematically in each supported HCs as part of the Intermittent Preventive Treatment (IPT). However, the quantities of SP have been insufficient. The

project has already ordered a supplemental quantity to cover the all HCs since the coverage is still low in all provinces as shown in the graph and table below. Efforts must be redoubled in order to improve this indicator. Transient stock-out of Fansidar in certain districts caused a temporary decrease in IPT coverage. This has been rectified and is already starting to increase.

### Progress in Intermittent Preventive Treatment (IPT)

DISTRICTS	IPT percentage from start to present						
	1	2	3	4	5	6	7
BUKAVU	82%	147%	59%	60%	60%	56%	51%
SK- CENTRE	85%	90%	77%	74%	67%	59%	53%
SK- OUEST	58%	67%	64%	76%	70%	70%	78%
SK- SUD	65%	53%	76%	121%	71%	61%	73%
<b>Total</b>	<b>76%</b>	<b>79%</b>	<b>70%</b>	<b>84%</b>	<b>68%</b>	<b>63%</b>	<b>67%</b>
KAMINA	31%	32%	25%	40%	42%	18%	41%
KANANGA	62%	55%	35%	45%	77%	32%	28%
LODJA					22%	28%	31%
MALEMBA	32%	36%	49%	48%	66%	61%	65%
MBUJI-MAYI	37%	60%	48%	37%	37%	43%	46%
<b>Total</b>	<b>43%</b>	<b>45%</b>	<b>39%</b>	<b>44%</b>	<b>52%</b>	<b>38%</b>	<b>44%</b>
KOLWEZI	30%	30%	38%	32%	40%	40%	44%
SK- NORD	58%	65%	74%	65%	51%	47%	54%
<b>Total</b>	<b>58%</b>	<b>51%</b>	<b>56%</b>	<b>49%</b>	<b>46%</b>	<b>44%</b>	<b>49%</b>
<b>Grand Total</b>	<b>59%</b>	<b>61%</b>	<b>56%</b>	<b>61%</b>	<b>57%</b>	<b>49%</b>	<b>54%</b>



### LLINS (long lasting insecticide treated nets)

For year two AXxes partners received 172,000 Long Lasting Impregnated Nets (92,000 for ECC; 56,000 for CRS and 24,000 for WVI).

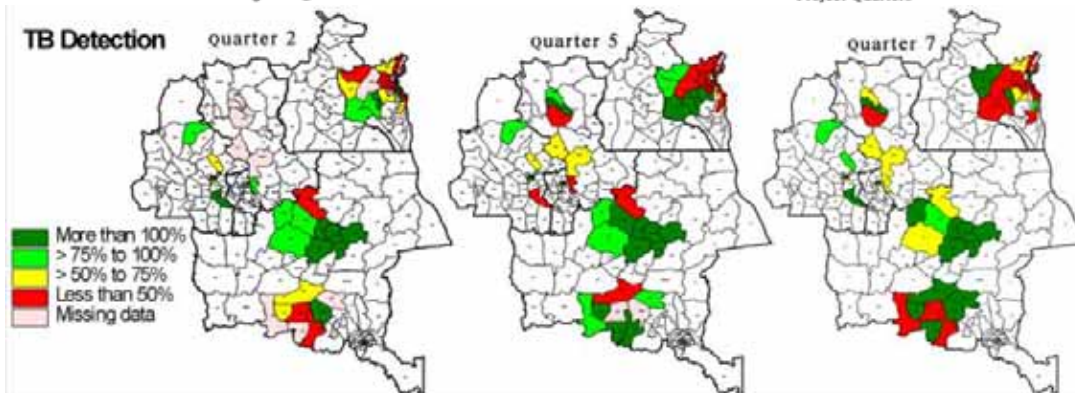
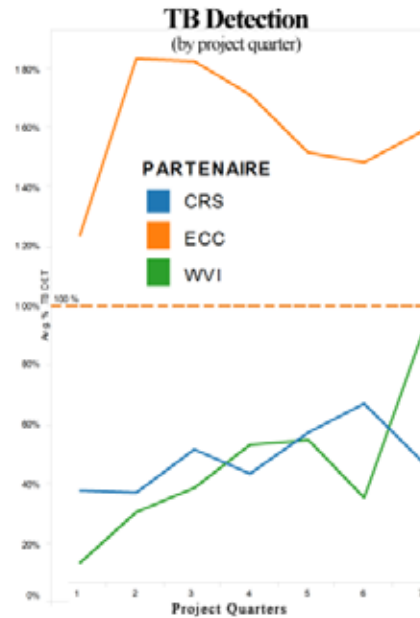
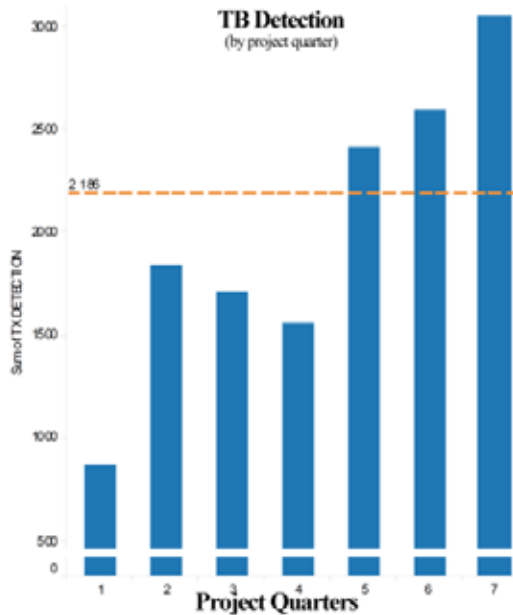
AXxes LLIN are distributed during antenatal clinics and the cost is now included in episodic rate set between FC 350 and FC 500 FC (\$ 0.7 to \$ 1). The episodic rate also covers other antenatal care consultations including SP, Iron and Mebendazole. Instructions about inclusion of LLIN in episodic system were given to all HZMTs for diffusion in all health facilities. Implementation and follow up is being done in order to evaluate the impact on use of services.

## A.5 Improve TB detection and treatment

### Overall Objective and Progress:

The detection rate of TB continues to increase. The highest detection rates are observed in ECC-assisted HZs, especially Malemba Nkulu and Lodja districts. In South Kivu, on the other hand, TB detection rate is low and there is considerable variation each month and in each HZ. Most likely is because of low skills for health providers resulting to non compliance to PATI 4 ordinogramme but other possibilities need to be explored. A prevalence study is being in preparation in collaboration with WHO, MOH, PNT, AXxes and other partners.

DISTRICTS	TB Detection rate from start to present						
	1	2	3	4	5	6	7
BUKAVU	24%	16%		0%	44%	95%	52%
SK- CENTRE	17%	25%			20%	39%	16%
SK- OUEST	77%	51%	51%	65%	101%	96%	71%
SK- SUD	70%	36%		0%	25%	31%	37%
Total	38%	37%	51%	43%	57%	67%	47%
KAMINA	77%	69%	89%	74%	83%	81%	87%
KANANGA	36%	72%	57%	54%	66%	81%	80%
LODJA					136%	118%	120%
MALEMBA	265%	348%	370%	342%	348%	292%	373%
MBUJI-MAYI	91%	129%	97%	89%	76%	75%	88%
Total	123%	183%	182%	170%	151%	148%	159%
KOLWEZI		41%	43%	76%	98%	44%	134%
SK- NORD	13%	23%	34%	28%	15%	26%	40%
Total	13%	30%	39%	53%	54%	35%	91%
Grand Total	68%	81%	116%	108%	90%	85%	100%



There is an alarmingly high number of cases in the Malemba-Nkulu and Lodja districts. When one breaks this down, it is evident that most cases are in Lodja city. However, a recent July visit by the M&E officer reveals that a high number of these cases are imported from surrounding HZs. We believe that the high numbers in Lodja are accurate. Project AXxes will investigate the situation in Malemba Nkulu and surrounding HZs with the PNT.

### Breakdown of Malemba and Lodja Districts rates

TB Detection rate break down to districts with high rate in Quarter 7

ZS	1	2	3	4	5	6	7
LODJA					288%	260%	267%
OMENDJADI					93%	54%	64%
VANGAKETE					27%	21%	28%
<b>Total</b>					<b>136%</b>	<b>118%</b>	<b>120%</b>
KINKONDJA	103%	124%	137%	95%	145%	165%	187%
LWAMBA	304%	423%	738%	759%	623%	423%	656%
MALEMBA NKULU	384%	410%	300%	214%	213%	351%	374%
MUKANGA	358%	557%	198%	348%	429%	390%	498%
MULONGO	300%	295%	478%	292%	283%	132%	148%
<b>Total</b>	<b>265%</b>	<b>348%</b>	<b>370%</b>	<b>342%</b>	<b>348%</b>	<b>292%</b>	<b>373%</b>
<b>Total</b>	<b>265%</b>	<b>348%</b>	<b>370%</b>	<b>342%</b>	<b>284%</b>	<b>232%</b>	<b>278%</b>
<b>Grand Total</b>	<b>265%</b>	<b>348%</b>	<b>370%</b>	<b>342%</b>	<b>284%</b>	<b>232%</b>	<b>278%</b>

### Comments on Past Quarter Activities:

#### **1) Train HZ teams in program and DOTS supervision as a regular HZ activity.**

TB training of remaining personnel is scheduled for next quarter when the PATI 4 version is ready. An early training program with draft protocol was implemented in Kolwezi district this past quarter.

#### **2) 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**

New CSDTs are being established with the provision of HZs with microscopes (110 this quarter) and regents by Project AXxes. TB detection coverage is still low in some districts because many treatment centers (CST) are not operating and turnover of trained staff is high. Supervision from HZMTs is weak and there is no support/motivation to encourage people with symptoms to be screened. Community relays and CODESAs need support to encourage people to seek prompt diagnosis and treatment and to train health workers in management of co-infection (TB/HIV). Project AXxes works with National TB coordinators from each Province to identify training needs and other support related to TB diagnosis and treatment

#### **4) Educate population about TB program and CB-DOTS through relays and via radio**

Plans are in place to promote this via community based and radio messages next quarter.

#### **5) Implement community-based DOTS (CB-DOTS) strategy with local communities in providing the treatment supervision through community relays**

South Kivu as well as Katanga TB coordinators are suggesting that we conduct a pilot CB-DOTS in few selected HZs before scaling up in all HZs. The question must be discussed with all stakeholders including the national program before defining a position. This component would be implemented after the C-IMCI training next quarter. Lessons learned from pilot experiences will be applied.

## **A.6 HIV/Aids (Blood safety and PMCT)**

### **Overall Objective and Progress:**

The HIV/AIDS component concentrates on two key interventions – 1) Establishing blood testing & grouping at Reference Hospitals (HGRs) and Reference Health Centers (CSR) and 2) establishing Prevention of Mother-to-Child Transmission of HIV programs (PMTCT).

### **Comments on Past Quarter Activities:**

#### **A.6.1 ESTABLISH BLOOD TESTING & GROUPING AT HGRS & CSR**

##### **1) Train HGRs & CSR Lab**

The Safe Blood for Africa Foundation which is working in partnership with Project AXxes has supported and organized the training of lab staff from the 6 new HZs in Kasai East. The training has targeted those 6 HZs which were not trained during the first wave of training in year one. With this training, almost all lab staff in the AXxes-assisted HZs have been trained in basic blood safety analysis (screening for transfusion-transmissible infections, blood grouping, compatibility testing, storage and transportation of blood products). The training of providers and peer recruiters will be done in the next quarter in all 57 AXxes supported Health zones.

##### **2) Provide HGR with adequate HIV, HBs, HCV and RPR and blood group tests, and transfusion supplies including refrigerator**

All reagents are still available and have been supplemented by a recent air shipment of HIV tests but the needs remain quite high. This quarter, the national program distributed considerable quantities of blood collecting materials to all HZs in South Kivu. Project AXxes also ordered sufficient quantity of blood safe supplies and including solar refrigerators which have been distributed to health zones to serve for blood collection and storage.

##### **3) Educate, motivate, recruit and retain low-risk blood donors, especially the volunteer non-remunerated blood donors from low-risk population**

Advocacy is continuing through HZMTs to encourage involvement of all community members especially youth. This was stressed during PMA training. The Programme National de Transfusion Sanguine (PNTS) has distributed guidelines to all HZs and given directives on promoting blood donations. In Kolwezi, a campaign is planned for blood donor volunteers for next quarter. Safe Blood for Africa also plans to focus on donor volunteer issues by training people on social mobilization. In South Kivu, HZMTs have asked Project AXxes to support blood donation activity (mobilization and sensitization) in lieu of more blood kits as the national transfusion program has just received from CORDAID, sufficient commodities related to blood transfusion which may cover needs for the rest of year two.

#### **A.6.2. ESTABLISH PMTCT**

##### **1) Integrate PMTCT services in selected HZ (3 sites per HZ)**

The integration of PMTCT services have been completed in ECC and WV assisted HZs in Haut-Lomami, Mbujimayi and Lodja for ECC and in the northern of South Kivu for WV. By the end of this quarter 77 sites are functional.

Focal points: The PMTCT “focal points” have been trained to manage and supervise activities. The average number of PMTCT sites per “focal point” is 15 (3 sites/HZ/5 HZs). Each of them has to visit each site quarterly.

Commodities: PMTCT commodities (HIV tests, Nevirapine, Cotrimoxazole and other consumables) have been distributed to functional sites.

Training: Training for CRS assisted-HZs have been postponed due to conflict with PNLs schedule. It will take place at the beginning of the next quarter.

Structure: Minor repairs to PMTCT sites are in progress to improve counseling boxes setting.

Supervision: Also AXxes followed up and supervised activities in all sites and provided guidance in ways to improve the quality of services. Data has started being collected in all functional sites.

## **2) Train health care workers in management and provision of PMTCT services in HZs**

Up to now 254 clinical staff workers have been trained in PMTCT:

- Kasai Occidental (4HZs) : 33
- Kolwezi (5 HZs) : 43
- Mbujimayi (4 HZs) : 36
- Lodja (1 HZ) : 9
- Haut-Lomami (6 HZs) : 60
- Northern Sud-Kivu (5 HZs) : 65
- PMTCT “focal points” : 8

The HZ’s staff at health center level included nurses (maternity and ANC service) and laboratory technicians. At the reference health centers and HGR, it included also nursing director and the medical director.

## **3) Provide routine HIV testing along with prenatal testing profile to all pregnant women attending antenatal clinics**

This activity is the fundamental step for a successful PMTCT program. It has started and is ongoing in all of the functional PMTCT sites.

## **4) Create an atmosphere that encourages pregnant women (and partners) to be tested**

Repairs of PMTCT counseling rooms are in progress in selected sites in some HZs. In other HZs the project has concentrated in assessing PMTCT sites and compiling needs for rehabilitation. One of the purposes is to improve or install counseling rooms ensure confidentiality and intimacy.

The project also followed-up and supervised activities in all sites through “focal points” and provided guidance in correct integration of PMTCT services as well as the utilization of PMTCT stock.

## **5) Provide HIV infected pregnant women with a complete course of antiretroviral prophylaxis for PMTCT**

This activity is ongoing in functional sites. PMTCT sites have been provided with Nevirapine tablets. We are monitoring dating of products and rotation of stock. Counsel and testing partners/husbands of pregnant women is encouraged.

**6) Provide newborns with a complete course of antiretroviral prophylaxis for PMTC**

This activity is ongoing in functional sites. PMTCT sites have been provided with Nevirapine suspension, syringes and pouches. We are monitoring dating of products and rotation of stock. The number of newborn care for ARV is low.

**7) Provide CTX and MVI to identified HIV infected women as post birth follow up**

Cotrimoxazole tablets and Multivitamin tablets have been distributed to PMTCT sites for HIV-infected pregnant women.

**8) Provide newborns with CTX and MVI as post birth follow up services**

Cotrimoxazole suspension and Multivitamin drops have been distributed to PMTCT sites for HIV-infected women's babies– continuing until 18 months after the birth of the baby.

**9) Refer positive newborns, HIV infected children and infected adults to other services:**

- Kolwezi has to refer to HPK (Dilala HGR) where the GTZ is supporting the activity.
- In South Kivu the referral HGR is Katana supported by the BDOM.
- In Kasai Occidental the referral HGR is Tshikaji Hospital which is supported by UNICEF for the long-term care of HIV-infected pregnant women and their babies.

**10) PMTCT USAID Indicators (Cumulative Sept 06- Jun 08)**

<b>PMTCT USAID Indicators</b>	<b>Results</b>
Number of service outlets providing the minimum package of PMTCT services according to national and international standards (1.1)	<b>77</b>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results (1.2)	<b>12,097</b>
Number of HIV infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting (1.3)	<b>57</b>
Number of health workers trained in the provision of PMTCT services according to national and international standards (1.4)	<b>254</b>
Number of HIV-positive pregnant women or lactating women receiving food and nutritional supplementation in a PMTCT setting (1.5)	<b>Not applicable</b>

**IV. Component B: Increased Capacity of Health Zones and referral system**

**Overall Objective:**

Component B of AXxes targets the reinforcement of Health Zone support systems that are essential to the provision of primary health care services and long-term program sustainability. The two areas of emphasis are 1) Improved HZ Planning, Governance, Transparency and Accountability and 2) Improved HZ support systems,

**Comments on Past Quarter Activities:**

**B.1 Improved HZ Planning, Governance, Transparency and Accountability**

**1) Support Health Information System (HIS or GESIS) integration to reinforce M&E**

Project AXxes and provides standard SNIS forms to all assisted HZs and is involved in the process of accelerating the GESIS integration in different provinces. In Katanga Province

Project AXxes in collaboration with the Minister of Health (5<sup>th</sup> direction) trained GESIS TOTs who will be used in the Kolwezi district in August 2008. In South Kivu, the MIP organized regular review sessions with partners to review the SNIS form in order to capture other important missing indicators, including those that have been recommended by USAID through AXxes. A new SNIS format has been developed. Project-wide GESIS training is planned to start this July 2008.

In Kasai Oriental the training of HZMTs and nurses will begin next quarter. In Kasai Occidental, HZMTs were trained in computer use in order to facilitate GESIS integration. All HZs have received computers and are using them. It is expected that after training, HZs will start testing SNIS reporting electronically. The transition will take time but will improve documentation and communication of health information in the long run.

## **2) Conduct monthly reviews by HZMTs w/ providers & COGE**

With the support of AXxes, Monthly reviews are held in all HZs. The project provides a subsidy to each HZ to facilitate these meeting which are necessary because issues are discussed together with local authorities, representative from private health facilities, local NGOs and the like. Main concerns of the AXxes Project are discussed during those meetings: the completeness and promptness in writing and submission of SNIS reports, the support to CODESAs and following up program income. Also issues related to sanitation are discussed including involvement of community in preventive activities such as cleaning the environment (“salongo”), use of clean water at household level, and follow up on the use of LLINs. Other issues of major concern this quarter was the integration of private owned/faith based health facilities into HZs in order to align to national health policies and strategies and improvement in referrals and counter referrals.

## **3) Reinforce HZ co management and community participation**

Conseil d’Administration (CA) or Health Zone Board meetings are important for planning and monitoring of health zone activities. Thirty six meetings out of 57 planned have been held. Main points discussed during CAs are related to the HZ action plans and to problems in the community such as lack of local authority, poor community participation in health activities and how to resolve issues related to TBAs and traditional practitioners. Also other issues were related to coordination of health services and performance (poor application of national health policies by private health providers, low rate of curative service utilization and high HIV prevalence). Recommendations from CAs this quarter have included:

- Partners to support promotional activities to increase utilization of health care services, integration of TBAs and expand rehabilitation of water sources and health facilities.
- AXxes to provide to the districts a summary of materials provided and their value at least each quarter.
- The HZs to reinforce relationship with communities and to enforce community DOTS strategies.
- The IPS/MOH to work on how to improve and retain/motivate staffing especially those already trained in HZs.

## **4) Train and provide educational materials for CODESA to become functional**

Many CODESA are functional and will be trained on C-IMCI followed by training in finance management and livelihood activities.

## 5) Train and support NGOs in proposal development & management

The Promising Partners Grant program (PPG) of AXxes funds local NGO health and development initiatives to augment and supplement project activities. This quarter Project AXxes solicited and received a number of applications from all partners which together with the USAID health teams were screened for innovation, impact, and feasibility. The submitting NGOs of selected grants were then invited to Kinshasa for training and orientation and ultimate refinement of their particular grant. With USAID input and concurrence from the Agreement Officer (NBO) a total of four grants have been selected for funding this quarter. These projects (average \$30,000 each) will be implemented over the next four quarters and will be reported on in future quarterly reports (see Success Story).

### B.2 Improved HZ support systems

#### 1) Improve drug supply management to reduce stock outs and track credit system

A formal contract is established with depots to ensure that the drug credit line system works including adherence to HZ credit lines, monitoring of usage, and drug management. The challenge is to ensure that each HCs returns funding in a timely manner to recycle their stock. In South Kivu, the BDOM depot was at first reluctant to provide another credit before settling first credits, but agreed to process new requisitions after a certain percentage of funds were re-invested. Most HCs appreciate the system but have concerns about the sustainability of the depot system after Project AXxes is over.

All AXxes implementing partners, including Centrale de Distribution Régionale (CDRs) and depots, benefited from technical assistance and supervision from Management Sciences for Health (MSH) to reinforce drug management. With the support of MSH, training on drug management was organized for the HZs in Lodja during this quarter.

#### 2) Conduct integrated and formative supervisions by HZMT to each HC every month

The supervision of HC teams by the HZMTs has increased to 71% (See details in the Annexes). All CRS-assisted HZ have been visited over the third quarter with an average more than 70% in the four districts. However, in District of Bukavu, HGR and Health centers were less visited mainly in May and June because of specific activities of the District.

Major support/recommendations provided during Project AXxes supervisory visits included:



*Joint supervision Lubudi HZ (COP, WV, HZ teams)*



- Analysis of SNIS reports and guidance to improve.
- Speeding up rehabilitation work by discussing progress with builders, HZMTs, and communities.
- Improve joint supervision including using AXxes Land Cruisers during joint supervision.
- Health providers, community relays and CODESA to promote use of health services during and after pregnancy in order to increase births attended by skilled persons and proportion of postpartum care.
- HZMTs and HCs to increase support to CODESA and community relays, e.g., by attending their meetings and guiding in write up of their reports.

- HCs to fill registers regularly and correctly compile and submit SNIS reports in time.
- HZMTs to collaborate with AXxes to ensure integration of family planning, post natal services and zinc in all health facilities and make follow up and discuss issues during PHC to improve performance indicators.
- HZMTs to support the work of CODESAs by attending CODESAs meetings in order to find together appropriate strategies to improve activities in the community.

The supervision by the implementing partners to assisted health zones decreased somewhat during the past quarter. This is in part due to known problems with transport, principally lack of commercial carriers. There was also a significant level of training during the past quarter which hampered supervision visits by implementing partners.

## **V. Component C: Increased capacity of national health programs and province/district**

### **Overall Objective:**

Component C provides technical assistance and support at the national and intermediary levels (provincial and district) to increase the capacity for planning, supervision, and monitoring the delivery of primary health care services.

### **Comments on Past Quarter Activities:**

#### **1) Conduct workshops and meetings for the development of policy:**

Three national workshops supported by Project AXxes this quarter were:

- 1) Elaboration of PNSR strategic plan;
- 2) Revision of SNIS surveillance tools and forms; and
- 3) Reinforcement of information systems using the Health Metrics Network tool with the MOH secretariat general in attendance.

#### **2) Assistance to PEV**

With respect to component C, AXxes project worked with the national EPI and its partners, through ICC using IMMUNIZATION BASICS technical assistance (Dr. Michel Othepa).

This helped in the following areas:

- 1) The project chaired the important sub group of program management, partnership and coordination and helped to do a critical analysis and come up with key findings and recommendations.
- 2) The project helped in the development of memorandum of understanding (MOU) between Ministry of Health (MOH) and its partners (WHO, UNICEF, ROTARY, USAID, etc.) for the implementation of the developed plan (EPI plan)
- 3) Worked with WHO/IST-centre and helped with the preparation of the proposal to GAVI Alliance for pneumococcal vaccine introduction. Activities were undertaken to:
  - Update the comprehensive multi-year plan (cMYP);
  - Review the annual EPI plan taking into account the revised cMYP;

- Develop a plan for the introduction of pneumococcal vaccine; and
  - Complete the GAVI Alliance support plan (submitted in May).
- 4) Worked with the selected Civil Society Organizations (CSOs) for GAVI Alliance support and helped them to prepare their plans taking into account the objectives and targets from the Health System Strengthening (HSS) and cMYP objectives
  - 5) Mid-annual EPI review (July 2008)

### **3) Support provincial/district technical meetings (BTD, CPP, BTP)**

AXxes supported the BTD and annual reviews for the districts and provinces of Kasai Occidental, Kasai Oriental and South Kivu. All AXxes coordination offices participated regularly in several meetings with other partners at the provincial and district levels such BTD, CCIA, ECP, “comité de pilotage”. Katanga Province has started supervision visits in Kolwezi. This Quarter, the new MIP (Erick Sompwe) visited Kolwezi from 17–20 May 2008. The mission objective was to reinforce HZMTs leadership and check compliance of HZMT operations with MOH guidelines. The MIP specifically focused on assessing the functioning of HZMTs, the availability and adherence to MOH Strategy to Reinforce Sanitation and Health Systems (SRSS) and to countercheck the quality of SNIS reporting. It was noticed that the district of Kolwezi has remained inactive.

Other main activities supported by the project AXxes in South Kivu were :

- Annual review March 31 to April 04, in which all of HZs have participated
- Workshop on elaboration of health norms with the participation of all HZs
- Internet installation at IPS office, where 10 offices are now connected to the network; an important tool to facilitate report sending.

### **4) Support the supervisions of the MOH intermediate level by the central level**

To improve the capacities of Kasai Occidental (MID) (District Medical Inspection), AXxes has supported supervision by a consultant whose scope of work was to stimulate MIDs in the supervision of HZs. The project also provided funds to the 5<sup>th</sup> direction to harmonize tools and forms and to prepare the supervision of MIDs for next quarter.

## **VI. Consortium and Project Management**

### **Overall Organization:**

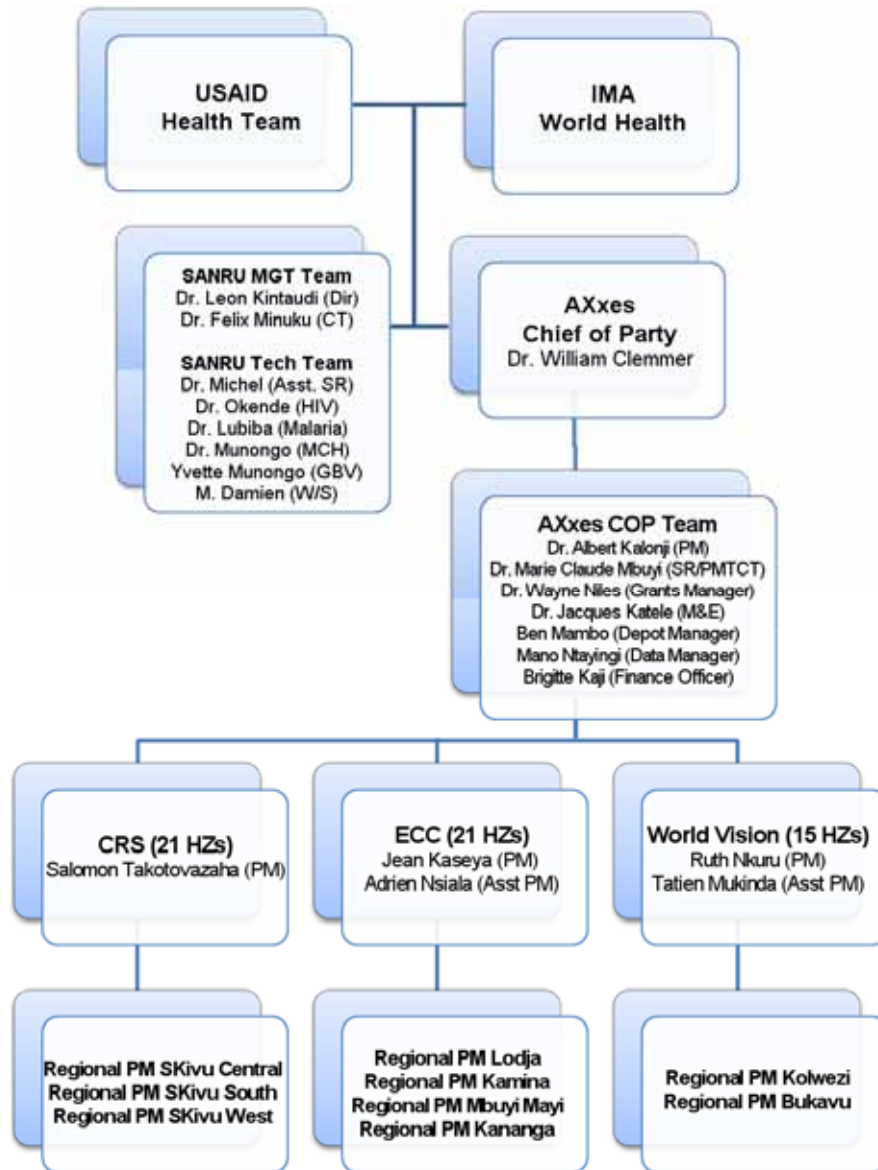
IMA World Health (IMA) as prime recipient for Project AXxes. IMA collaborates with three implementing partners -- World Vision (WV), The Protestant Church of Congo (ECC) and Catholic Relief Services (CRS). Each partner manages project assistance to several district clusters of health zones.

**Comments on Past Quarter Activities:**

**1) Updated Project Organizational Chart**

With the departure of Dr. Larry Sthreshley in May for a twelve month assignment/furlough in the U.S., Dr. William Clemmer became AXxes Chief of Party. An updated organizational chart is shown below:

**Project AXxes Organizational Chart**



**2) Participate in quarterly meeting with implementing partners**

A full partners meeting is planned for next quarter in September. Meanwhile, all of the project managers from the implementing partners met with the COP team to review year two budget expenditures, data management, and to begin preparations for the year three budget. A new tool (Tableau) was introduced for data management and graphing.

### **3) Supervise AXxes implementing partner teams in field**

Dr. Clemmer and the COP program manager (Albert Kalonji) visited WV in Lubumbashi and WVI and CRS in South Kivu in mid May 2008. Apart from orienting himself with field teams he focused on sharing project progress especially on achievements of WV Health Zone indicators and challenges. He advised program managers to reinforce supervision of HZs and data collection in order to improve SNIS reporting. As a result, WV compiled a planning document indicating key activities to be finalized by the end of Year 2 and strategies on how to ensure their completion.

Kolwezi was also supervised by the COP PF Focal Point (Yvette Mulongo) and a HKI Nutritionist (Aimerance Kabena). The objective of the visit was to evaluate the progress of family planning activities including management of information and FP supplies. The trip also permitted them to work with the WV AXxes team and MOH partners in the field to identify solutions to address several observed challenges. The FP Focal Point recommended that WV improve its collaboration and communication concerning AXxes activities with HZMTs, the District team and other stakeholders by reinforcing joint supervisions in order to deal with issues as an integrated team. The HKI nutritionist focused on the progress of integration of Zinc in pilot zone, its utilization, and how to promote it in the community. She advised promotion of Zinc in the community through sensitization using BCC, to reinforce supervision and retraining of health workers.

### **4) Distribute procured project commodities as per consignment**

This quarter, AXxes partners received a number of commodities for HZs. Among them include motorbikes, medicines, PMTCT materials, hospital beds, refrigerators, LLINs and many more. Please refer to Annex 1 for the entire list of commodities distributed.

### **5) AXxes M&E system improvement and preparation for DQA**

The COP team benefited from the technical assistance of Dr. Nkossi Dambita, the M&E expert from JHU. He installed and taught the COP team how to use a new data management software, called *Tableau*. This software was also presented to the AXxes implementing partners. The TA also helped the project and partners to be prepared for an anticipated Data Quality Audit (DQA). Many useful recommendations and procedural improvements came out of this process. Also *Tableau* is now being used to generate tables and charts for this quarterly report. Dr. Nkossi will come back on August to help 4<sup>th</sup> and 5<sup>th</sup> direction install the server and the tableau program. He will help also to share this software with the AXxes implementing partners.

### **6) USAID team visit**

In May World Vision and other partners supported by USAID in Lubumbashi had an opportunity to host US PEPFAR Ambassador to DRC (Mark Dybul) and his delegation (The DRC Health Minister, US Ambassador in DRC, USAID Mission Director in DRC, USAID Health Officer in DRC and DC Chief of Party in DRC). WV provided two Land Cruisers as part of logistic support for the delegation. During his speech, Mark Dybul explained about US commitment in DRC. He congratulated the work that is being done by the DRC Government and its people, NGOs and other partners. He explained about US intention to deepen its relation with DRC and to increase its assistance. He said, "*The US Government is expecting to double its assistance in the DRC from US\$15 million to 30 million in 2008*"

## VII. Environmental Impact Compliance

All HZs assisted by AXxes and the implementing partners are involved in improving the handling of medical waste. HZs are encouraged to ensure that disposal of medical wastes is handled and done correctly. Pits have been dug and incinerators have rehabilitated or constructed to handle bio waste. During the past quarter, eleven incinerators were built in CRS-assisted HZs and three in ECC-assisted HZs. WV has completed the construction of 12 of the 15 incinerators planned for this year.

Incinerator for Lubondaie Hospital



In June, Dr Wayne Niles and Mano Ntayingi from AXxes-COP attended a training session held by USAID-Encap in Kinshasa to provide USAID implementing partners with Environmentally-Sound Design and Management (ESDM) skills. Based on those perspectives, the AXxes M&E team is preparing an Evaluation, Monitoring and Mitigations Plan to follow up on activities classified as negative determination by the Initial Environmental Examination (IEE) in order to minimize environmental harm during the life of the project. This action plan will address some weakness observed in the reporting checklist especially by 1) helping HZs to have written plans and procedures on medical waste management utilizing universal precaution 2) training staff to improve practices and protection; and 3) improving waste handling, treatment and storage practices

## VIII. Program Performance Indicators

The AXxes project team has jointly with USAID identified 28 project indicators from the categories of maternal and child health, family planning, malaria, tuberculosis and other public health threats. Most of these indicators have been presented in this report in the Executive Summary and/or in their respective technical section. Please see Annex 1 for the complete list of indicators and current progress through this quarter.

Other indicators that have been found useful in 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.

## IX. Success Stories



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FROM THE AMERICAN PEOPLE

## SUCCESS STORY

### PROMISING PARTNER'S GRANT



*The AXxes 'The Promising Partners' Grant' not only fosters innovative ideas, but also builds the capacity of grass root NGOs to develop, manage and monitor sustainable health projects within their communities.*

To paraphrase the team leader of the USAID health team in DRC "Some of the best development ideas spring up not in Washington or Kinshasa but in the areas where they are most needed". One of the components of Project AXxes, 'The Promising Partners' Grant' (PPG) was designed to foster and develop just that.

This past quarter a number of proposals were submitted to Project AXxes. Ideas ranged from focusing on low-risk (as opposed to high risk) persons in mining areas of DRC where the seroprevalence of HIV/Aids is the highest in the country and low risk students become high risk workers. Another group wanted to establish community run micro-enterprises aside health clinics with cooperative management. One NGO sought to form clubs; bringing together parents, students, and teachers to bring to light the problem of sexual harassment of female students; others addressed the issue of girls becoming mothers or prostitutes. In another region where sexual assault is prevalent, a group wanted to ensure that victims of rape come forward and that perpetrators were prosecuted. Their appeal for funding was based on the premise that many in rural areas don't recognize sexual assault as a crime. A program in Katanga Province recognizing that malnutrition is both a socio-economic and health phenomenon, sought to identify high risk families and screen children based on risk factors, intervening before the vicious cycle of malnutrition started.

The PPG program seeks to not only foster ideas, but to train and support grass root NGOs to implement them. After a process of submissions and screenings several NGO representatives were invited to Kinshasa where Project AXxes staff worked with them in developing proposals, procedures and protocols. A two-tiered training process involved writing skills, budget establishment, creation of indicators, and modalities to monitor and measure progress.

Four new grants, ranging from \$25,000 to \$30,000, were selected this quarter for funding and submitted to the USAID for approval. Project AXxes believes that the success in these endeavors will be twofold: First, through the delivery of health and development services to communities in need and second, by fostering of local ideas and grass root organizations that not only give credence to local initiatives, but represent hope for sustainability in development, long after Project AXxes has fulfilled its objectives.



## SUCCESS STORY

### WV AXxes Integration into Roll Back Malaria Program in Kolwezi District



LLINs at WV AXxes Depot in Kolwezi before distribution in Health Zones



**Mama Mujinga with her children under LLIN**

*Mujinga Ilunga, a mother of 3 children under five was thankful to Project AXxes for providing her with 4 LLINs for herself and the children. "Before we started using LLINs, I was always seen in this health center (Kinsanfu) almost every other week because my children were getting fever from malaria" she said.*

U.S. Agency for International Development  
[www.usaid.gov](http://www.usaid.gov)

According to WHO, malaria is the leading cause of death of children under the age of five in Africa. It is estimated that 3,000 children under the age of five years fall victim to malaria each day. Malaria also affects pregnant women who are particularly vulnerable. The disease also takes an economic toll because of reduced productivity. Malaria is a significant threat in DRC where the most aggressive species, Plasmodium Falciparum is endemic and a significant cause of morbidity and mortality.

As a strategy to respond to this challenge, World Health Organization and other UN agencies introduced the Roll Back Malaria (RBM) program in 1998 with the goal of halving the global burden of malaria by 2010.

Kolwezi District, like many other areas in the developing world has a high incidence of Malaria. It is located in South-Eastern part of the Democratic Republic of Congo (DRC) in Katanga Province. The population is estimated at approximately 750,000. Kolwezi District has 8 Health Zones; two urban and six rural, all supported by Project AXxes.

In Kolwezi District, almost 85% of transfusions in children under 5 years and 40% of miscarriages are due to malaria (*National Malaria Control Program Report, 2007*). RBM control strategy includes effective treatment of malaria, use of Insecticide Treated bed Nets (ITNs), implementation of vector control activities and use of preventive treatment (TPI) for pregnant women. Before AXxes project began its work in the area, RBM activities concentrated on treatment only. There were no partners to support other activities especially distribution of ITNs.

As a result of AXxes interventions, all of the RBM components have been reinforced including use of ITNS where WV AXxes has distributed more than 47,000 LLINs for pregnant women and children under five years since project inception.

"Since September 2007, we have noticed that malaria episodes in children are decreasing" said the Medical Doctor in charge of Dilala Health Zone, DR. Ngoy Peke Josee. Thank you Project AXxes!