

SANRU III Evaluation

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Annex 1. Composition of the Minimum Package of Activities, MOH, May 2002

Activity	MOH PMA, SANRU May 2002 proposal	Comments
1. Growth Monitoring for the Under-Fives, including the following:		
(i) early detection of nutritional deficiencies through physical examination and simple biological tests	P	
(ii) immunization against the six EPI diseases	P	
(iii) chemoprophylaxy, including for worm infestations	P	
(iv) provision of Vitamin A and micro-nutrients	P	
(v) promotion of breast-feeding	P	
(vi) referral of risk cases	P	
(vii) follow-up, including through home visits	O	
2. Prenatal Consultation, including the following:		
(i) detection of risk factors through physical examination and simple biological tests	P	
(ii) immunization against tetanus	P	
(iii) chimio-prophylaxy for malaria	P	
(iv) provision of micro-nutrients, including iron and folic acid	P	
(vi) referral of risk cases	P	
3. Family Planning Consultation, including the following:		Was not included in the SANRU definition of PMA
(i) general and gynecological physical examination	P	
(ii) immunization against tetanus	P	
(iii) chimio-prophylaxy for malaria	P	
(iv) provision of micro-nutrients, including iron and folic acid	O	
(v) referral of risk cases	P	
(vi) follow-up, including through home visits	O	
4. Post-natal Consultation, including the following:		
(i) risk detection through anamnesis	P	
(ii) risk detection through general and gynecological examination	P	
(iii) consultation of new-borns	P	
(iv) supplementation with Vitamin A	P	
(v) Family planning counseling	P	SANRU did not consider it necessary to ensure provision of FP counseling, and contraceptives in the context of a core PMA.
(vi) provision of contraceptives, including pills, foams, condoms, and injectables.	P	
(vii) referral of special cases	P	
(viii) well-baby counseling	P	
5. General Curative Consultation, including the following:		
(i) general anamnesis	P	
(ii) general physical examination	P	
(iii) demands for simple ancillary examinations, including detection of common parasites of stool, urine and blood; detection/measurement of sugar in urine and blood; and measurement of hemoglobin in blood	P	
(iv) general counseling	P	
(v) prescription of primary health care drugs	P	
(vi) minor surgery, including wound suture, circumcision, simple tooth extraction, and simple bandages	P	
(vi) short-term hospitalization	P	
(vii) referral of special cases	P	
6. Chronic Diseases Consultation, including the following:		
(i) specific anamnesis	P	
(ii) specific physical examination for diabetes, hypertension, sickle-cell anemia, tuberculosis, or HIV infection,	P	HIV/AIDS, TB, Oncho, and Trypanosomiasis were added on top of PMA. This seems to indicate that the Project did not consider these public health issue

Activity	MOH PMA, SANRU May 2002 proposal	Comments
		as elements of the minimal package.
(iii) demands for basic specific ancillary examinations	P	
(iv) specific counseling	P	
(v) prescription of specific drugs	P	
(vi) short-term hospitalization	P	
(vii) referral of difficult cases	P	
(vi) follow-up, including through home visits	O	
7. Nutritional Rehabilitation, including the following:		
(i) specific clinical examination, including anthropometry	P	
(ii) demand for basic nutrition-specific ancillary tests and examinations	P	
(iii) nutritional counseling	P	
(iv) food and nutrients supplementation	P	
(v) short-term hospitalization	P	
(vi) referral of difficult cases	P	
(vi) follow-up, including through home visits	O	
8. Maternity Care, including the following:		
(i) admission of parturients	P	
(ii) labor monitoring	P	
(iii) delivery assistance	P	
(iv) provision of immediate post-partum care	P	
(v) provision of care to new-borns, including immunization against tuberculosis	P	
9. Promotion of Community Participation, including the following:		
(i) community meetings, including with local leaders and groups	P	
(ii) water and sanitation-related activities, including promotion of public hygiene as well as construction and maintenance of sources of potable water, and hygienic latrines	P	
(iii) food-related activities, including gardening, fisheries, and food transformation	P	
(iv) income generating activities	O	
(v) construction and maintenance of social infrastructures, including roads, health center, schools, local market, and other community buildings	O	
(vi) follow-up, including through home visits	O	
10. Support Activities, including the following:		
(i) Conduction of basic biological and other para-clinical examinations	P	
(i) Drug management, including needs planning, procurement, stocking, and distribution	P	
(ii) Human resources management	P	
(iii) Logistic and management of material resources	P	
(iv) Management of financial resources	P	
(v) Planning, monitoring and evaluation (Data management and health information system)	P	

Source: MSP: Normes sanitaires de la Zone de Sante, Mai 2002

Note: P stands for "Activity was integrated in the May 2002 proposal"; O stands for "Activity was not integrated in the proposal"

Annex 2: DEVELOPMENT AND IMPLEMENTATION OF SANRU III

Annex 2-1: KEY DATES AND EVENTS

March 2000: Leon Kintaudi and Larry Sthreshley meet with the USAID director (Ron Harvey) and health officer (Reggie Hawkins) to enquire if USAID might be willing to fund some activities through ECC-DOM in support of ECC co-managed health zones. They were thinking in terms of a modest level of funding (\$1,000,000) for perhaps twenty health zones.

May 2000: Ron Harvey goes to Washington to discuss the situation in Congo. He meets with Ray Martin (former Zaire Health Officer), Katherine Crawford (Congo Desk Officer) and Frank Baer (former project manager for SANRU I/II. He raises the question if it would be feasible to use the umbrella NGO structure of ECC to manage a grant-funded project to provide resources to NGO-assisted health zones in Congo.

June 2000: Based on the May meeting Ron Harvey encourages Tulane University to send Frank to Congo to conduct an assessment with the SOW to:

- 1) assess the feasibility of using the umbrella NGO structure of ECC to manage a grant-funded project to provide resources to NGO-assisted health zones in Congo, and
- 2) assist ECC in developing a concept paper for an umbrella-NGO project that identifies potential strategies, types and levels of assistance and an administrative structure.

The assessment conclusion was as follows:

A SANRU III project managed via the NGO umbrella structure of ECC is feasible given the existing capacities at the national level. The project would be entirely consistent with MOH policy. While the degradation of the transportation system and presence of rebel groups will make implementation difficult, the existence and persistence of the NGO network is a workable mechanism to get assistance to health zones. ECC has also identified a qualified U.S.-based partner agency to assist in procurement and overall financial management.

Based on that conclusion a concept paper to provide assistance to up to 60 HZ and three budget scenarios (See Table 2-1) were prepared and discussed with USAID.

Table 2-1: SANRU III PROJECT THREE SCENARIOS

	Scope of Project Objectives and Resources		
	Low	Mid	High
Objectives for program interventions	PMA HIV/AIDS Malaria	PMA HIV/AIDS Malaria Onchocerciasis	PMA & PCA HIV/AIDS Malaria, Nutrition Onchocerciasis, Tuberculosis Water/Sanitation
Objectives to reinforce support systems	Supply Lines Training Equipment Communications Health Education	Supply Lines Training Equipment Communications Health Education Health Info System	Supply Lines Training Equipment Communications Health Education Health Info System
Assisted Health Zones (total number)	25	40	60
Amount per HZ & per year (in USD)	\$39,000	\$53,500	\$60,000
Budget per year (in US dollars)	\$1,500,000	\$3,100,000	\$5,000,000
Project Mgmt Fee (% of total budget)	35%	33%	30%

August 2000: A draft proposal prepared by IMA/ECC for SANRU III is prepared and sent to USAID. USAID suggests that IMA also submit a proposal to OFDA for funding for an immediate startup of activities. OFDA agrees to provide \$1,000,000 in funding. PC (USA) contributes \$150,000 to place the first order of medicines while we are waiting for the disbursement of OFDA funds.

October-November 2000: USAID releases an *Integrated Health/Humanitarian Action Plan: 2001* that is inspired in large part by the SANRU proposal. IMA/ECC are encouraged to revise the proposal so that it is compatible with USAID's Action Plan.

December 2000: Frank Baer makes a second trip to begin the detailed implementation planning process for the Emergency Response Phase of SANRU III. Major activities during this trip included Selection of health zones; Revision of the budget; Time Table of Activities; SANRU III Organizational Chart and Job Descriptions; and Development of a 2001 SANRU III poster calendar. The work involved daily meetings with Dr. Leon Kintaudi, ECC's project director for SANRU III and Dr. Bill Clemmer, IMA's in-country project manager for SANRU III.

March 2001: Frank Baer's third trip includes a ceremony between USAID and the MOH to sign an MOU for SANRU III. The U.S. Ambassador indicates that he wants to see SANRU present in all regions. The trip also included discussions with the MOH about HZ selection and with UNICEF regarding a supplemental grant from USAID via UNICEF for SANRU-assisted HZs. A revised unsolicited proposal for SANRU III is again submitted to USAID.

May 2001: A five-year \$25,000,000 cooperative agreement is signed between USAID and IMA for SANRU III. Assistance begins with 65 health zones, but with plans to increase to 80 health zones.

January 2003: With the funding of the PMURR (*Programme multisectoriel d'urgence pour la rehabilitation et le reconstruction*) project some health zones targeted for assistance by SANRU III are shifted to assistance by PMURR, e.g., HZs around Tshikapa. A few new health zones were targeted in Mai-Ndombe and Equateur to replace those health zones. Work in Eastern Congo is complicated by competition with humanitarian program and instability. Assistance is suspended to several health zones. The SANRU team begins to question whether they should not add more health zones, or even reduce the number of health zones assisted.

June 2003: Following the USAID assessment and recommendations the number of HZs assisted is reduced to 56. Of those, 20 HZs (36%) are co-managed by non-ECC groups. Those 20 HZs include 18 co-managed by BDOM and two managed by secular NGOS (DOCS in Goma, and AFDI in Kakenge).

November 2004: SANRU III Project Director, *Dr Leon Kintaudi* was named by Time Magazine, Inc. as one of their 2005 Global Health Leaders. Dr Kintaudi was recognized at the Global Health Summit in New York City in November 2005. Dr Kintaudi was recognized for his leadership of the IMA/ECC managed health projects in DRC including the flagship, SANRU III project and the impact these have had on the health of over 9 million persons.

Annex 2-2: DIFFERENCES BETWEEN SANRU I/II AND SANRU III

SANRU III was a cooperative agreement between USAID and IMA/ECC based on an unsolicited proposal that IMA and ECC prepared and submitted. In comparison with the previous projects, therefore, there was less management of the project by USAID than would normally be the case with a USAID-designed and competitively bid project. The following table shows key differences between these projects.

Table 2-2: Differences between SANRU I/II and SANRU III.

Factor	SANRU I/II	SANRU III
Type	Bilateral Project between USAID and Gov't of Zaire	Cooperative Agreement (Grant) between USAID and I.M.A./ECC
Design	Project designed by USAID	Unsolicited Project designed by I.M.A. and ECC
Management	USAID, MOH and ECZ provide significant management input.	I.M.A./ECC provides all management
Funding	Approx. 50% in dollars and 50% in Counterpart Funds (CPF)	100% funding in USD. This creates added rigidity
Financial Management	USAID manages the dollar budget; ECZ manages CPF	All funds managed by IMA. IMA does int'l procurement. ECC takes care of all local disbursements.
Health Zones	Assistance to 50-100 HZs	Assistance to 56 HZs co-managed by FBOs/NGOs (36% non-ECC)
Level of Assistance	\$20,000-40,000 per year	Budgeted at ~ \$60,000 / year Revised to \$80-100,000 / year

An important difference often overlooked is the source of funding for these projects. SANRU I and II were funded through a combination of USD and locally generated Counterpart Funds (CPF). Under these projects, USAID managed the dollar budget and ECZ managed the CPF budget. Since CPF was considered to be a GOZ contribution, their management was not reportable to U.S. Congress. This provided a great deal of flexibility for the SANRU I and II projects to disburse assistance in cash to health zones without being legally accountable as how those funds were used (or mis-used) within the health zone.

For SANRU III, on the other hand, all funding was in dollars. IMA was ultimately and legally responsible for how those funds are used at all levels. Because of this difference, there was a tendency for SANRU III to centralize procurement in order to minimize the amount of cash sent to Health Zones. SANRU III was therefore perceived as being more rigid than SANRU I/II in its disbursement and management of funds. This is quite true. In actual terms of dollars disbursed, however, SANRU III has provided much more support in both material cash assistance to health zones than SANRU I or II. The accountability of SANRU III-assisted health zones for the management of project funds was much improved over SANRU I/II, but with somewhat less flexibility in local planning and management of project funds.

Another important difference between the projects has been the potential for income generation at the local level. In 1985, a study showed that health zones were capable of covering 60% or more of the operating costs of the BCZ through user fees, and that health centers were able to cover 80% or more of their operating costs. Health Zone teams felt and had a great deal of ownership of the program since they were generating most of the funding for operating costs. Project assistance was primarily for investments. Today, the situation is very different, and health zones are much more dependent on subsidization of the operating

and investment costs of their programs. This tends to put more “ownership” of the program at the project rather than at the health zone level.

Annex 2-3: COLLABORATION WITH OTHER AGENCIES

Agency	Type of Contribution/Collaboration
DFID	Provision of insecticide-treated bed nets
Global Fund	Financing of activities for the control of HIV/AIDS and tuberculosis in 25 health zones for the period 2005-2007
	Financing of activities for the control of malaria in 11 health zones for the period 2005-2007
University of North Carolina, Chapel Hill / Elizabeth Glazer, USA	Assistance in the training of staff of 8 health zones in the prevention of mother-to-child transmission of HIV, 2004-2006
Advance Africa	Assistance in the expansion of family planning services for the period 2003-2004
BASICS	Contribution to implementation of activities related to the Expanded Program of Immunization, Nutrition, and PMA for the period 2001-2004
APOC	Financial and technical assistance in the implementation of onchocerciasis control activities in three districts, namely Bandundu, Bas-Congo, and Tshopo
J&J Vermox and Tibodazole	Financial contribution to the program for the control of HIV/AIDS, 2004-2005
Making City Work	Contribution to the provision of water and sanitation in Kisangani and Dibindi
Environmental Health Project	Contribution to the training of Water and Sanitation Coordinators
Program for Health Reform (PHR+), USA	Conduction of studies aimed at improving management of health centers, 2002-2003
Johns Hopkins University, USA	Contribution to the conduction of KPC and establishment of a data system
Ecole de Sante Publique de Kinshasa, DRC	Conduction of KPC and other studies
Catholic Relief Services, USA	Co-management of the Nselo Health Zone
MEMISA	Co-management of the Djuma Health Zone
FOMETRO	Co-management of the health zones of Mangembo and Kangu
Georgetown University, USA	SDM in Family Planning
WHO	Contribution to the financing and distribution of medicines, 2001-2006
UNICEF	Contribution to the financing and distribution of medicines, 2001-2006
ASRAMES	Contribution in the distribution of medicines in the East of DRC, 2001-2006
COPPI, Italy	Contractual management of the Ikela Health Zone

Annex 2-4: TRAINING ACTIVITIES UNDER SANRU III, May 2001-September 2004

Activity	Participants (type and number)
<i>Period May 2001-Avril 2002</i>	
Training in management of primary health care, Kinshasa, May 27-June 12, 2001	21 MCZ and 13 administrators
Training in management of primary health care, Kinshasa, December 19-27, 2001	32 MCZ and 27 administrators
Training in management of primary health care, Goma, January 1-22, 2001	14 MCZ and 14 administrators
Training in water and sanitation, Kisantu, April 15-19, 2002	13 national trainers
Training in maintenance and repair of vehicles, motorcycles, and bicycles, Kinshasa, March 1-10, 2002	37 drivers and mechanics
Training in minimal package of health services, Goma, February 18- March 8, 2002	10 medical doctors 9 chief nurses
Training in minimal package of health services, Kisantu, February 18- March 8, 2002	33 medical doctors 29 chief nurses
Training in minimal package of health services, Kananga, February 18- March 8, 2002	14 medical doctors 10 chief nurses
<i>Period December 2002-February 2003</i>	
Training in community health work, Kasangulu	40 community workers
Training in minimal package of health services, Wamba	29 service providers
Training in minimal package of health services, Kiri	34 service providers
Training in minimal package of health services, Lukolela	28 service providers
Training in minimal package of health services, Bikoro	60 service providers
Training in family planning, Vanga	21 service providers
Training in family planning, Karawa	158 service providers
Training in family planning, Tshikaji	50 service providers
Training in water and sanitation, Vanga	10 water and sanitation technicians
Training in water and sanitation, Tshikaji	10 sanitation technicians
Training in operation research, Kimpese	7 health cadres
Training in operation research, Kikwit	7 health cadres
<i>Period March-May 2003</i>	
Training in PCIME-C and hygiene, Kimpese	6 service providers
Training in PCIME-C and hygiene, Mbuji-Mayi	16 service providers
Training in minimal package of health services, Kankenge	32 cadres from 6 health zones
Briefing on family planning, Luozi	10 service providers from 1 health zone

Activity	Participants (type and number)
Briefing on family planning, Kinkonzi	10 service providers from 1 health zone
Briefing on family planning, Nselo	10 service providers from 1 health zone
Briefing on family planning, Nsona-Mpangu	10 service providers from 1 health zone
Training in technics for adult training, Kisantu	14 cadres from the National Team of Trainers in Water and Sanitation
Training in management of trypanosomiasis, Mokala	46 cadres from 1 health zone
Training in management of trypanosomiasis, Luozi	32 cadres from 1 health zone
Training in management of trypanosomiasis, Bulape	42 cadres from 1 health zone
Training in management of co-infection with tuberculosis and HIV, Tshikaji	16 service providers from 4 health zones
Training in management of co-infection with tuberculosis and HIV, Mbuji-Mayi	12 service providers from 3 health zones
Training in management of co-infection with tuberculosis and HIV, Kamina	12 service providers from 3 health zones
Training in management of co-infection with tuberculosis and HIV, Kangu	12 service providers from 3 health zones
<i>Period June- August 2003</i>	
Training in minimal package of health services at Masa, Kimpangu, Boko, and Bolenge	Staff of health centers from 4 health zones
Training in management of family planning programs, Tshikaji	30 cadres from 3 health zones
Training in management of family planning programs, Kamina	30 cadres from 2 health zones
Training in management of family planning programs, Kajiji	10 cadres from 2 health zones
Training in polio control activities, Kinshasa	6 regional coordinators from 6 provinces
Training in management of trypanosomiasis, Karawa	35 cadres from 1 health zone
Training in laboratory diagnosis of tuberculosis, Kinshasa	16 laboratory technicians from 16 health zones
<i>Period December 2002-February 2003</i>	
Training in construction of latrines, Bolenge	12 water and sanitation technicians from 11 health zones
Training in repair of water pumps, Kangu	13 water and sanitation technicians from 13 health zones
Training in spring capping, Rutshuru	12 cadres from 12 health zones
Training in family planning, Kinshasa	25 service providers from 13 health zones
Training in family planning, Kinshasa	26 supervisors from 13 health zones
Training in monitoring and treatment of tuberculosis cases, Kikwit	40 cadres from 10 health zones
Training in monitoring and treatment of tuberculosis cases, Kimpese	46 cadres from 12 health zones
Training in maintenance of vehicles, Karawa	9 drivers from 8 health zones
Basic training in immunization under the Extended Program of	12 service providers from 12 health

Activity	Participants (type and number)
Immunization (EPI), Goma	zones
Basic training in immunization under EPI, Gemena	11 service providers from 11 health zones
Training in common laboratory technics, Kamina	36 laboratory technicians from 10 health zones
Training in common laboratory technics, Vanga	55 laboratory technicians from 11 health zones
Training in common laboratory technics, Kimpese	47 laboratory technicians from 12 health zones
<i>Period January-March 2004</i>	
Training in construction of ventilated improved pit (VIP) latrines, Bolenge	12 sanitation technicians from 11 health zones
Training in construction and maintenance of water pumps, Kangu	13 sanitation technicians from 13 health zones
Training in construction of spring capping, Rutshuru	12 water and sanitation technicians from 12 health zones
Training in family planning, Kinshasa	25 service providers
Training in family planning, Kinshasa	26 service providers from 13 health zones
Training in monitoring of tuberculosis control program, Kikwit	40 cadres from 10 health zones
Training in monitoring of tuberculosis control program, Kimpese	46 cadres from 12 health zones
Training in maintenance and repair of vehicles and other transportation equipment, Karawa	9 drivers from 8 health zones
Training in EPI, Goma	12 service providers from 12 health zones
Training in EPI, Gemena	11 services providers from 11 health zones
Training in malaria control activities, Kinshasa	11 service providers from 11 health zones
<i>Period April-Juin 2004</i>	
Training in provision of family planning services, Kahemba	30 service providers from 3 health zones
Training in family planning	115 community "relais" from 3 health zones
Briefing on family planning in DRC, Kinshasa	23 journalists from Kinshasa
Training in communication and utilization of IEC aids for reproductive health, Kinshasa	17 cadres
Training in voluntary surgical contraception and insertion of intra-uterine devices (IUD)	8 service providers from 4 regions
Training in construction of VIP latrines, Bikoro	8 water and sanitation technicians from 4 health zones
Training in construction of VIP latrines, Vanga	12 water and sanitation technicians from 6 health zones
Training in social marketing of insecticide-treated bed nets and intermittent treatment of malaria	6 cadres from 3 health zones
Training in management of pharmaceutical depots	10 cadres from 10 regional depots
Training in management of financial resources	24 cadres from 6 regions
Training in knowledge evaluation and up-date, Gemena	11 cadres from 11 health zones

Activity	Participants (type and number)
Training in PCIME-C, Kasangulu	8 trainers
Training in PCIME-C	87 cadres from 14 health zones
<i>Period July- September 2004</i>	
Training in mini-laparotomy and IUD insertion, Kimpese	10 service providers from 4 health zones
Training in monitoring and evaluation of family planning programs, Kinshasa	12 cadres from 5 health zones
Training in management of family planning programs, Kinshasa	26 cadres from 22 health zones
Training in social marketing of insecticide-treated bed nets, intermittent treatment of malaria and correct case management, Kimpese	27 cadres from 9 health zones
Training in management of financial resources at Kikwit and Karawa	79 cadres from 14 health zones
Training in management principles at Kikongo, Masa, Kisangani, and Karawa	49 cadres from 4 health zones
EPI review and analysis of data from health zones, Kinshasa	10 cadres from 10 health zones
Micro-planning, synergy, and integrated monitoring of diseases and reaction, Kikwit	26 cadres from 13 health zones
Vitamin A micro-planning, Equateur	18 cadres from 9 health zones of the Equateur Province
Training in family planning and PCIME-C at Masa and Kimpese	106 trainers from 7 health zones
Monitoring of tuberculosis control activities, Kinshasa	19 cadres from 10 health zones
Training in basic laboratory technics for the control of tuberculosis and HIV infection, Tshikaji	20 lab technicians from 5 health zones
Training in prevention of mother-to-child transmission of HIV, Kimpese	28 trainers from 8 health zones
<i>Period January-March 2004</i>	
Training in family planning at Masa, Kimpese, Tshikaji, and Karawa	165 animateurs from 15 health zones
Training in management of family planning programs, Kinshasa	26 cadres from 23 health zones
Training in CCV at Karawa, Tshikaji, Kimpese, and Kamina	72 cadres from 18 health zones
Training in basic family planning, Karawa	60 traditional birth attendants from 4 health zones
Training in construction and vulgarization of VIP latrines, Kamina	9 water and sanitation technicians from 9 health zones
Training in financial management of health zones at Boma and Yakusu	54 accountants from 10 health zones
Training in ordinograms and national health information system, Karawa	59 cadres from 3 health zones
Training in management of EPI, Bandundu	10 cadres from 5 health zones
Training in micro-planning and SIMR , Kisantu	26 cadres from 12 health zones
Training in management of nutrition programs, Kisantu	30 cadres from 12 health zones
<i>Period April-June 2004</i>	

Activity	Participants (type and number)
Training in MGF	18 family planning trainers and experts from 5 health zones
Training in MGF at Kimpese, Masa, Karawa, Tshikaji, and Dibindi	Family planning service providers from 5 health zones
Training in reproductive health and family planning at Kabongo, Songa, and Kikondja	76 family planning service providers from 3 health zones of the Katanga Pool
Training in reproductive health and family planning at Mokala, Vanga, and Kikongo	80 family planning service providers from 3 health zones of the Bandundu Pool
Training in PCIME-C, Reproductive health, and Family planning at Kabongo, Songa, Kikondja, Kikongo, Mokala, and Vanga	116 family planning service providers from 7 health zones
Training in IUD insertion	Family planning service providers from 22 health zones
Training in PCIME-C in relation with malaria at Dibindi, Tshikaji, and Bolenge	158 cadres from 6 health zones
Training in PCIME-C in relation with reproductive health and family planning at Kabongo, Songa, Kikondja, Kikongo, Mokala, and Vanga	116 cadres from 7 health zones
Training in financial management of health zones, Kamina	27 accountants from 4 health zones
Training in ordinograms and national health information system at Tshikaji, Dibindi, and Bolenge	137 cadres from 8 health zones
<i>Period July-September 2004</i>	
Training in contraceptive technology at Karawa, Loko, Tandala, Wasolo, and Kinkonzi	110 family planning service providers from 5 health zones
Community evaluation of reproductive health and family planning activities, workshops at Karawa, Loko, Tandala, Wasolo, Kinkonzi, and Masa	325 cadres from 6 health zones
Training in rational management of drugs at Kajiji, Kahemba, Nselo, and Masa	472 cadres from 4 health zones
Training in management of primary health care, Kinshasa-Mbiti	A total of 18 cadres (comprising 12 MCZ and 6 regional supervisors of polio) from 12 health zones

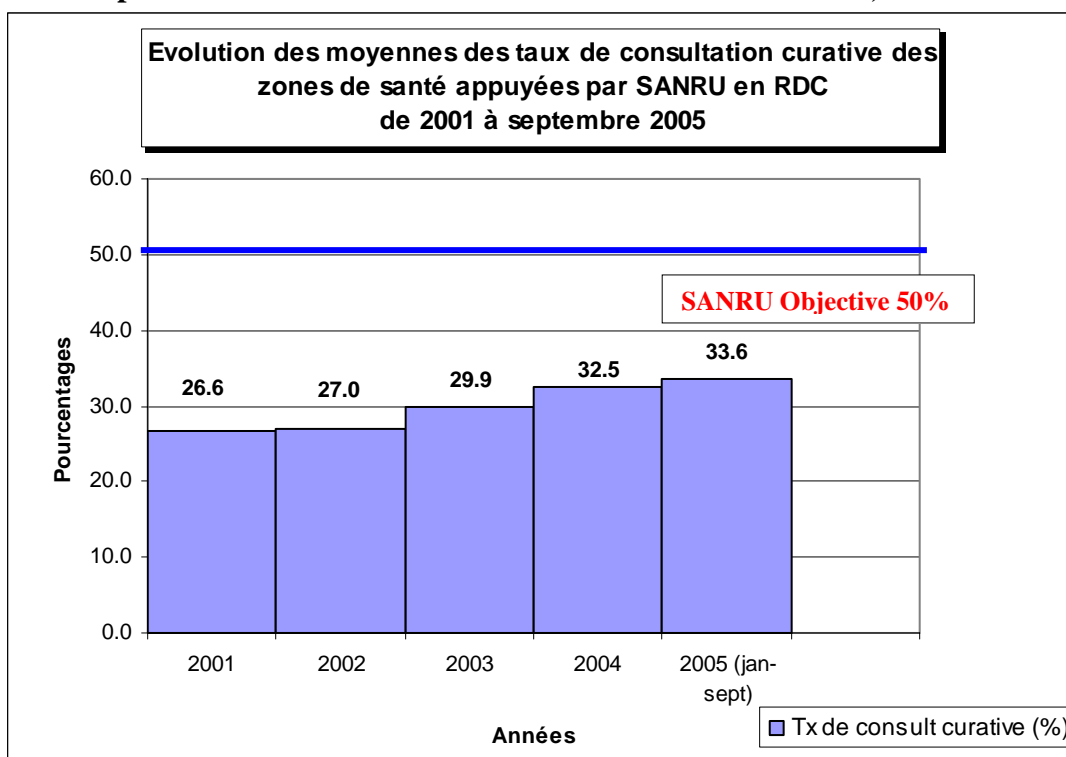
Annex 3: SANRU III Budget by Year and Earmark

	Child Survival Primary Causes	Micro-Nutrients	EPI	Polio	Malaria	HIV/AIDS	TB	Population	Eau/Asn Making Cities Work	&IDS: Disease Surveillance
Year One (June 1, 01- May 02)	CSH/PC	M-N	PEV	Polio	Malaria	HIV/AIDS	TB	Pop	Eau/Asn	IDS
Health Zone Support Systems	1,251	0	0	135	0	0	0	0	0	0
Program Interventions	1,326	0	0	77	0	0	0	0	0	0
Project Management - ECC	639	0	0	0	0	0	0	0	0	0
Project Management - IMA	245	0	0	0	0	0	0	0	0	0
Indirect Grant Management Costs	327	0	0	0	0	0	0	0	0	0
Total Received from USAID	3,788	0	0	212	0	0	0	0	0	0
Earmark by USAID	3,800	0	0	200	0	0	0	0	0	0
Year Two (June 1, 02- May 03)	CSH/PC	M-N	PEV	Polio	Malaria	HIV/AIDS	TB	Pop	Eau/Asn	IDS
Health Zone Support Systems	1,071	0	0	191	31	154	177	281	0	0
Program Interventions	2,344	0	0	62	260	194	195	200	0	0
Project Management – ECC	700	0	0	68	0	14	14	30	0	0
Project Management – IMA	287	0	0	0	10	0	0	10	0	0
Indirect Grant Management Costs	392	0	0	29	27	32	34	46	0	0
Total Received from USAID	4,793	0	0	350	329	394	421	568	0	0
Earmark by USAID	4,036	0	0	400	500	400	400	600	600	600
Year Three (June 1, 03- May 04)	CSH/PC	M-N	PEV	Polio	Malaria	HIV/AIDS	TB	Pop	Eau/Asn	IDS
Health Zone Support Systems	173	0	219	130	85	131	103	786	0	0
Program Interventions	1,204	79	170	111	470	255	190	506	70	47
Project Management – ECC	301	0	69	123	70	71	71	192	0	0
Project Management – IMA	241	0	10	10	10	10	10	10	0	0
Indirect Grant Management Costs	136	6	33	27	45	33	27	106	5	3
Total Received from USAID	2,056	85	500	400	680	500	400	1,600	75	50
Earmark by USAID	2,536	85	200	400	500	500	400	1,600	75	50

	Child Survival / Primary Causes	Micro-Nutrients	EPI	Polio	Malaria	HIV/AIDS	TB	Population	Eau/Asn & Making Cities Work	IDS: Disease Surveillance
Year Four (June 1, 04- May 05)	CSH/PC	M-N	PEV	Polio	Malaria	HIV/AIDS	TB	Pop	Eau/Asn	IDS
Health Zone Support Systems	122	45	141	116	93	81	106	456	54	0
Program Interventions	760	233	211	119	1,298	129	102	501	307	0
Project Management – ECC	299	12	90	79	83	58	59	193	52	0
Project Management – IMA	302	10	16	10	15	10	10	15	10	0
Indirect Grant Management Costs	108	22	33	24	109	20	20	85	31	0
Total Received from USAID	1,591	322	491	349	1,598	298	298	1,250	454	0
Earmark by USAID	3,000	0	0	400	1,600	300	300	1,300	0	0
Year Five (June 1, 05- May 06)	CSH/PC	M-N	PEV	Polio	Malaria	HIV/AIDS	TB	Pop	Eau/Asn	IDS
Health Zone Support Systems	0	0	0	14	140	76	60	177	0	0
Program Interventions	629	0	0	49	344	105	61	162	0	0
Project Management – ECC	62	0	0	19	174	61	50	130	0	0
Project Management – IMA	4	0	0	10	83	36	15	53	0	0
Indirect Grant Management Costs	55	0	0	7	59	22	15	41	0	0
Total Received from USAID	750	0	0	100	800	300	200	563	0	0
Earmark by USAID	750	0	0	100	800	200	300	563	0	0
All Years (June 1, 01-May 31, 06)	CSH/PC	M-N	PEV	Polio	Malaria	HIV/AIDS	TB	Pop	Eau/Asn	IDS
Health Zone Support Systems	2,616	45	360	586	350	442	446	1,699	54	0
Program Interventions	6,264	312	381	418	2,372	683	548	1,369	377	47
Project Management – ECC	2,001	12	158	290	328	203	194	546	52	0
Project Management – IMA	1,079	10	26	30	118	56	35	88	10	0
Indirect Grant Management Costs	1,018	28	67	86	239	108	96	279	36	3
Total Received from USAID	12,978	407	991	1,411	3,407	1,492	1,319	3,981	529	50
Earmark by USAID	14,122	85	200	1,500	3,400	1,400	1,400	4,063	675	650

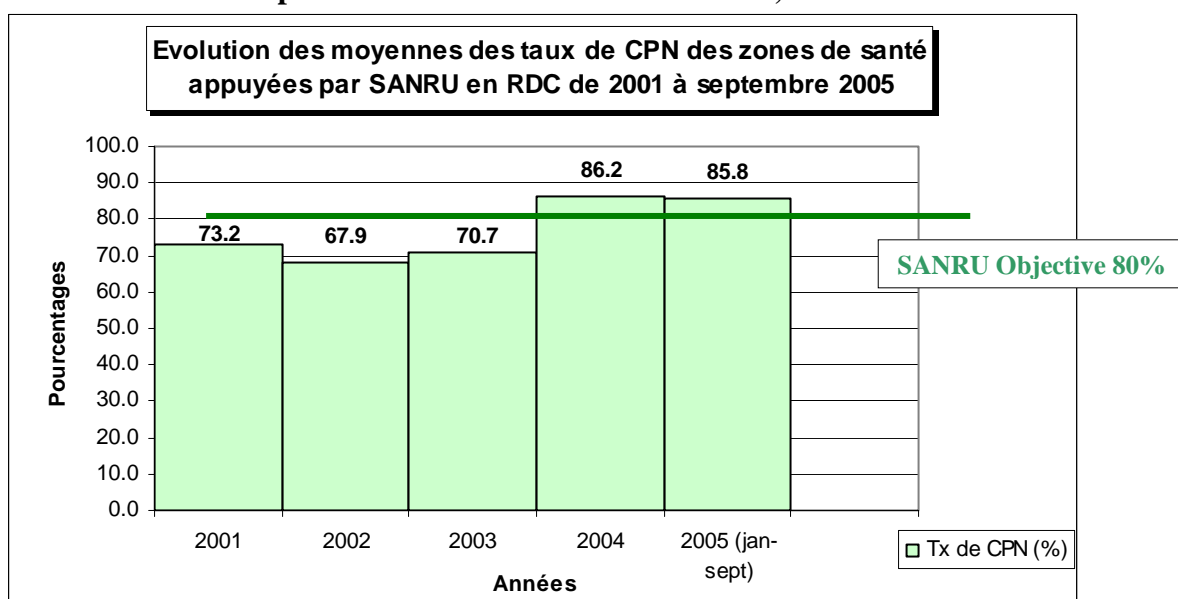
Annex 4: Periodic Performance Reports

Graph 1: Utilization Rate of Curative Health Care Services, 2001-2005



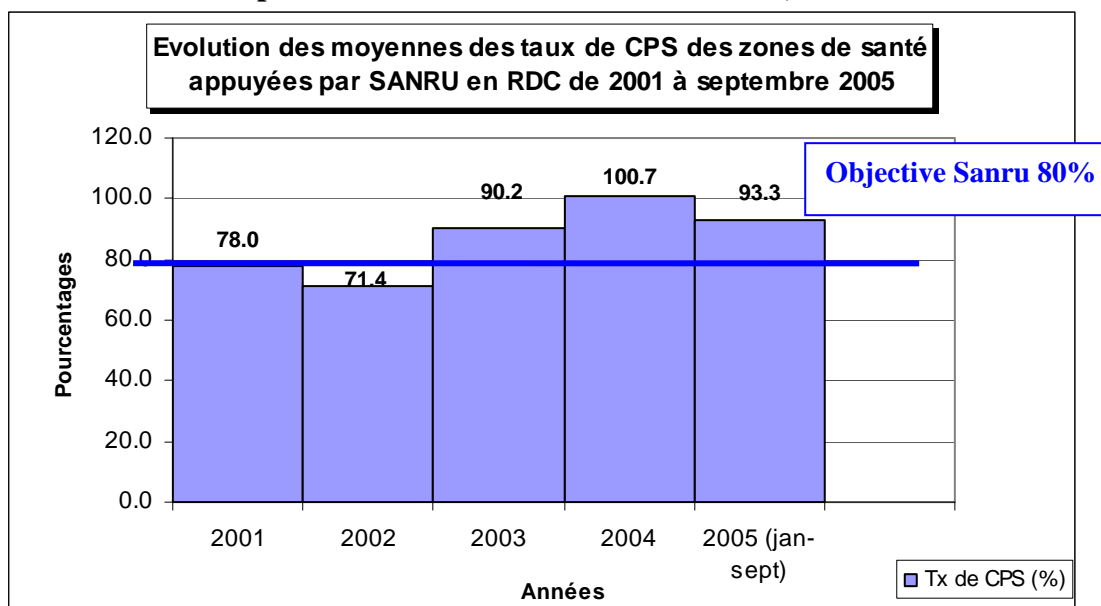
Note: The utilization rate of health centers continues to increase slowly with 33.6% for the first three quarters of 2005. Access to health care is very much tied to economics despite efforts to decrease cost of care. Figures are below the SANRU objective of 50%, but above the national average of 27%. (46 of 56 health zones reporting for the first nine months of 2005)

Graph 2: Attendance at Prenatal Clinics, 2001-2005



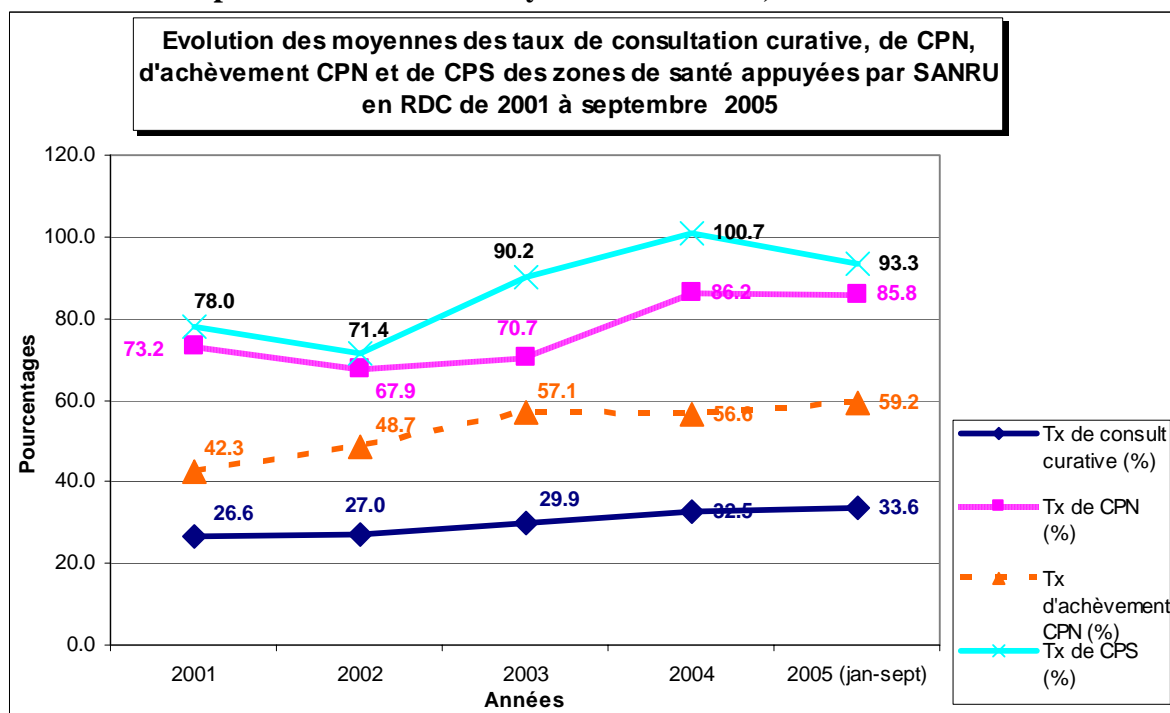
Note: The average nationwide attendance at prenatal clinics surpasses the SANRU objective of 80%. Women attending prenatal clinics in SANRU-assisted health zones receive amenities such as free vitamins, iron and Fansidar (malaria prophylaxis) as well as access to heavily subsidize impregnated mosquito nets. (46 of 56 health zones reporting as of 12/05) 32 of 46 attained 80% coverage

Graph 3: Attendance at Well Child Clinics, 2001-2005.



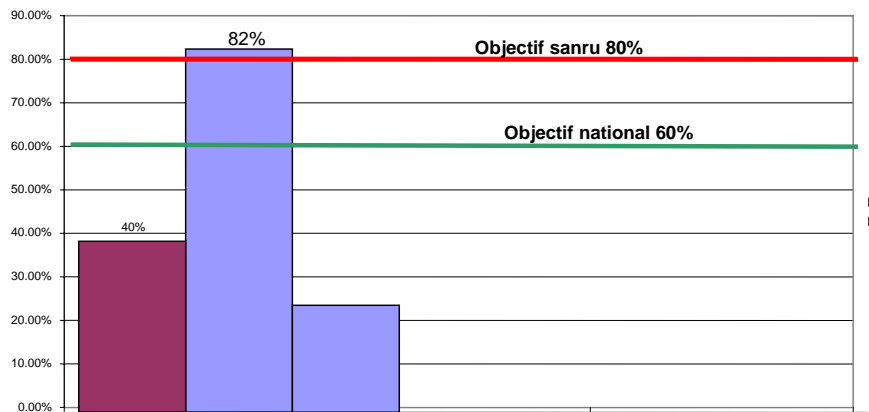
Note: Attendance at well child clinics remains strong and exceeds the SANRU objective of 80% in most SANRU-assisted health zones. Well child clinics are where routine vaccination occurs and are important to SANRU objectives. As of July 2005, 42 of 56 health zones reached the 80 percent goal.

Graph 4: Utilization Of Key Health Services, 2001-2005



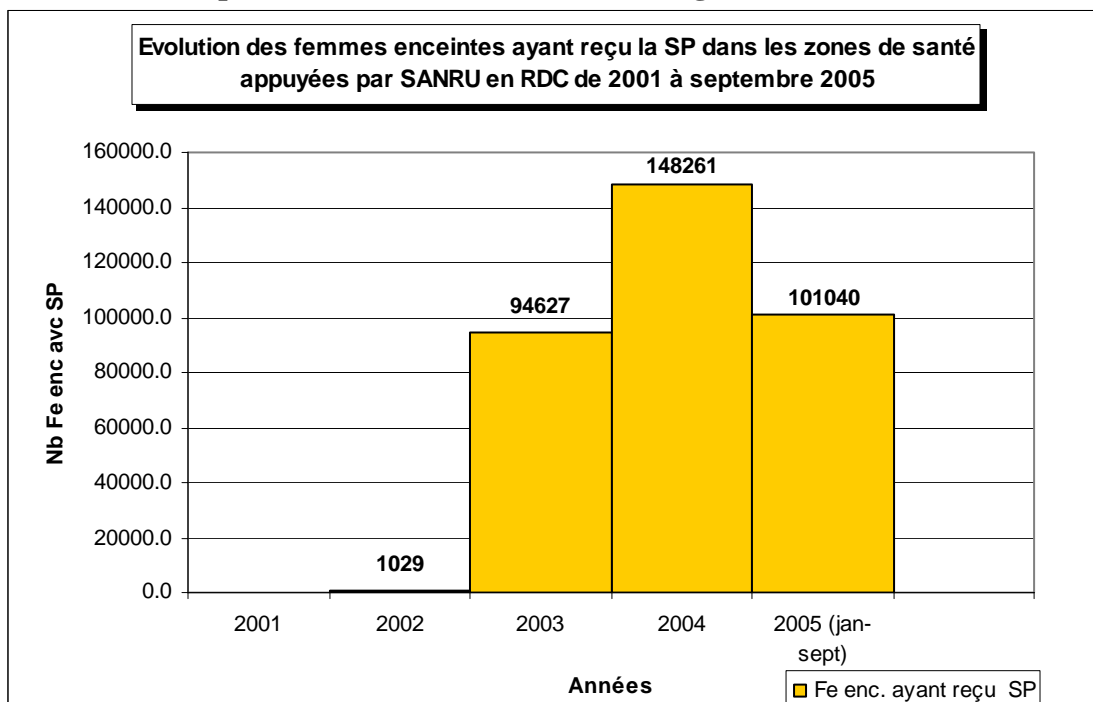
Note: The above graph derives from reports provided by the 46 health zones which reported for the period.

Graph 5: Number Of Pregnant Women Receiving Second Dose of TIP, Period???



Note: SANRU supported health zones (blue) have attained a national coverage of 82% compared to the national average (purple) of 40%

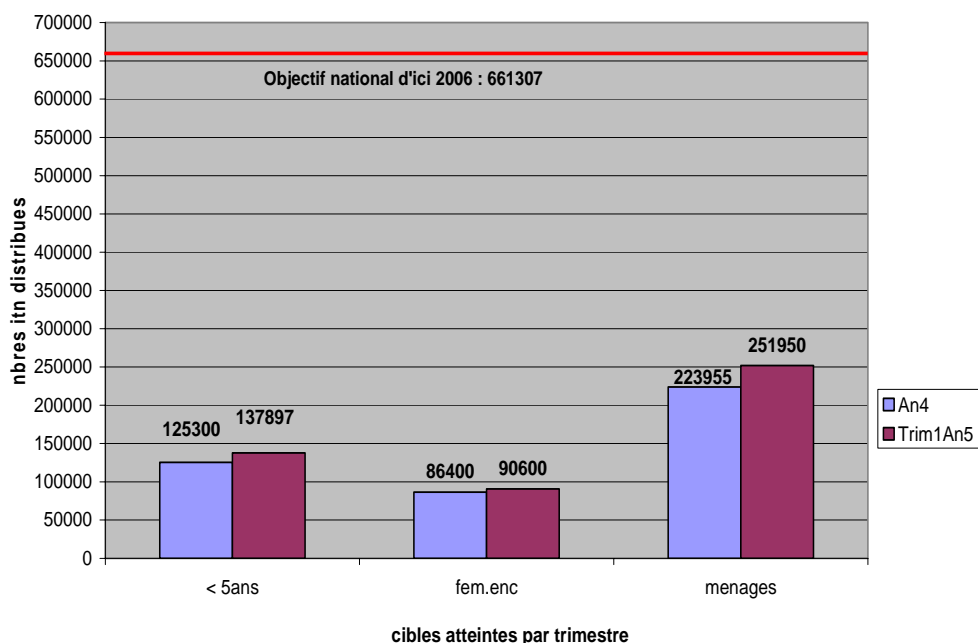
Graph 6: Number of Women Receiving Fansidar, 2002 To 2005



Note: The 2005 numbers reflect 9 months

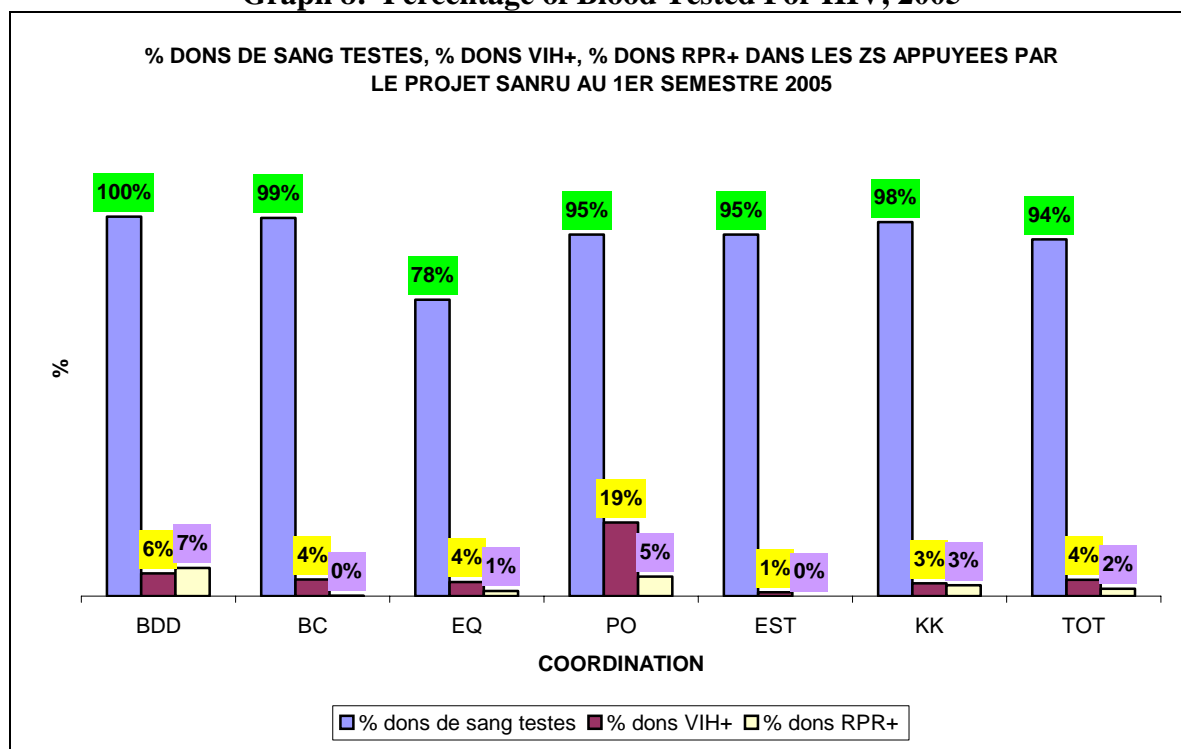
Graph 7: Cumulative Number of Insecticide-Treated Bed-Nets Distributed, 2004-2005

Evolution de la distribution des ItN aux cibles dans les zs assistees dernier trimestre AN4et 1er trimestre AN 5 (Octobre,novembre,december) 2005



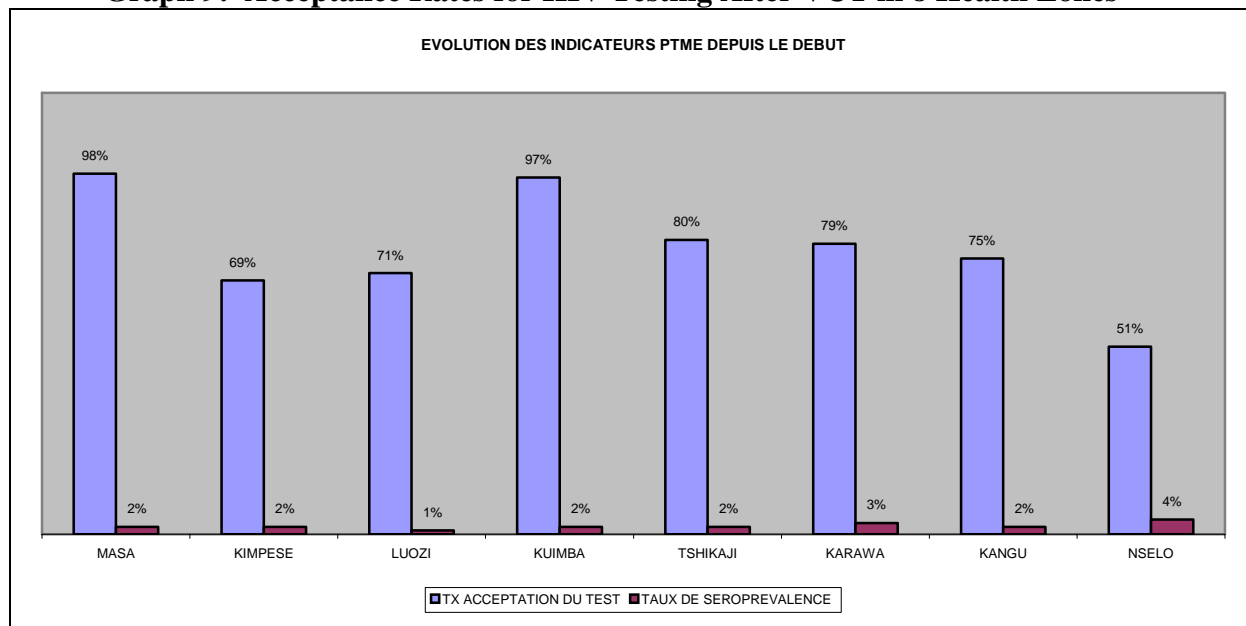
Note: Cumulative distribution of ITNs reached 480,447 person this quarter (73% of project goal of 661,307 ITNs)

Graph 8: Percentage of Blood Tested For HIV, 2005



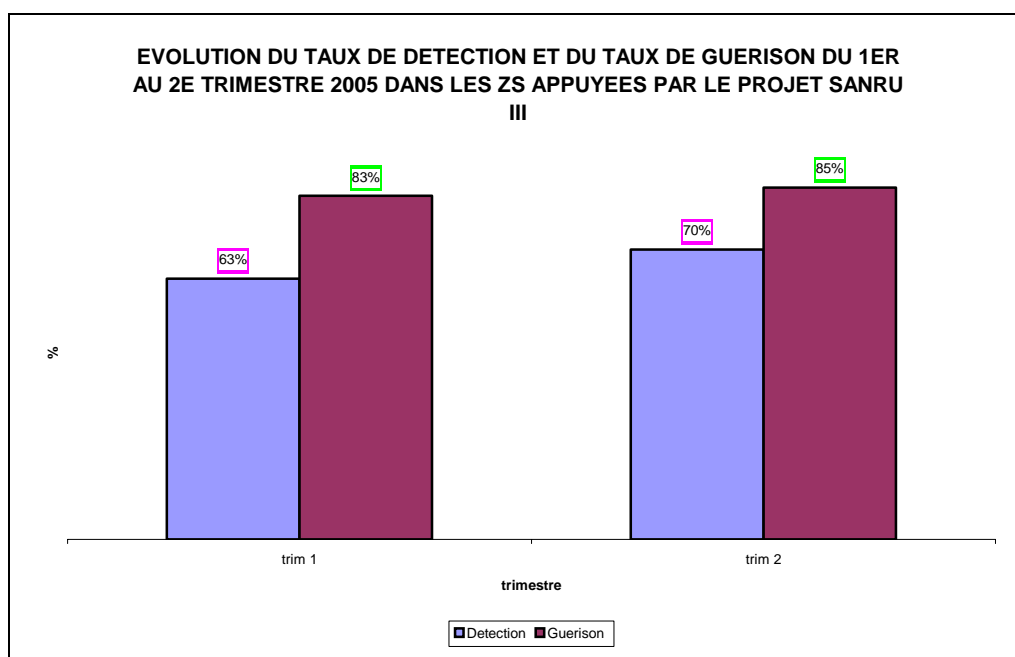
Note: A total of 498 new infections of HIV were detected and transfusion aborted. A total of 223 new cases of Syphilis were detected and are on treatment.

Graph 9: Acceptance Rates for HIV Testing After VCT in 8 Health Zones

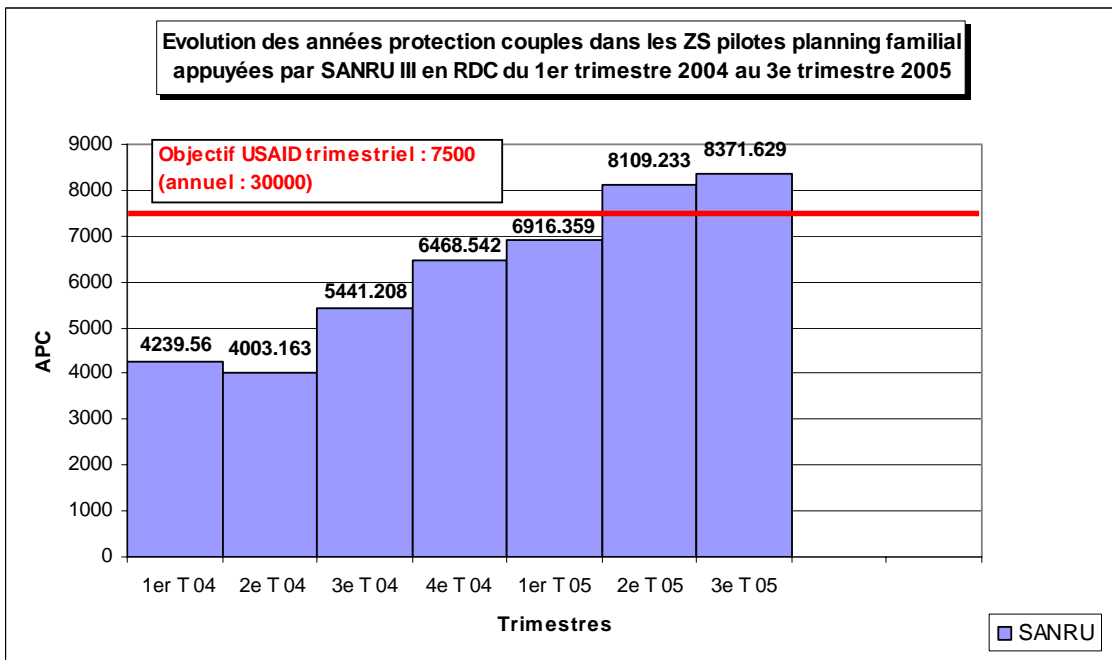


Note: As of January 15, 2006, a total of 26,571 women have been seen in 28 CPN clinics which offer PMTCT centers. Of these 16,579 women received VCT and 13,501 were tested (81%), 313 were found to be HIV positive. A total of 124 have received a full course of Nevirapine at delivery..

Graph 10: Tuberculosis Detection and Recovery Rate, 2005

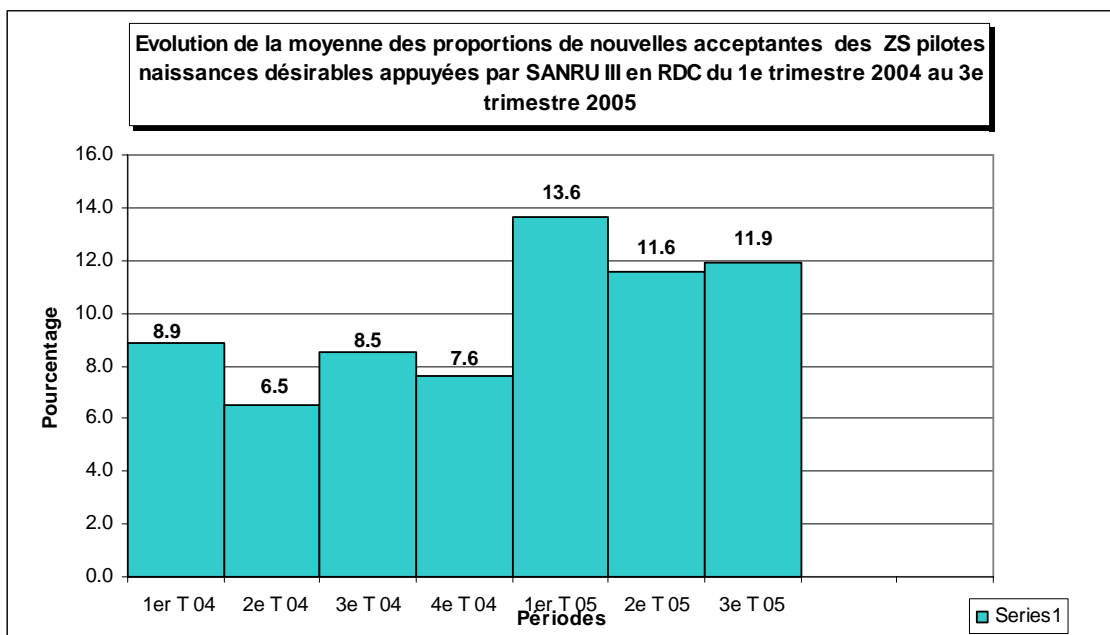


Graph 11 : New Acceptors of Modern Family Planning Methods, 2004-2005



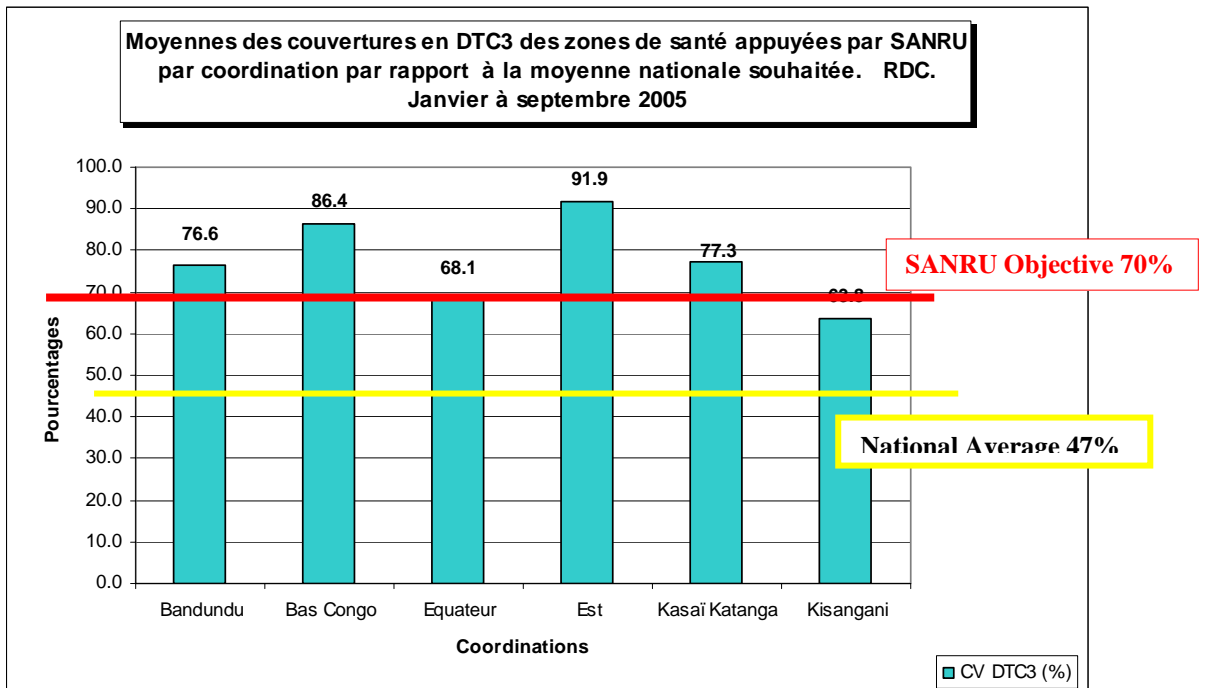
Note: The continuous rise in CYP over the above period reflects an increased access to a variety of family planning methods

Graph 12 : Prevalence of Utilization of Modern Methods of Family Planning, 2004-05



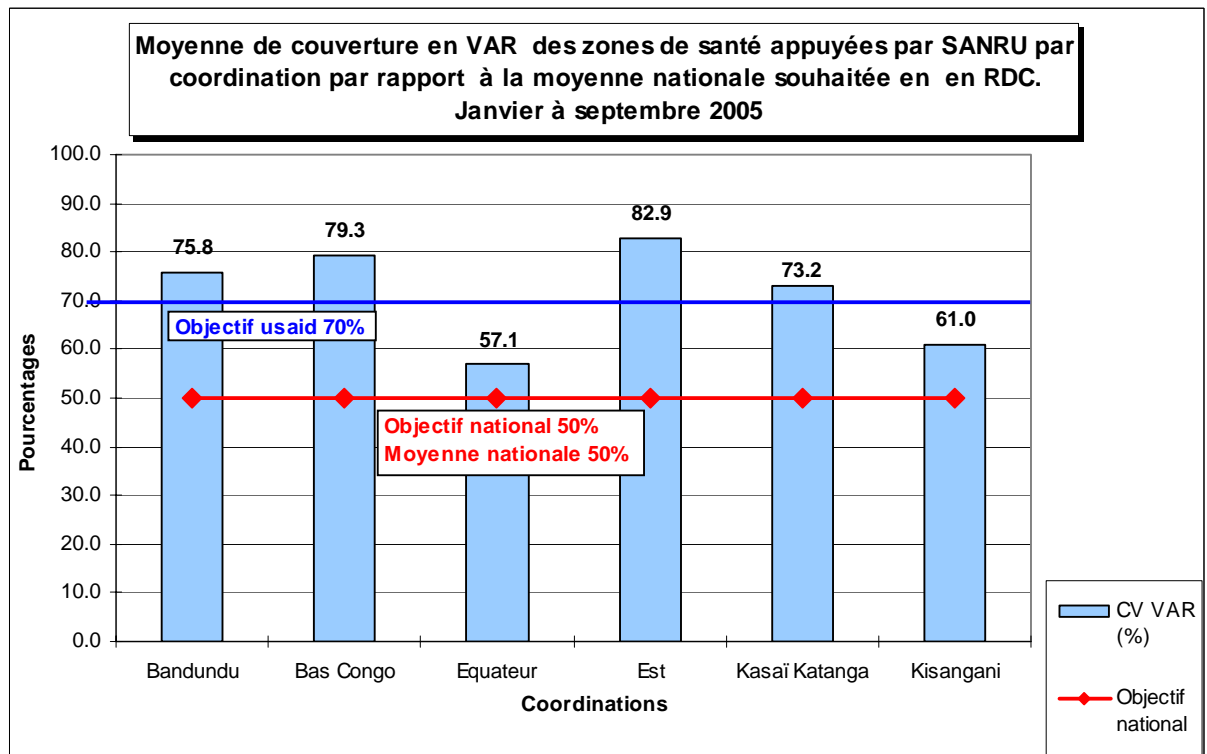
Note: Data from the 12 health zones where USAID approved to finance FP activities.

Graph 13: Average Vaccination Rates of DTP3 by Province, 2005

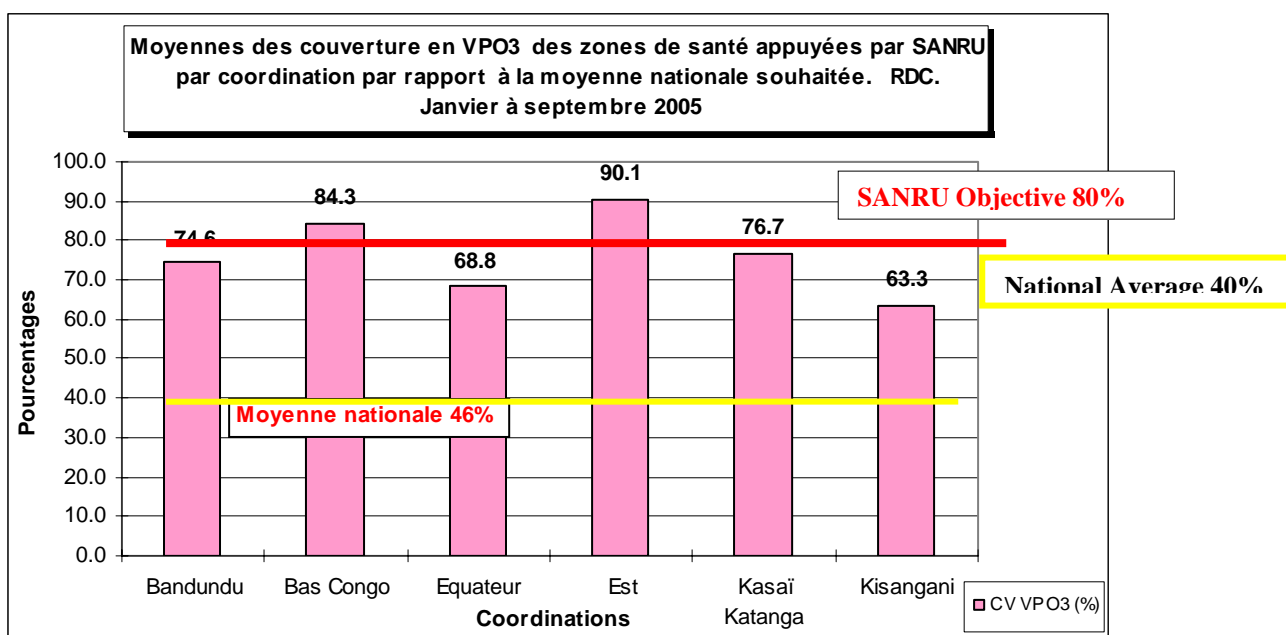


Note: The above data concern exclusively the SANRU-assisted health zones. They are compared with the national average of 47%

Graph 14: Average Vaccination Rates of Measles Immunization by Province, 2005



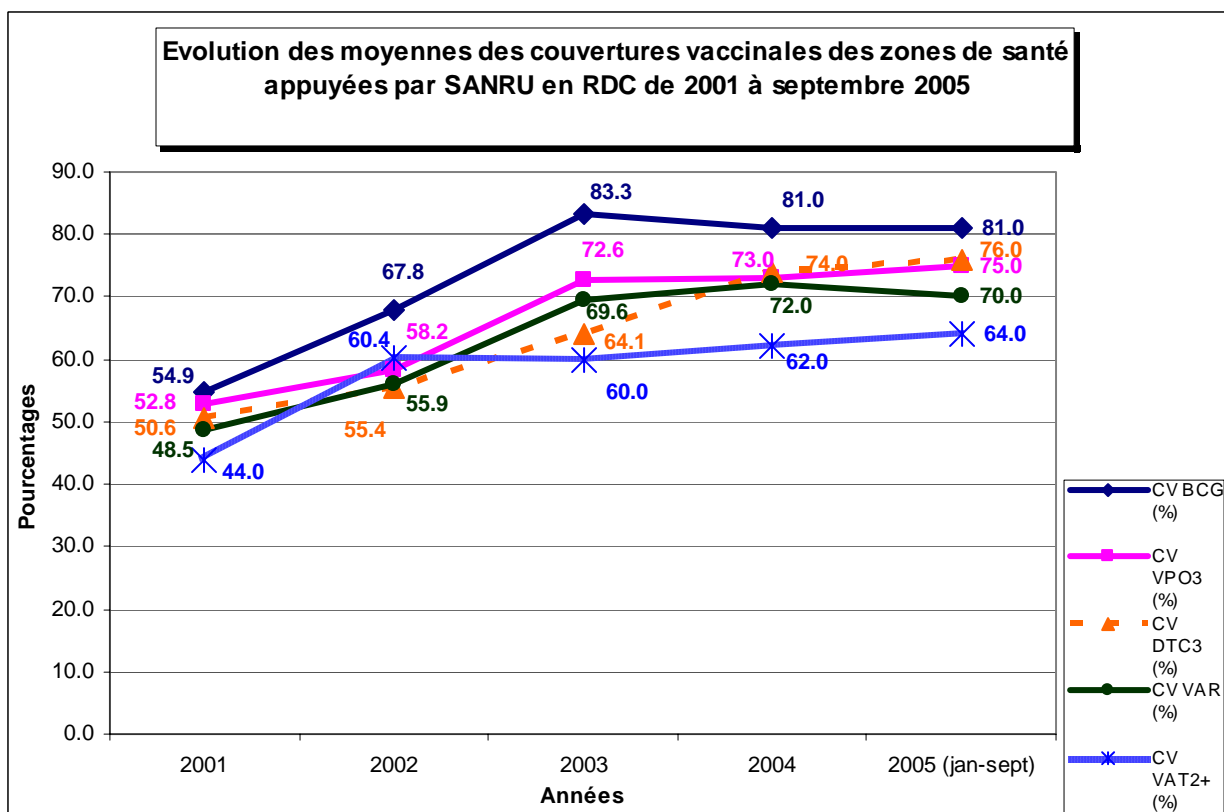
Graph 15: Average Vaccination Rates of Oral Polio Immunization by Province, 2005



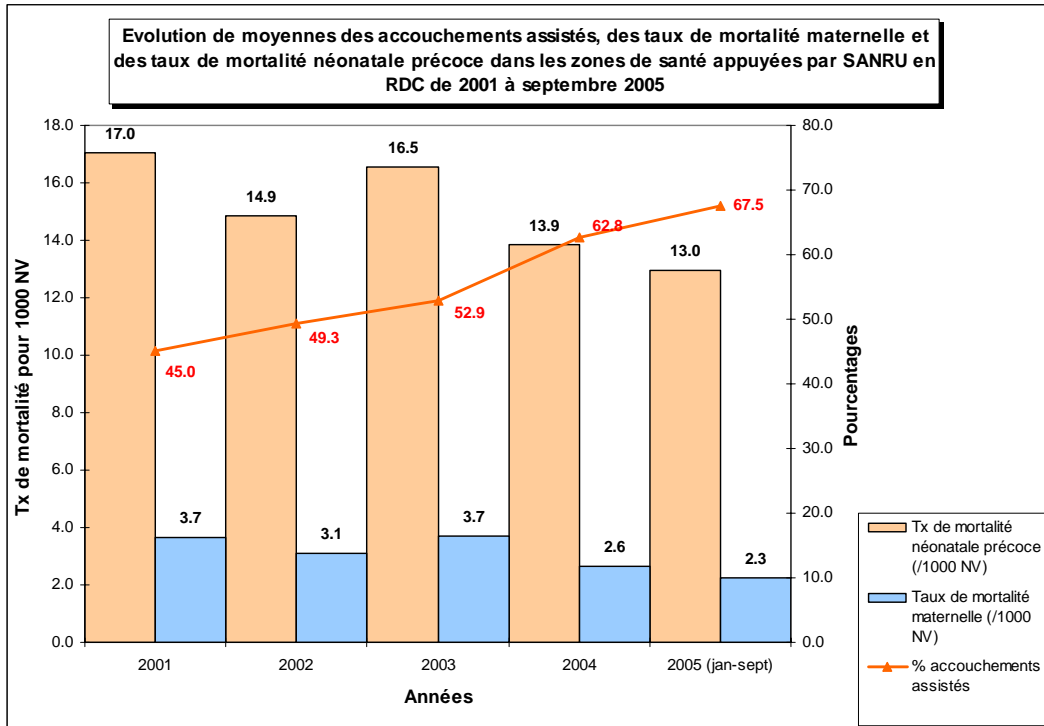
Note: Three of six provinces have rates that approach or exceed the SANRU Objective of 80% for Polio (OPV3).

26 of the 56 SANRU-assisted zones reached or exceeded the objective of 80% coverage)

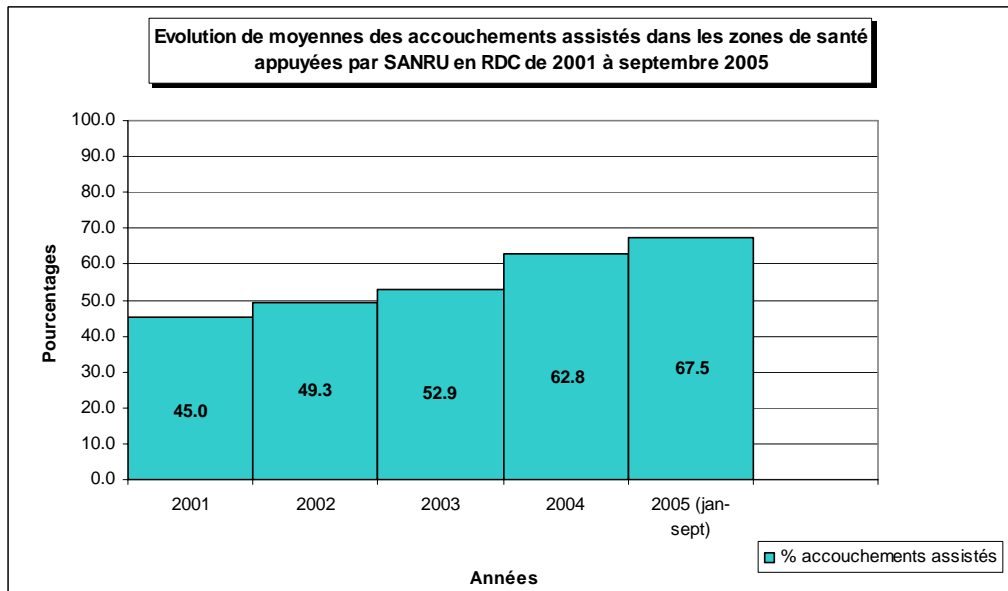
Graph 16: Overall Evolution of Immunization Coverage, 2001-2005



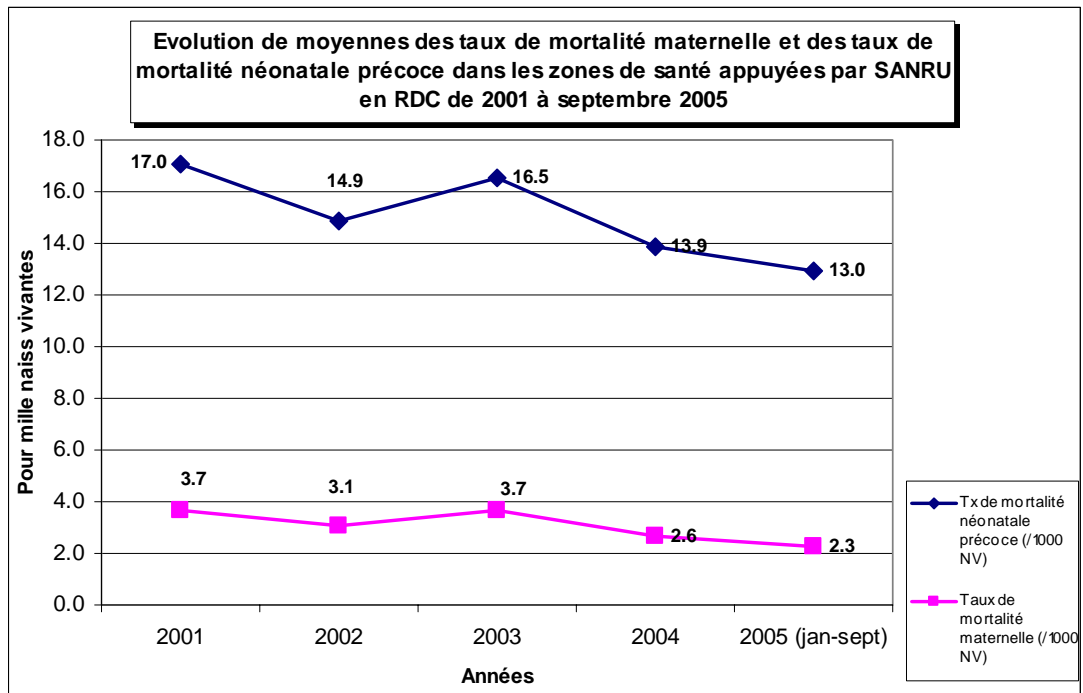
Graph 17: Evolution of Maternal Health Indicators, 2001-2005



Graph 18: Evolution of Obstetrical Coverage, 2001-2005



Graph 19: Evolution of Neo-Natal Rate And Maternal Mortality Ratio, 2001-2005



Annex 5 : Pictures of SANRU in Action

Picture 1. Sanitized Village, Miala



Pictures 2 & 3. Washing stands, Miala and Kavalo 2006



Picture 4. Water Pump, Luozi



Picture 5. Brick Incinerator, Kasangulu



Picture 6. Renovated Health Center, Karawa Health Zone



Picture 7. Metallic Incinerators



Picture 8. Insecticide-Treated Bed Net, Kavalo



Picture 9. Relais Communautaire, Kavalo 2006



Picture 10. Spring Capping, Kavalo 2006



Picture 11. Tse-Tse Fly Trap, Kimpese Health Zone, 2006



Picture 12. Community Micro Project, Kavalo, 2006



Picture 13. The SANRU Ten Commandments of Health Soccer Ball, Kavalo, 2006

