

Summary of the SANRU III Project (2000-2006)

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The SANRU III (Basic Rural Health) III project was a health systems development project proposed in partnership by Interchurch Medical Assistance (dba IMA World Health) and the Protestant Church of Congo (ECC) to USAID for funding. SANRU'S mandate was to strengthen the capacity of NGO/FBO-managed health zones for priority primary health care (PHC) interventions and health zone support systems. The OFDA and USAID-funded SANRU III project (2000-2006) reached a population of ten million in 56 health zones at a cost of \$25,000,000.

SANRU III was organized into twelve components, namely: (1) the minimum package of primary health care activities; (2) activities for the control of HIV/AIDS and sexually transmitted infections (STI); (3) nutrition improvement; (4) activities for the control of three emerging diseases (i.e., tuberculosis, trypanosomiasis, and onchocerciasis); (5) malaria control activities; (6) water and sanitation; information and health; (7) planning and management; (8) training and supervision; (9) financial sustainability; (10) behavior change project communication; (11) Essential Drugs and Medical Materials System; and (12) Health information system (HIS), monitoring, and evaluation.

The final evaluation of SANRU III identified the following achievements:

- 1) **Significant** increase in the capacity of 56 health zones to provide a range of primary health care activities, including- basic curative care, immunizations, growth monitoring, prenatal care, safe deliveries, family planning, and health education;
- 2) **Moderate** increase in the capacity of health zones to combat HIV/AIDS and STIs
- 3) Implementation of **significant** nutritional interventions aimed at decreasing childhood morbidity and mortality;
- 4) **Moderate** increase in the capacity of 56 health zones (HZ) to control Tuberculosis, 8 HZs to control Trypanosomiasis and 14 HZs to control Onchocerciasis;
- 5) **Significant** expansion of malaria control activities at the household (particularly through use of insecticide treated bed-nets), community, health center and hospital levels (particularly through intermittent preventive treatment of pregnant women and adequate case management);
- 6) **Significant** increase access to potable water and other clean village programs aimed at reducing the prevalence of water-borne diseases;
- 7) **Moderate** development of transparent management systems together with the participating communities;
- 8) **Moderate** increase in the health zone capacity for local training for specific program interventions and for supervision-formation to personnel;
- 9) **Limited** improvement of sustainability and financial accessibility of health services;
- 10) **Significant** reinforcement of the capacity of 56 health zones to encourage behavior change communications (BCC);
- 11) **Moderate** increase of the population access to a secure supply of essential medicines;
- 12) **Moderate** improvement of data collection, analysis and decision-making for the Health Information System (HIS) as part of local planning and operations research.

Pictures Showing Selected Accomplishments of the SANRU III Project



S1, S2: New exam and delivery tables were provided by SANRU III to the Yakusu (left) and Kabondo (right) in Feb. 2004.



S3: SANRU III constructed Family Planning centers in selected health zones to create more accessible and available space to encourage child-spacing activities. The above center in Kimpese HZ was visited by the SANRU Final Evaluation team.



S4: SANRU III began with a relief phase funded by OFDA. Some of these funds were used to construct and equip the Bon Berger Health Center (above) near Lake Kivu, Goma where an existing structure had been destroyed by a Volcanic eruption.



S5: Health zone team from the SANRU supported zone of Boko receiving medicines and supplies during a supervision visit.



S6: SANRU carried out a massive campaigns in the 56 assisted HZs to reach over 90% of their children (ages 1-5) – that's over 1.4 million children!



S7: SANRU III trained more than 5,000 community-based communication agents (relais communautaire) to conduct home visits and encourage early care-seeking behaviors. Late presentation to health clinics is a significant cause of child mortality and morbidity in DRC.



S8: Mother and Child, Vanga Health Zone.



S9: Dr. Leon Kintaudi (SANRU III Project Director) and Tony Gambino (USAID Director) during a 2005 joint supervision visit to SANRU III-assisted health zones.



S10: Mother and Child, Sona Bata Health Zone.



S11: SANRU III encouraged M&E of activities by annually publishing a Wall Calendar with health education “themes of the year” and monthly graphing of progress key in achieving coverage for key interventions. In the above picture Dr. Felix Minuku, Technical Director of SANRU III, inspects a calendar at the HZ of Sona Bata. The 2003 Calendar themes were promoting early care-seeking behavior and prevention of malaria using LLINs.



S12: Dr. William Bill, IMA Country Representative and SANRU III Program Manager, chats with young friends at the Vanga Health Zone. Dr. Clemmer worked as an American Baptist Church missionary doctor at Vanga for many years, and was then seconded to work jointly with IMA World Health and the Protestant Church of Congo (ECC) to manage the SANRU III project.

The Good Health of Kimoese Village

During the SANRU Final Evaluation in Feb. 2006 the Evaluation team visited the village of Kimoese in the Health Zone of Kimpese. Kimoese village had earned SANRU's clean village award for its efforts to protect their water source, ensure hygienic latrines, and create hand-washing stands throughout its village. The children of this village were rewarded with a presentation of the SANRU “Ten Commandments of Health” soccer ball. The village has a number of community relays who have been trained to relay the “Ten Commandments of Health” to each household. She reported that before SANRU that the children of their village were often sick with diarrhea. However, now there is no more diarrhea and very little sickness in their village. Thank you SANRU!



S13: The protected spring where the villagers of Kimoese get their water. Dr. Miatudila Malonga (in back) was a team leader for the SANRU Final Evaluation



S14: The community Relay who relays the messages of good health. Click Here to hear her message. Dr. Kidinda Shadunga, foreground, was a team leader for the SANRU Final Evaluation.



S15, S16: The SANRU III project developed a soccer ball with graphics and slogans for the “Ten Commandments of Health.” 4,000 Soccer balls were distributed by the project to primary schools and “clean villages”

SANRU's Dix Commandements de la Santé

<p>1. Allaitons exclusivement au sein notre bébé jusqu'à six mois.</p>	<p>2. Faisons vacciner complètement nos enfants avant 12 mois.</p>	<p>3. Amènez nos enfants à la CPS pour suivre leur croissance et recevoir la Vitamine A.</p>	<p>4. Faisons dormir nos enfants sous la moustiquaire imprégnée.</p>	<p>5. Allons vite au centre de santé en cas des signes de danger chez l'enfant.</p>
<p>6. Donnons beaucoup de liquides à l'enfant malade pour éviter la déshydratation.</p>	<p>7. Lavons toujours les mains après le WC et avant de manger.</p>	<p>8. Prenons nos deux doses de SP à la CPN pour éviter la molaria.</p>	<p>9. Espérons les naissances pour la bonne santé de la famille.</p>	<p>10. Évitions le SIDA: Abstinence avant le mariage, Fidélité dans le mariage.</p>

Projet SANRU III - I.M.A./BOC et USAID en collaboration avec le Ministère de la Santé Publique du DR Congo

The Kimoese Field of Dreams

Kimoese village has created a community field. The use of the field was donated by its owner. The ground was prepared by the men and planted in manioc/cassava by the women. Everyone helps to tend the field. You can see the young plants in the pictures below. The harvest from this field will be used to help poorer families in the village pay for medicines when they need to take their children to the health clinic for treatment.



S17



S18



S19: Future mothers of Kimoese.



S20: The Kimoese Development Committee discusses their work with the SANRU evaluation team.



S21: A hand-washing stand in action.



S22: Sibling care begins early.

The Little Fly Trap That Could

This is the story of the Little Fly Trap that could prevent a dreaded disease.

Sleeping Sickness (Trypanosomiasis) is a very old and dreaded disease in Congo. The parasite is transmitted through the bite of a Tse-Tse fly. Many villages and thousands of people in Congo are infected with this dreaded disease. Without treatment, the disease is fatal, with progressive mental deterioration leading to coma and death.

The wise villagers in the Kimoese community are fighting this disease by attacking the fly. They have placed a special blue and black fly traps at strategic points in their village. For some unknown reason the flies are attracted by those colors. They fly into and crawl up into the net, where they are trapped (and later disposed of by the hundreds).

The villagers of Kimoese are happy that the SANRU project has helped them obtain these Tse-Tse fly traps, and are even happier that their children are now protected from getting sleeping sickness.



S23, S24: Dr. Miatudila Malonga, a passionate advocate of using fly traps to control sleeping sickness, discusses their use with the villagers of Kimoese community. Dr. Miatudila was a team leader for the SANRU Final Evaluation.