

Project AXxes

IMA / ECC / CRS / WVI



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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) |
| LQAS | Lot Quality Assurance Sampling |
| 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 |
| OMS | Organization Mondiale de la Santé |
| 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 | Relay 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 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.

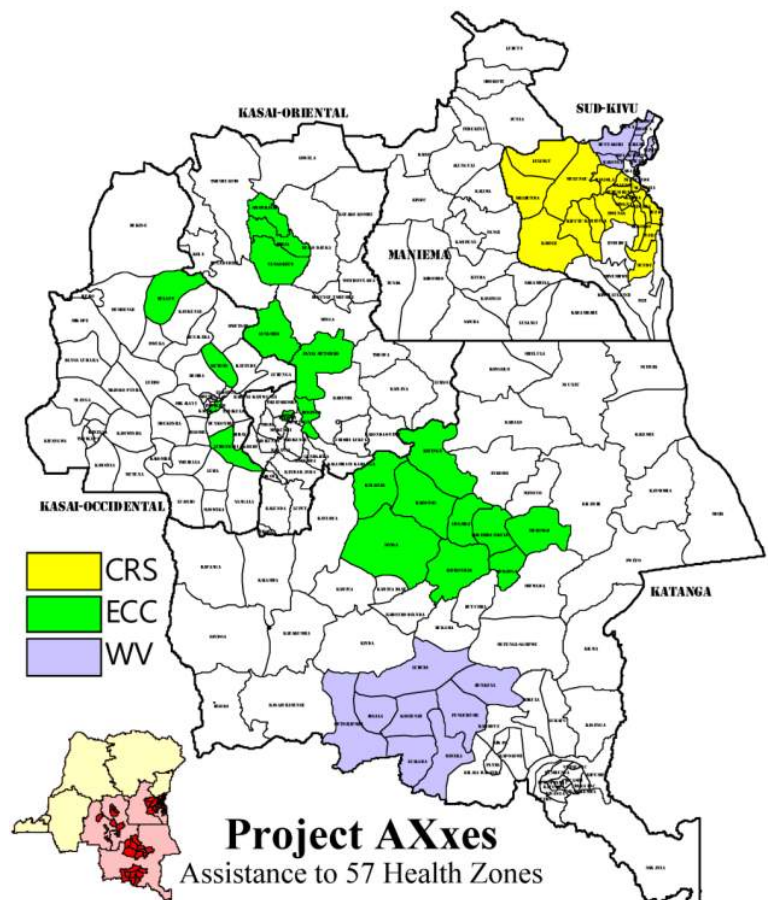
AXxes provides health zone development assistance through three major components:

- **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; and
- **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.



Developing and sustaining functional and quality primary health care systems in the DRC can be a challenge. The challenges include procurement and distribution of commodities such as pharmaceuticals, equipment, and medical supplies; training, mobilization and retention of qualified national personnel; and increasing the awareness and capacity of the target population to utilize services.

Unique obstacles which have been overcome have been the maintenance of a supply chain despite significant infrastructural challenges as well as the introduction of services such as family planning, C-IMCI and PMTCT to villages, regions, and health zones where such services had not existed.

A significant challenge which requires the collaboration of the national government is the payment of health care personnel. Project AXxes supports over 60 hospitals and 900 health centers and delivers care through several thousand doctors, nurses, lab technicians, and community health care workers, but provides payment for none of them.

This past quarter there was a national health worker strike in the Democratic Republic of Congo and many of our facilities scaled down to emergency services only. This means that many of the programs which were funded, trained for, and supplied remained quiescent as workers demonstrated for higher wages, and others stayed home intimidated by co-workers.

This has had a significant negative impact on health indicators such as vaccination, provision of preventative and maintenance health services to pregnant women and children, and start up of new services. Project AXxes sustained a decline in some indicators this past quarter compared to last quarter. However, the negative impact was less than we anticipated.

Many nurses and doctors continued to maintain and run Project AXxes funded programs despite non-compensation for personal services. The good news is that the strike terminated in January, there was no loss or misuse of project commodities, and programs such as refresher training and delivery of pharmaceuticals and supplies were able to continue.

Key Events and Highlights from the past quarter include the following:

- 1) Year three family planning commodities delivered to HZs for PMTCT sites;
- 2) Staff from 50 maternities trained in newborn resuscitation & safe delivery;
- 3) Establishment of facility based training for fistula repair and service delivery;
- 4) Support of nation-wide Polio campaign and nationwide Vitamin A distribution;
- 5) Annual provision of petrol to support cold chain;
- 6) Distribution of annual calendar and surveillance charts to support HCs and HGRs;
- 7) Training of 1,880 community relays and 560 CODESA members;
- 8) 52 water projects completed;
- 9) Delivery of ACTs to all HZs and revised policy to encourage facility uptake and use;
- 10) Training of 160 nurses and 60 lab techs in TB diagnosis, treatment, and surveillance;
- 11) Printing and dissemination of new TB management protocol (PATI-4);
- 12) Sponsored national workshop to revise collection and reporting tools for PMTCT;
- 13) Printing and delivery of new SNIS forms to HZs along with provincial training; and
- 14) Site evaluation of TB epidemic in Malemba Nkulu and reception from the National Program of a 1st load of TB pharmaceuticals.

II. Table of Planned Activities and Actual Accomplishments

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

| Intermediate Results | Activities | Period of | | | | % | Comments |
|---|--|-----------|----|----|-----|---|---|
| | | Q1 | Q2 | Q3 | Q4 | | |
| Component A: Increase access to, quality of, and demand for multi-sectoral, integrated PHC | | | | | | | |
| Improve quality of curative care services | Increase access to HC & Reinforce referral system | | | | | | |
| | • Support HZMTs to supervise monthly at least 80 % of HC staff in correct use of curative care protocols (ordinogramme) | X | X | X | X | 70% | This is part of the regular supervision done by HZMT. The national-wide nurses' strike closed a certain number of facilities and moderately affected work this quarter. |
| | • Provide each HGR and HC with essential drugs in collaboration with CDR and Depots | X | X | X | X | 100% | Distribution to HGRs & HCs is an ongoing activity now that depots are stocked. Deliveries are made in accordance to HZ credit lines. |
| | • Rehabilitate HGR and HC/ HZ | X | X | X | | 60% | No new rehabilitations are being undertaken in year three. Projects approved in year 2 are being completed. |
| | • Continue preferential tariffication at least 60% of HGRs for referred patients (at least 20% less than other patient) | X | X | X | X | 70% | Approximately 70% of HGRs are applying the preferred tariff system especially in Kolwezi, Haut Lomami and South Kivu. Private run facilities are lagging behind in accepting this MOH mandate. |
| | • Reinforce episodic payment system in at least 70% Of HCs | X | X | X | X | 60% | The number of HCs using the system of fixed tariffs increased most likely due to a reduction of drug prices in CDR/Depots and the current flexibility of credit lines procedures. The system has highest use in South, Kivu, Haut Lomami, and Kolwezi |
| | • Reinforce HC referral system | X | X | X | X | 50% | The process is on-going. It is strongly dependant on the use of curative services and compliance to care protocols. |
| • Conduct qualitative study on utilization of care services | X | X | | | 50% | Initial study was done during this quarter in two zones in Kolwezi District. The team is currently in South Kivu for step two. Data analysis and final report to be presented by 2 nd quarter. | |
| Improved family planning quality services | • Support HZMTs to supervise monthly at least 80 % of HC staff in family planning activities | X | X | X | X | 70% | This is part of regular supervision by HZMT. Like curative care it was moderately affected by the national-nurses' strike & closure of certain centers. |
| | • Reinforce the capacity of delivery point staff to counsel individuals on RH/FP, e.g., supervision, briefings, instruction & directives, monitoring | X | X | X | X | 70% | This is accomplished through field visit monitoring and supervisions. Health providers are taught to follow and adhere to protocols. |
| | • Provide the package of FP commodities to the 926 CS/CSR | X | X | | | 100% | FP commodities are available at all FB sites. The last delivery from USAID was distributed during this quarter |
| | • Provide HC and relays with FP BCC materials for disseminating keys messages in community | X | X | | | 70% | Each HC has received FP "boite a images" (flip charts). Relays (trained) are using "Cahier du relais document" in their interactions with community members. |

| Intermediate Results | Activities | Period of | | | | % | Comments |
|--|--|-----------|----|----|----|--|--|
| | | Q1 | Q2 | Q3 | Q4 | | |
| | Reinforce GBV counseling and community-based awareness activities in health areas through Nurses and CODESA | | | | | 50% | The process is ongoing especially in South Kivu with the ONG OLAME and in Lodja with the NGO FODESA. HC staff and CODESAs are being informed on gender related issues and provided with printed material. |
| Improve Maternal and Child Health Services | Birth Preparedness and Maternity Services | | | | | | |
| | • Support HZMTs to supervise monthly at least 5 five selected maternities/HZ staff in maternal and newborn care activities | X | X | X | X | 70% | This is part of regular supervision done by HZMT and has been moderately effected by the strike and closure of certain clinics this quarter. |
| | • Facilitate the provision of ANC in each HC and outreach site. This package includes: detection of High risk pregnancy, IPT, LLINs, Iron-folic acid, tetanus toxoid, screening and treatment for ISTs, FP info. and commodities, Health information | X | X | X | X | 80% | HC staffs are providing the FANC. SP, Fe and folic acid were available in almost all of the HCs. Antenatal clinics were less affected by the work stoppage than curative care services. |
| | • Complete scheduled rehabilitation of selected HZ maternities (one by HZ LOP) | X | X | X | | 60% | Ongoing as reported in HC rehabilitation. Twenty water storage tanks have been purchased and are being installed for rain water harvest in maternities where there is no nearby water source |
| | • Provide ultrasound capacity (echography) to 14 district hospitals | X | | | | 80% | Already received. Will be distributed after the training scheduled for Feb 14-22 nd . |
| | • Train 14 doctors in use of ultrasound materials (echography) | X | | | | 20% | Preparations are underway. Training material has been received and trainers engaged for the set dates. |
| | • Promote deliveries by skilled birth attendants in maternities | X | X | X | X | 60% | This is followed up and encouraged during supervision and is being reinforced during integration of newborn care, C-IMCI and community care sites. |
| | • Promote the Active Management of Third Stage of Labor in each maternity using AMTSL protocol | X | X | X | X | 60% | This is followed up and encouraged during supervision and is being reinforced during integration of newborn care |
| | • Equip five maternities / HZ with portable solar lighting and newborn resuscitation kits | X | X | | | 50% | Material has been ordered and purchased. Delivery anticipated next quarter. Newborn resuscitation kits are in transit to Kinshasa |
| | • Training in newborn resuscitation in province, zonal and health facility level for 5 maternities/HZ | X | X | | | 25% | Staff from 25 maternities have been trained and others from 25 additional maternities are being trained as of this report. The staffs from 150 remaining maternities will by trained with completion by the end of February. |
| | • Promote in five selected maternities / HZ the newborn essential care | X | X | X | X | 60% | This is followed up and encouraged during supervision and is being reinforced during integration of newborn care, C-IMCI and community care sites. |
| | •Conduct LQAS on newborn care | X | | | X | 100% | Done in S Kivu and Kolwezi in collaboration with BASICS. |
| | Treatment of obstetric complications | | | | | | |
| • Train 10 additional health zone physicians in vaginal fistula repair | X | | | | NA | Strategy changed from regional-based to institution (hospital-based) training to meet increased demand for services. | |

| Intermediate Results | Activities | Period of | | | | % | Comments |
|----------------------|---|-----------|----|----|----|------|---|
| | | Q1 | Q2 | Q3 | Q4 | | |
| | • Support and follow up the Training of 10 additional doctors and nurses in vaginal fistula repair (TSHIKAJI & HEAL AFRICA) | X | X | | | NA | Are being trained during mobile site visits. |
| | • Provide selected HGR with VFR materials (glove gauze fistula kits) | X | X | | | 50% | Ordered and in transit |
| | • Subsidize VFR in selected institutions or hospitals | X | X | X | X | 100% | More than 80 fistula operations are scheduled for January and underway. Partners received subsidies for supporting operations in their areas |
| | Immunization, including polio | | | | | | |
| | • Support HZMTs to supervise monthly at least 80 % of HC staff in RED approach | X | X | X | X | 70% | This is part of regular supervision done by HZMT and moderately effected by work stoppage this quarter. |
| | • Participate and support polio campaign activities in AXxes HZ | X | | | | 100% | AXxes has actively participated in the last polio campaign in South Kivu in collaboration with OMS-IPS by facilitating transportation of commodities, fuel (cold chain) and social mobilization |
| | • Support the Cold Chain with kerosene and installation of 57 additional solar refrigerators | X | X | X | X | 100% | Additional solar refrigerators purchased in year three and are in transit. AXxes provided 9400 liters of kerosene this quarter to support the cold chain (S Kivu 5400 liters for and Kolwezi 4000 liters). |
| | • Integrate DQS and DQA in routine | X | X | X | X | 50% | Started in Kasais and Haut Lomami. Personnel from 21 HZs were trained in DQS this quarter. |
| | • Conduct targeted census in HZs with major problems in denominator | X | X | | | 0% | Scheduled for next quarter |
| | • Organize acceleration activities in HZs with low coverage | X | X | X | X | 100% | Accomplished in Kasai Orientale (Paniamutombo, Lusambo), in Haut Lomami (Lwamba, Malemba, Mukanga and Mulongo) and in South Kivu (Shabunda and Haut Plateau) |
| | • Reinforce integrated surveillance including immunization diseases Surveillance system (phonies, supervisions, briefing) | X | X | X | X | 60% | Process is ongoing. Surveillance calendars and technical guides were produced and are being distributed to HCs. HF radios are being distributed to HZs to augment communication and surveillance. |
| | CLINIC IMCI (F-IMCI) | | | | | | |
| | • Support HZMTs to supervise monthly at least 80 % of HC staff in clinic IMCI | X | X | X | X | 70% | It is part of regular supervision done by HZMT. |
| | • Provide HC with Zinc and management tools on Zinc | X | X | X | X | 30% | Zinc is a new introduction into the essential list for DRC. Stock provided last quarter has been consumed in a number of zones. Replacement stock was ordered and is due at the end of this quarter. |
| | Integrated C-IMCI | | | | | | |
| | • Support selected relays training including care group approach | X | X | | | 30% | Training is in progress. During this quarter 1880 relays were trained in nutrition (vit A program). In addition 560 members of Codesa were also trained. 5700 additional relays (polyvalent) will be trained by February. |

| Intermediate Results | Activities | Period of | | | | % | Comments |
|----------------------|--|-----------|----|----|----|------|---|
| | | Q1 | Q2 | Q3 | Q4 | | |
| | • Increase Community Awareness of Behaviors Related to Childhood Illnesses through relays | X | X | X | X | 40% | The population is being sensitized on the key practices by the trained relays in Kasais and Haut Lomami. |
| | • Conduct LQAS on the adoption of key practices by the community | X | X | X | X | 0% | To be done from next quarter on. |
| | • Develop community care sites in HZs where necessary : treatment of childhood illnesses at community levels by the relays | X | X | X | X | 30% | More than 150 sites have been selected. Implementation will be done in collaboration with BASICS and MSH in tandem with relay training (above). |
| | Development of Water Sources and Promotion of Hygiene and Sanitation | | | | | | |
| | • Rehabilitation of existing/build community water wells | X | X | | | 30% | 52 sources out of 171 planned water projects were rehabilitated this quarter Kasais (47) and south Kivu Province (5) |
| | • Promote construction of incinerators in hospitals and rehabilitated health centers | X | X | | | 60% | Projects are being carried out where planned as part of HC rehab projects |
| | • Promote construction of latrines in health centers | X | X | X | | 60% | Projects are being carried out where planned as part of HC rehabilitation |
| | • Develop and diffuse procedures on Environmental Impact Compliance for HZs | X | X | | | 0% | Planned for next quarter |
| | • Develop and diffuse BCC materials on waste management | X | X | | | 0% | Planned for next quarter |
| | • Provide materials (polybags, waste containers, safe boxes) to the health facilities to improve waste collection | X | X | | | 30% | Ordered (GIK) with delivery planned for February and March 2009. |
| | Maternal and young children nutrition including Micronutrient | | | | | | |
| | • Participate and support the Vitamin A campaign in collaboration with HKI | X | | X | | 100% | AXxes provided financial (\$1500 per HZ) technical and logistical support for the campaign this quarter. |
| | • Reinforce the supervision of nutrition activities | X | X | X | X | 100% | Done in collaboration with HKI |
| | Evaluate routine distribution of Vitamin A | | X | | | 0% | Planned by HKI for next quarter. |
| | • Scale up the routine distribution of Vitamin A in remaining HZs | | X | X | X | 0% | The activity will be carried out in collaboration with HKI in select HZs |
| | GBV Prevention interventions | | | | | | |
| | • Reproduce and facilitate the diffusion of key educational messages regarding the prevention of gender discrimination | X | | | | 100% | Done |
| | Provide training in GBV awareness issues during CODESA and C-IMCI training | X | X | | | 50% | Started in Kasai and S. Kivu |
| | • Motivate health zones to have at least 30% of women among the village health activists and CODESA/COGE members | X | X | X | X | 40% | Communities are encouraged to increase the participation of women in CODESAs. The number of women has increased in supported HZs. |

| | | | | | | | |
|--|--|---|---|---|-----|--|--|
| Improved malaria prevention and treatment in target population | Improve malaria treatment at HC and HGR | | | | | | |
| | • Provide ACTs at each HC | X | X | X | X | 100% | ACTs are available at HCs and provided at a reduced price of 150 FC for children and 300 FC for adults |
| | • Promote use of ACTs at each HC (Reduced price, briefing of providers during supervision and monitoring meeting) | X | X | | | 70% | Process is ongoing |
| | • Monitor the use of ACT | X | X | X | X | 70% | Process is ongoing |
| | • Provide HGR and HC with other malaria drugs (quinine, Fansidar) | X | X | X | X | 100% | Done |
| | • Reinforce and supervise the use of protocols for correct PEC (provision of fiche technique et affiche) | X | X | X | X | 70% | It is part of regular supervision done by HZMT. |
| | Improve and promote malaria prevention | | | | | | |
| | • Provide IPT as part of ANC in each health center | X | X | X | X | 100% | Done. More than 530,000 doses are available in the areas supported by the project |
| • Provide an average of 3500 LLINs/year/HZ that will be sold at a subsidized price (0.50 \$) to the targeted population (pregnant women and child under five) | X | X | | | 30% | Year 3 allotment has arrived in DRC. Containers are being cleared through Lubumbashi, Bukavu, and Matadi. | |
| • Disseminate keys messages on malaria through community relays including home care, care seeking and recognition of signs of danger | X | X | X | X | 40% | The population is being sensitized on key practices (including malaria practices) by the trained relays in Kasais and Haut Lomami Provinces. | |
| Improved TB detection and treatment | Improve TB detection | | | | | | |
| | • Reinforce the capacity of HZ teams to implement TB program by reinforcing supervision within normal activities of HZ & DOTS | X | X | X | X | 70% | A total of 164 Nurses and 60 lab technicians were trained during the quarter |
| | • Provide HZs with PATI 4 | X | | | | 100% | Done |
| | • Promote TB program and ComBased-DOTS through community relays with BCC materials and via radio | X | X | X | X | 30% | Ongoing |
| | • Collaborate closely with the national program at the intermediate and central level to identify the cause of high prevalence in Haut Lomami and low prevalence in South Kivu | X | X | X | X | 100% | Done with Dr Kiangala and remedial actions are being undertaken |
| HIV Treatment & Prevention | Establish blood testing & grouping at HGRs & CSR | | | | | | |
| | • Promote safe transfusion at each transfusing outlet service | X | X | X | X | 100% | Done |
| | • Supervise HGRs & CSR lab staff to screen for transfusion-related transmissible infections, blood grouping, compatibility testing, storage & transport blood products | X | X | X | X | 70% | It is part of regular supervision done by HZMT. |
| | • Provide HGR & other transfusion outlet services with adequate HBV,RPR and blood group tests, and transfusion supplies | X | | X | | 100% | Done in collaboration with BSFA |

| | | | | | | |
|---|---|---|---|---|------|---|
| • Collaborate with Safe Blood in the provision of HIV tests and promotion of voluntary donors | X | | X | | 100% | Done |
| • Encourage the HZ team to educate, motivate, recruit & retain low-risk blood donors, especially volunteer non-remunerated blood donors from low-risk population. | X | X | X | X | 50% | In process, BSFA will provide training next quarter |
| Establish PMCT | | | | | | |
| • Hold workshop for revision of PMTCT data tools | X | | | | 100% | AXxes supported a national workshop in collaboration with PNLs this past quarter. |
| • Recruit 3 Supervisors for PMTCT triple therapy sites | X | | | | 100% | Done |
| • Identify additional sites for triple therapy in Kasais and prepare providers to integrate activities | X | | | | 100% | 20 sites were selected (5 Lodja, 5 in Mbuji Mayi, 10 In Kasai occidental) |
| Encourage pregnant women receiving HIV counseling and testing; and to receive test results | | | | | 67% | 9487 women were counseled and 8524 received their results. This is an improvement over the previous quarter |
| • Reinforce community awareness on PMTCT services: keys messages through charts, radio | X | X | X | X | 40% | Ongoing |
| • Train providers on PMTCT in 30 additional sites in CRS-assisted HZs (2sites/HZ/15HZs) | X | | | | 10% | Preparations done. Training to be done with PNLs at the end of the January |
| • Train supervisors | X | | | | 100% | The 3 selected supervisors were trained |
| • Train PMTCT providers in tri-therapy in 5sites/HZ in 4 HZ: Lodja, Tshikaji, Lubondaie, and Dibindi) | X | | | | 10% | Scheduled with PNLs at the end of January |
| • Procure ARV for triple therapy regimen for PMTCT and other PMTCT commodities for FY09 | X | X | X | | 60% | ARVs are available and being dispatched |
| • Supervise health workers trained in management and provision of PMTCT services and ensure CQI (Continual Quality Improvement) | X | X | X | X | 70% | Ongoing in the functioning sites |
| Provide Post birth follow-up | X | X | X | X | 20% | Ongoing. No children were referred this past quarter for ARV, but 38 are receiving CTX and MVI. |

Component B: Increased Capacity to the health zone and the referral system

| | | | | | | | |
|--|---|---|---|---|---|------|--|
| Improved HZ Monitoring and Evaluation | • Provide all HZs with updated SNIS forms | X | X | X | X | 100% | Completed this quarter and will monitor through end of project. |
| | • Support HZs to elaborate development plans & microplans | X | | | | 0% | Requires attendance of MID/MIPs. Will encourage next quarter |
| | • Scale up training for GESIS and SNIS in HZs | X | X | | | 30% | In progress. Completed in Kasai Oriental(8HZs) & Haut Lomami (9 HZs) |
| | • Encourage HZMT monthly reviews w/ providers & COGE | X | X | X | X | 70% | Affected by strike this quarter with limited provider involvement. |
| | • Reinforce HZ co management and community participation | X | X | X | X | 70% | In progress. , More than 70 % of CODESA are functional |
| | • Inventory/update & mapping of FBO HZ co-management | X | | | | 33% | Ongoing. Awaiting info from BDOM |
| | • Encourage and support HZ Admin. Councils | | X | | | 0% | Planned for next quarter. |
| | • Encourage CODESAs with balanced gender participation | X | X | X | X | 100% | Women are represented in at least 30% of CODESA. |
| | • Support and follow up on NGOs selected for PPG program | X | X | X | X | 100% | Site visits scheduled for last week of January. |

| | | | | | | | |
|--|--|---|---|---|---|------|--|
| Improved HZ support systems | • Improve drug Supply Mgmt to reduce stock outs through supervisions | X | X | X | X | 100% | Kolwezi and Haut Lomami were supervised this quarter on drug management with MSH |
| | Reviews with CDR, PIP, Coord. | | X | | | 0% | Planned for next quarter with MSH & IPS |
| | • Reinforce Surveillance system | X | X | X | X | 50% | Ongoing |
| | • Support and encourage HZMTs to ensure integrated and formative supervisions to HCs every month. | X | X | X | X | 100% | Project provided monthly subsidies to HZs for improving supervision. But the activity was impeded by the strike |
| | • Organize the final KPC | | | | X | 0% | Planned for 3 rd quarter. |
| Component C: Increased capacity of national health programs and provincial/district offices | | | | | | | |
| Improve MOH Monitoring & Evaluation, Supervision, Support, and Policy Development | • Facilitate the JHU technical assistance to MOH (4th,5th,7 direction, PNSR) to improve M&E system | X | X | X | | 50% | JHU installed servers and Tableau software is being followed by AXxes staff with backstopping form JHU. Site visit planned for 2 nd or 3 rd quarter. |
| | • Support the supervision of the MOH intermediate level by the central level: Pronanut, 4 th & 5 th Dir., PEV, PNLP, PNSR, PNSA) | X | X | X | X | 100% | The 5 th direction and PNSR received subsidies for supervision in four provinces. Reports have been requested and will be evaluated for completeness. |
| | • Support provincial/district technical meetings (CPP,BTP) | X | X | X | X | 100% | All the planned meetings were supported. |
| | • Support district technical meetings (BTD, CCIA) | X | X | X | X | 100% | All the planned meetings were supported. |
| | • Support Provincial and district teams to supervise quarterly | X | X | X | X | 70% | Activity supported. Some districts in S Kivu and Kasai Occ. did not supervise |
| Consortium and Project Management Functions | | | | | | | |
| Mgt & Planning | • Finalize/Approve year 3 work plan with USAID | X | | | | 100% | completed |
| | • Participate in quarterly meeting with implementing partners | X | X | X | X | 100% | completed |
| Supervision | • Supervise AXxes implementing partner teams in field | X | X | X | X | 100% | Done in October and November |
| Procurement | • Order materials planned for year three budget | X | | | | 100% | All ordered materials are in the process of importation and clearance. |
| | • Distribute locally procured project commodities | X | | | | 100% | Done. Especially PATI4, Newborn charts... |
| | • Distribution of externally procured commodities | X | X | X | X | 100% | All commodities received were distributed |
| Technical Support | Technical meeting with Coord & supervisor/ cluster | X | X | X | X | 100% | Meets quarterly |
| Reporting | • Submit quarterly program and financial reports | X | X | X | X | 100% | Completed |
| | • Prepare Annual Program and Financial Reports | X | | | X | 100% | Done and submitted |
| Accounting | • Organize the annual audit | X | | | | 100% | Completed |
| Participation Evaluation | • Participate in MOH meetings including CCIA, GARSS | X | X | X | X | 100% | COP representatives participated in different meetings |
| | Final evaluation | | | | X | 0% | Planned for 3 rd quarter |
| Promotion & Training | • Int'l Trips: Participation in GHC, CCIH, Bangladesh, Maternal Health (WHO) & IMA Conferences | X | | X | X | 90% | AXxes representatives participated to EPI TFI in Ile Maurice, to Maternal Health in Geneva, TB M&E training in Nigeria |

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

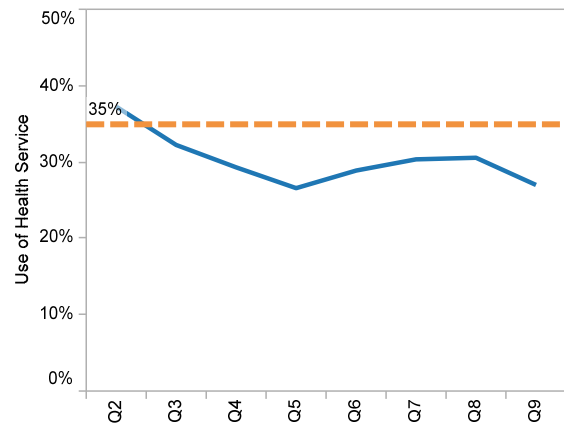
A.1 Increased access to HC and Reinforce referral system

Overall Objective and Progress:

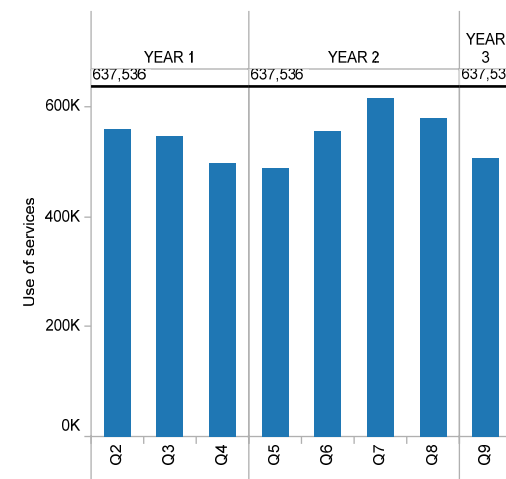
The project objective is to increase health service utilization to 35%. The table and map below and charts to the right summarize the utilization rates by project quarter. The trend over time has been parabolic. Project year one showed a decline in utilization which can be largely attributed to the initial lack of medicines and the re-introduction of fees for services especially in areas where there has been humanitarian support. Project year two, showed 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. The past quarter has shown another dip to 25% which is probably influenced largely by the nurses' strike, especially in Haut-Lomami district which is largely "red" in the past quarter (see map).

The change over time is most perceptible in Kolwezi district where AXxes is alone as a supporting partner, and the red-yellow shaded maps of a year ago is now becoming yellow-green (see map below). The effect of AXxes is also noticeable in Haut Lomami. The increased availability of drugs, the introduction of episodic payments and a reduction of amount to be paid back to Regional Distribution Centers (CDRs) by health centers are contributing to increases in service use.

Health Services Utilization
Rate of Use of Health trend



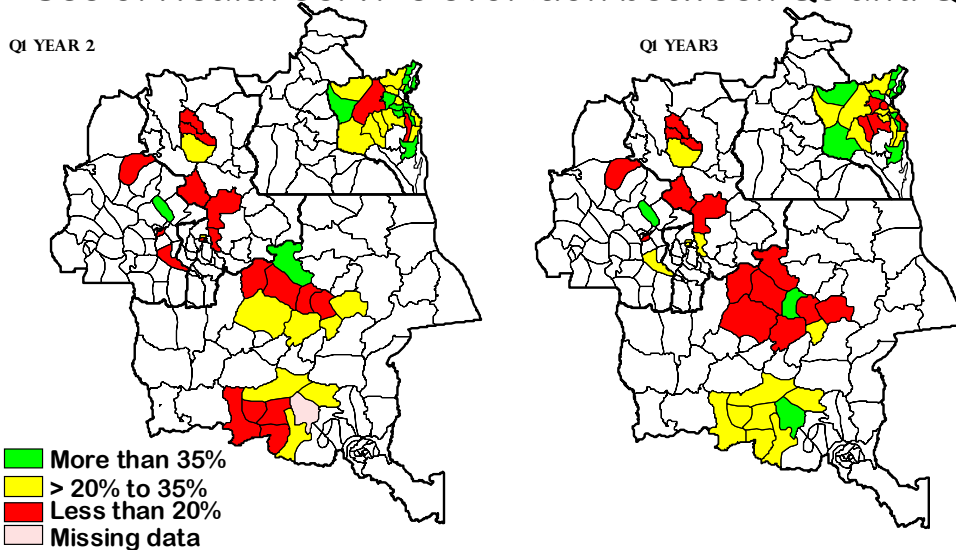
Use of Health services evolution start to present



Percentage of Health Services utilisation from start to present

| PROVINCE | DISTRICTS | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 |
|--------------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|
| KASAI OCC | KANANGA | 24% | 24% | 22% | 21% | 20% | 23% | 24% | 27% |
| KASAI OR | LODJA | | | | 18% | 20% | 17% | 19% | 17% |
| | MBUJI-MAYI | 10% | 10% | 10% | 14% | 15% | 17% | 20% | 21% |
| KATANGA | KAMINA | 18% | 19% | 19% | 21% | 25% | 24% | 21% | 12% |
| | KOLWEZI | 9% | 24% | 22% | 17% | 27% | 32% | 32% | 32% |
| | MALEMBA | 16% | 20% | 21% | 23% | 24% | 30% | 26% | 22% |
| SUD-KIVU | BUKAVU | 28% | 24% | 24% | 26% | 30% | 34% | 34% | 19% |
| | SK- CENTRE | 56% | 50% | 40% | 39% | 44% | 36% | 39% | 21% |
| | SK- NORD | 49% | 41% | 37% | 39% | 46% | 38% | 34% | 42% |
| | SK- OUEST | 87% | 46% | 37% | 28% | 25% | 31% | 34% | 28% |
| | SK- SUD | 29% | 35% | 37% | 32% | 32% | 38% | 43% | 36% |
| Grand Total | | 37% | 32% | 29% | 27% | 29% | 30% | 30% | 27% |

Use of Health Service evolution between Q5 and Q9



Comments on past quarter:

1) HZMTs to supervise at least 80% of HC staff in the correct use of curative care protocols (ordinogramme)

The correct use of curative care protocols (ordinogramme) at HCs is one of the key elements followed by HZMT and project personnel during scheduled supervision. The correct use of ordinogrammes ensures both a standard and quality of care at rural health centers. Following comprehensive zone-based training in year one and refresher training in year two, the majority of nurses are now familiar with these protocols. The project's aim is to continue to monitor this activity in order to ensure and improve quality of care in project supported facilities. The norm is that each health center must be visited (supervised) every month by the HZMTs. Project AXxes provides monthly subsidies to the HZMT to facilitate this work (fuel and per diem). Despite a nationwide strike of nursing personnel, this activity was maintained at approximately 70% this past quarter. This meant that nursing supervisors went on supervision despite limited support and sometimes adverse conditions.

2) Provide each HGR and HC with essential drugs:

HGRs and HCs continued to receive drugs based on the credit line system (each zone has a fixed credit line of medicine to draw upon at project supported regional depots). Due to constraints in purchasing power and the need to increase service uptake, the project lowered the amount to be reinvested in purchase of medicine from 60% to 30%. This strategy has increased the acquisition of medicine. The uptake of ACTs by providers was a particular concern due to the introduction of a new product at relatively higher cost. ACTs were thus put on the list of products to be taken at no cost (along with antenatal drugs such as SP and Folate). This has caused an increased uptake by service points. The project will be specifically monitoring patient use and stock usage this quarter.

In general no stock outs were reported by most facilities with the exception of Zinc in certain areas. Zinc has been newly introduced, and uptake has been higher than expected.



Transport of medicine to service points by the Coordination office of Mbjuj Mayi. (left) and reception of medicine by the HZ team at Kitenge (right)



3) Rehabilitate at least 1 HC/ HZ (prioritizing maternities)

In the third and final year of AXxes, partners have been instructed to not start new rehabilitation projects but to complete existing ones. The nationwide shortage of cement and transport challenges caused a delay in the start up of rehabilitation projects in years one and two. The focus this year is on completing projects from years one and two. Any new monies for rehabilitation will be shifted to health zone activities in the year three health zone budget.

The table shows the current status (cumulative) of the 222 proposed and ongoing rehabilitation projects. As of this quarter 51% of projects have been completed and 23% are more than 50% completed. Please see Annex 2 for details. Implementing partners are continuously developing strategies to speed up this work and to complete all remaining work by June '09.

Status of Rehabilitation Projects

| Completion | CRS | ECC | WV | Total | % |
|--------------|-----------|-----------|-----------|------------|-----|
| 100% | 45 | 38 | 35 | 104 | 51% |
| 75 à 99% | 11 | 6 | 12 | 16 | 8% |
| 50 à 75% | 3 | 12 | 5 | 30 | 15% |
| < 50% | 14 | 22 | 16 | 52 | 26% |
| Total | 73 | 78 | 68 | 222 | |

Inauguration ceremony of the rehabilitation work done in Kitoga health center (Hauts Plateaux)



CRS team visiting project: left HGR of Kitutu in the right HC Sidem Kele in HZ of Kamituga

4) Reinforce ‘preferential tariffication’ practice for referred patients

More than 70% of reference hospitals are applying the system of ‘preferential tariffication’ (charging referred patients at least 20% less than other patients). The situation is more readily applied in rural than urban HZs due to the presence of many private dispensaries in urban areas and lack of control of their referral practices by the Provincial Inspection. This reinforcement of referring patients with hospital based needs and sending them back to the sending health center after care serves to strengthen both the link between health center and hospital as well as the level of patient care.

5) Reinforce episodic payment system

More than 70% of HZs have adopted the system of fixed service fees and are applying them in health centers. There is variance per province and district. For instance in South Kivu Province and Haut Lomani district (Katanga Province) 100% of project AXxes supported health centers apply the system. In the Mbuji Mayi pool 66% apply while in the Kananga pool only 30% apply this due to the larger number of private health centers. The same low uptake is noted in urban based Kolwezi. The strategy faces greater resistance in urban areas with private health facilities where providers hesitate to apply the system as the sale of medicine is their only source of income. Project AXxes is working with the MIDs on a district by district basis to uncover obstacles and encourage the adaption of fixed fees which has been shown to increase access to care. See Annex 5 for costing and tariffication information by health zone and implementing partner.

6) Monitor CODESA & HC referral system

CODESA members can be ‘agents of force’ to encourage the implementation of many of these interventions (preferred tariffs, fixed or episodic fees) in rural settings. Project AXxes is taking the opportunity to reinforce CODESA and community participation during integration of C-IMCI, newborn care, and community based care sites starting this January. See Annex 8 for CODESA functionality. Monthly meetings are supported by Project AXxes.

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 indicator table below and other related charts and maps. The year two target of 40,000 CYP was surpassed by 51% and the year 3 quarterly target of 15,000 CYP was surpassed by 33%. The increase of CYP is almost across all provinces even all districts. This is related to improvement of the coverage and quality of the family planning services associated with improved reporting.

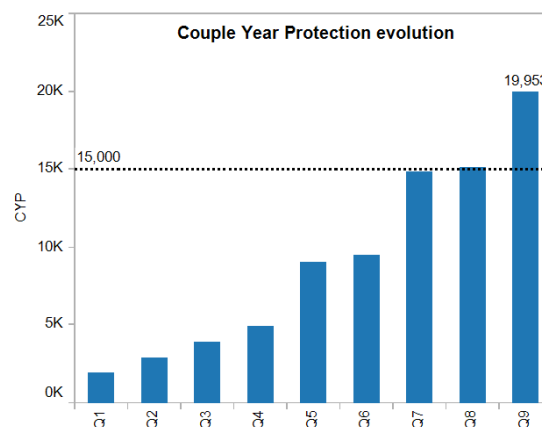
Evolution of Family Planning and Couple Year Protection

| FAMILY PLANNING | Population concerned | Revised Y3 targets | | Quarterly Target | Partners Quarterly Achievements | | | | | |
|---|---------------------------|--------------------|-----------|------------------|---------------------------------|----------------|---------------|------------------|--------------------|--------------------|
| | | % | Number | Number | CRS 2966404 | ECC 3248611 | WV 1812071 | TOTAL 8027086 | Quarterly Coverage | Target achievement |
| 1. Couple years of protection (CYP) for FP USG-supported programs * | Workplan | 100% | 60.000 | 15.000 | 7.766 | 4.959 | 7.228 | 19.953 | NA | 133% |
| 2. Number of people trained in Reproductive Health (RH) and Child Spacing/FP | 1938 | | Completed | | Completed in Year 2 | | | | | |
| 3. Number of new FP Acceptors in USG supported family planning clinics * | (pop)(.21) 1,685,688 | 20% | 337138 | 84.285 | 24.662 | 9.549 | 9.882 | 44.093 | 10% | 52% |
| 4. Number of USG-assisted services delivery points providing FP counseling or services | 929 (actual nbr of sites) | 100% | 929 | | 279 | 333 | 191 | 803 ** | NA | 86% |
| 5. Number of service delivery point reporting stock-outs of any contraceptive commodity offered by the SDP at any time during the reporting period. | 929 (actual nbr of sites) | 5% | 46 | | 7 | 24 | 19 | 50 | NA | 5% |

*2 of 5 Targets are higher than Contractual Targets

** Of 864 reported in Q8, some weren't operational in Q9 due to strike

The objective of integrating FP in 80% of HCs by the end of year two was met. In fact the program is now integrated in 86% of the 929 targeted HCs. This is related to the number of people counseled which is increasing as well. The upward trends in CYP are shown in the table and chart below. The change is most significant in many HZs in South Kivu and Kolwezi HZs which are the areas where the PF activities were not carried out. In those areas, AXxes is the first partner to develop PF programs.

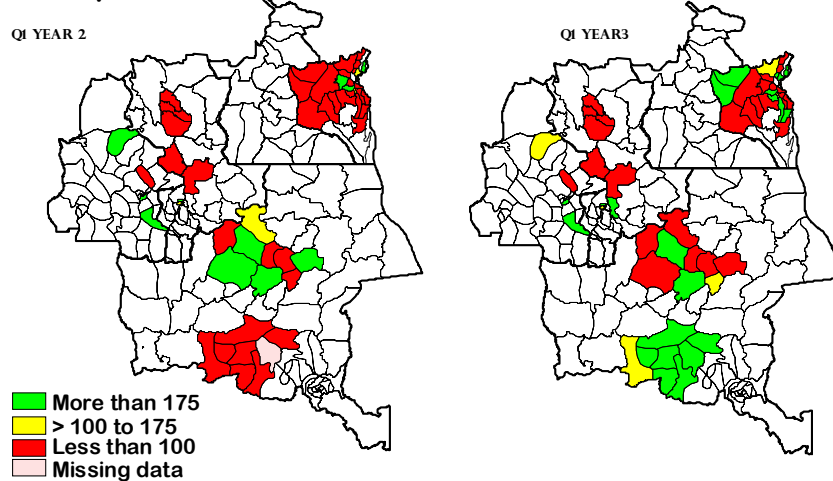


The Evolution of Couple Year Protection (2006-2009)

Couple Year Protection evolution up to present

| PROVINCE | DISTRICTS | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 |
|--------------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|
| KASAI OCC | KANANGA | 721 | 1,066 | 1,554 | 1,488 | 1,127 | 1,117 | 1,578 | 1,099 | 1,622 |
| KASAI OR | LODJA | | | | | 0 | 0 | 0 | 12 | 18 |
| | MBUJI-MAYI | 68 | 160 | 52 | 560 | 2,254 | 2,281 | 4,151 | 3,290 | 2,561 |
| KATANGA | KAMINA | 276 | 222 | 435 | 580 | 1,430 | 1,581 | 1,298 | 1,377 | 323 |
| | KOLWEZI | | 89 | 114 | 215 | 268 | 188 | 1,589 | 2,655 | 5,492 |
| | MALEMBA | 155 | 275 | 265 | 409 | 942 | 697 | 1,089 | 997 | 435 |
| SUD-KIVU | BUKAVU | 108 | 556 | 977 | 782 | 863 | 594 | 1,239 | 1,352 | 1,406 |
| | SK- CENTRE | 585 | 222 | 338 | 307 | 974 | 668 | 1,245 | 1,910 | 454 |
| | SK- NORD | 31 | 190 | 31 | 178 | 601 | 703 | 1,003 | 1,006 | 1,736 |
| | SK- OUEST | 0 | 51 | 117 | 236 | 289 | 520 | 872 | 846 | 1,561 |
| | SK- SUD | 33 | 28 | 24 | 198 | 300 | 1,149 | 797 | 524 | 4,345 |
| Grand Total | | 1,977 | 2,859 | 3,907 | 4,953 | 9,048 | 9,498 | 14,861 | 15,068 | 19,953 |

Couple Year Protection evolution between Q5 and Q9



Comments on past quarter:

1) Supervise HZMTs, HC staffs and HGR staffs in RH/FP

RH/FP supervision is part of the integrated supervision program by the HZMT and project personnel. Since the last quarter and after feedback from the USAID technical team instructions were given to supervisors to focus on activities in health centers and hospitals related to family planning methods, gender participation and counseling. Despite the nationwide strike supervisions were maintained (70%) level despite constraints and retro-information and feedback has improved.

2) Reinforce the capacities of delivery point staffs to counsel individuals on RH/FP

Another concern raised by the USAID technical team was insufficient cross-integration of family planning services. Following feedback and discussing various modalities, instructions were given to the implementing partners and HZMTs team to increase opportunities for providing FP counseling to clients. Strategies have been adapted to link family planning with others services such as immunization, ANC, PMTCT maternity and curative care in such a way that every woman who is attending those services receives messages on family planning. The strike may have limited the uptake or acceleration of this in all centers, but positive trends have been noted. A key objective in year three is to reinforce the capacity of family planning support staff in 929 HCs (delivery points) and 200 community sites for product distribution. So far, 864 HCs are functional and almost 120 community-sites are already identified to serve as points for the community distribution of FP commodities. Supplemental training for community distributors is planned the next quarter once commodities have been replenished.

Another strategy has involved local NGOs in the provision of messages. WV AXxes took such an opportunity to include FP messages (importance of birth spacing, FP methods and counseling) during local NGO training this past quarter to also use them as peer educators and provide information on family planning methods after counseling.

3) Provide the package of PF commodities to 929 CS/CSR

USAID provided commodities were very much welcomed and distributed this quarter to implementing partners. These included: 116,000 doses of Depo provera, 42,000 cycles Lo-

Femenal, 20,000 cycles Ovrette and 1,600,000 condoms. Distribution to specific HCs is nearly complete in almost all of the delivery points. We are anticipating even higher FP uptake of services and CYP for next quarter and have appreciated strong support both technical and commodity related from USAID in this endeavor.

CRS-supported HZs received extra support by combining their FP distribution with the CDR (APAMESK) to make FP commodities available at all HCs with other commodities and in a timely manner to avoid stock outs. That is an improvement over past quarters where distribution was done with the IPS which caused delays and stock outs. As result the CYP for CRS supported zones alone increased from 4,619 in Q4Y2 to 7,862 in Q1Y3. Distribution of commodities was accompanied by memorandums instructing health zones and partners to reinforce PF activities in identified weak centers and to integrate family planning services in still other earmarked health centers in order to reach this year's target of 929 HCs.

4) Provide HC and relays with PF BCC materials for disseminating keys messages in community settings.

More than 1000 flip charts and teaching aids to promote family planning have been distributed to HCs during this past quarter and nurses have been using them during ANC visits. In Kasai and Haut Lomami where relays have already been trained, key FP messages are being diffused in the community by one such medium "cahier de relais" and translated into local languages. This chart contains 10 key messages including messages related to FP. Project AXxes will be working with more sites and relays in this next quarter starting in February 2009. To speed up the diffusion of key message, AXxes is printing leaflets containing information on FP and PMTCT to be given to every woman attending health care services for any reason (immunization, ANC, maternities, curative care, PMTCT...). AXxes is planning on conducting a LQAS next quarter which will determine how well the diffusion of key messages is going in household levels.

5) Reinforce GBV counseling and community-based awareness activities in health areas through health center Nurses and CODESA

The objective is to prevent and to reduce sexual violence to women by sensitizing communities in behavior change and necessary response. By working with local leaders and members of civil society (administrative, military, and traditional authorities) project personnel have addressed issues of values, commitment and willingness to seek change. A dual objective is to foster awareness of women's (and children's) rights through peer women in CODESAs. AXxes support to FODESA

In South Kivu during this past quarter, achievements related to sensitization activities against rape and sexual violence carried out by project-supported Centre Olame included development of training modules for leaders including military, administrative, traditional and political leaders. Topics addressed are:

- Military code before, during and after war vis-à-vis sexual violence;
- The role of the army in ensuring rather than traversing rights;
- Woman rights' and vulnerability during conflict period;
- The legal component of sexual violence and victim's rights; and
- Sexual violence: danger for our future.

The activities of Centre Olame also included development of IEC tools, i.e., 1503 brochures, 904 t-shirts, and 19 banners; song-writing with local artists to increase awareness to prevent sexual violence; and theater using local artists. In three urban Health Zones (Ibanda, Kadutu and Bagira), leaders and disseminators completed 95 sensitization sessions (36 in Bagira, 32 in Kadutu and 27 in Ibanda) focused on psycho-social and medical effects of sexual violence. Additional sessions especially for military and police were conducted at the FARDC Camp SAÏO. This included sensitization on military law and sexual violence involving 135 participants. At PNC Camp MOKE/Brasserie 48 participants were involved.

Project AXxes is also providing development support to FODESA (Fonds pour le Developpement du Sankuru) to promote the reduction of sexual violence through sensitizing community leaders and politico-administrative authorities in and around the city of Lodja. See Annex 8 for details from the Promising Partners Grants.

A.3 Improved reproductive health and newborn services

Overall Objective and Progress:

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 this period. Again despite the nation-wide strike and closure of some health clinics; the project achieved the majority of quarterly targets except for ARI (54%), Diarrhea (50%) and newborn receiving antibiotics (52%).

We note the significant improvement in Active Management of the Third Stage of Labor (AMTSL) and number of postpartum newborn visits within 3 days. That is most likely due to a better understanding of the indicator definitions. Availability of Oxytocin in most HZs and the refresher training in Management of the Third Stage of Labor (AMTSL) which is still ongoing has contributed significantly in the improvement of this indicator.

| MATERNAL CHILD | Population concerned | Revised Year 3 Targets | | Quarterly Target | Partners Quarterly Achievements | | | | | |
|---|----------------------|------------------------|---------|------------------|---------------------------------|----------------|---------------|------------------|--------------------|--------------------|
| | | % | Number | Number | CRS 2966404 | ECC 3248611 | WV 1812071 | Total 8027086 | Quarterly Coverage | Target achievement |
| 1. Number of postpartum newborn visits within 3 days of birth in USG-assisted programs* | pop (0.4) 321.083 | 70% | 224.758 | 56.190 | 18.347 | 16.479 | 15.797 | 50.623 | 63% | 90% |
| 2. Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities* | pop (0.4) 321.084 | 90% | 288.975 | 72.244 | 22.873 | 21.296 | 19.456 | 63.625 | 79% | 88% |
| 3. Number of people trained in maternal/newborn health through USG-supported programs | Female | | | | 27 | | 16 | 43 | | |
| | Male | | | | 3 | | 14 | 17 | | |
| | Total | 100% | 394 | | | | | 60 | | 15% |

| MATERNAL CHILD | Population concerned | Revised Year 3 Targets | | Quarterly Target | Partners Quarterly Achievements | | | | | |
|---|---------------------------------|------------------------|--------------|------------------|---------------------------------|----------------|----------------|---------------|------------------|-------------------------|
| | | % | Number | | Number | CRS 2966404 | ECC 3248611 | WV 1812071 | Total 8027086 | Quarterly Cover- age |
| 4. Number of deliveries with a skilled birth attendant(SBA) in USG- assisted programs* | pop (0.4) 321.084 | 70% | 224.758 | 56.190 | 18.347 | 16.479 | 15.797 | 50.623 | 63% | 90% |
| 5. Number of people trained in child health and nutrition through USG-supported health area programs | | 100% | 5700 (RC) | | Training will start in February | | | | | |
| 6. Number of women receiving Active Management of the Third Stage of Labor(AMSTL) through USG-supported programs* | (assisted births) 192.650 | 100% | 192.650 | 48.163 | 11.004 | 13.061 | 12.835 | 36.900 | 77% | 77% |
| 7. Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs | (pop)(0.04)(.05) 16.054 | 81% | 13.004 | 3.251 | 368 | 81 | 1.228 | 1.677 | 42% | 52% |
| 8. Number of newborns receiving essential newborn care through USG-supported programs* | (assisted births) 192.650 | 100% | 192.650 | 48.163 | 18.182 | 14.861 | 15.237 | 48.280 | 100% | 100% |
| 9. Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs* | (pop)(.2)(.3) 481.626 | 80% | 385.300 | 96.325 | 20.426 | 1.755 | 30.000 | 52.181 | 43% | 54% |
| 10. Number of children less than 12 months of age who received DPT3 from USG-supported programs* | (pop)(.0.349) 280.145 | | 252.131 | 63.033 | 17.101 | 23.224 | 13.079 | 53.404 | 76% | 85% |
| 11. Number of children under 5 years of age who received vitamin A from USG-supported programs* | (pop)(0.18) 1.403.526 | 95% | 1.333.350 | 1.333.350 | 481.012 | 522.320 | 321.012 | 1.324.344 | | 99% |
| 12. Percent / Number of children under the age of five with diarrheal illnesses are cared for correctly by health structures following national policy guidelines | (pop)(0.2) (0.25) 401.354 | 70% | 288.974 | 72.244 | 14.596 | 11.008 | 10.695 | 36.299 | 36% | 50% |
| 13. Rate of use of health services* | (total pop) 8.027.086 | 35% | 2.809.480 | 702.370 | 185.200 | 152.466 | 171.558 | 509.224 | 25% | 73% |
| 14. Percent of pregnant women received VAT2 or 5 doses of VAT* | pop (0.4) 321.083 | 90% | 288.975 | 72.244 | 14.303 | 21.646 | 13.556 | 49.505 | 62% | 69% |
| 15. Proportion of children receiving measles vaccination* | (pop)(.0.349) 280.145 | 90% | 252.131 | 63.033 | 15.559 | 23.128 | 13.051 | 51.738 | 74% | 82% |
| 16. Percent of drop-out DPT1/DPT3 | (pop)(.0.349) 280.145 | 10% | 28.015 | 7.004 | 422 | 1.537 | 1.467 | 3.426 | | 6% |

* 11 out of 16 Revised Targets are higher than Contractual Targets

Comments on past quarter activities:

A3-1 BIRTH PREPAREDNESS AND MATERNITY SERVICES

1) Provide the minimum package of activities for antenatal care

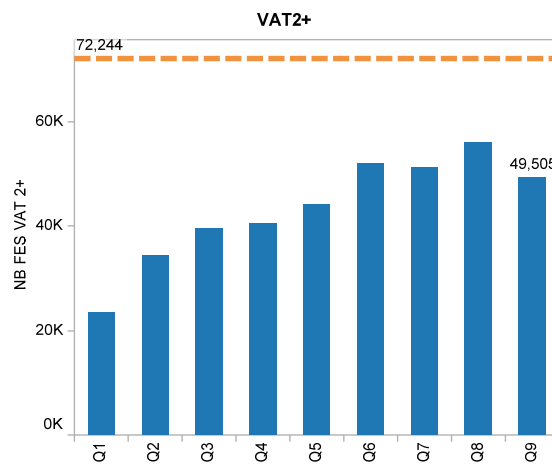
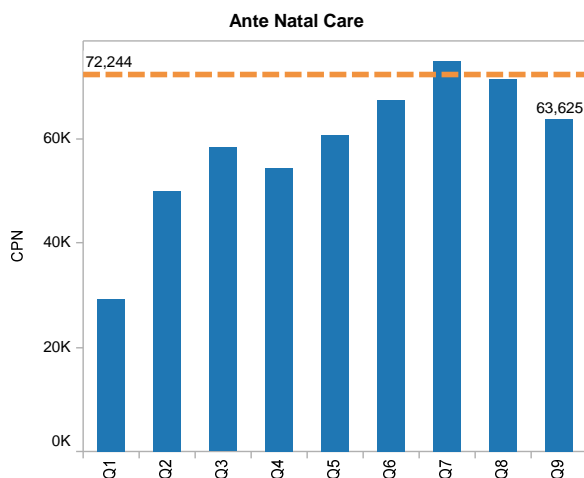
All AXxes supported HCs provide antenatal (ANC) services and there was minimal disruption in this component this past quarter. AXxes implementing partners provide commodities to be given without costs at ANC clinics such as Fansidar for IPT, Vitamins, Mebendazole and Folate, and LLINS when available (the demand for LLINS exceeds the budget and contractual agreement of 10,000 ITNs per health zone).

The target of covering 90% of pregnant women was nearly achieved this quarter (88% in general) and that is expected to be higher next quarter with full resumption of services and delivery of the year three ITN order. The ANC rate remained >80% in the majority of districts (7/11). The lowest rate was reported in Kamina (39%). Other relative low rates were Bukavu (63%) and Malemba Nkulu (63%). We will be exploring the reason for the low rate in Kamina (supervision visit end of January 2009). Certain HZs significantly underreported such as Kadutu (7%) and Mwenga (34%) per CRS and we have asked our partner to investigate the reasons why.

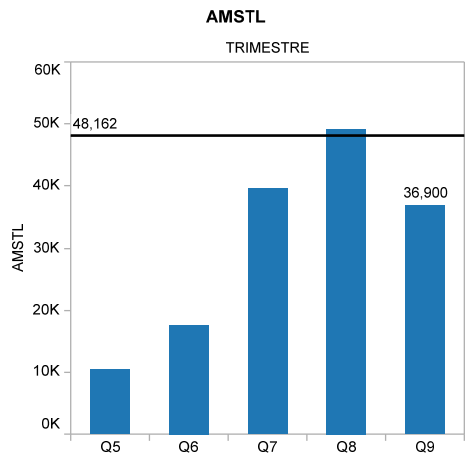
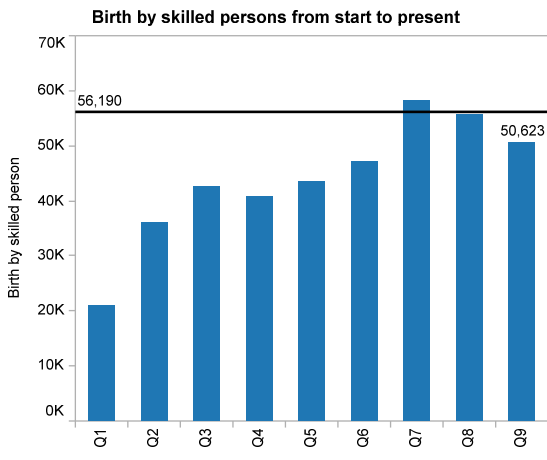
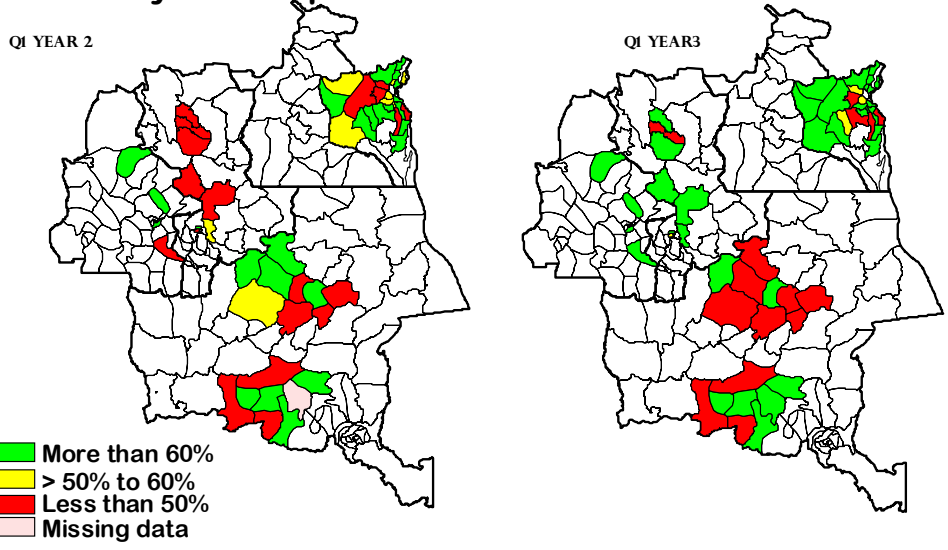
Coverage in VAT2 increased, but did not meet the year three quarterly target. The stock-out of vaccine from the national program in certain populated areas such as Kolwezi and Kasai Occidental hampered those indicators this quarter. Vaccine stock outs are not an uncommon problem in interior provinces and we continue to work with PEV in improving this. Project AXxes has helped support transport, communication, and logistics in this regard.

ANC RATE

| PROVINCE | DISTRICTS | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 |
|--------------------|--------------|-----|-----|------|------|------|------|------|------|------|
| KASAI OCC | KANANGA | 74% | 82% | 77% | 76% | 83% | 76% | 85% | 83% | 86% |
| | Total | 74% | 82% | 77% | 76% | 83% | 76% | 85% | 83% | 86% |
| KASAI OR | LODJA | | | | | 59% | 100% | 96% | 86% | 82% |
| | MBUJI-MAYI | 71% | 80% | 78% | 82% | 71% | 76% | 81% | 85% | 90% |
| | Total | 71% | 80% | 78% | 82% | 67% | 85% | 86% | 85% | 87% |
| KATANGA | KAMINA | 94% | 75% | 81% | 77% | 78% | 80% | 81% | 82% | 35% |
| | KOLWEZI | | 47% | 71% | 68% | 76% | 70% | 91% | 100% | 91% |
| | MALEMBA | 58% | 73% | 64% | 63% | 74% | 71% | 81% | 79% | 63% |
| | Total | 75% | 65% | 71% | 69% | 76% | 73% | 86% | 89% | 69% |
| SUD-KIVU | BUKAVU | 65% | 72% | 75% | 68% | 64% | 74% | 81% | 80% | 63% |
| | SK- CENTRE | 90% | 93% | 108% | 86% | 89% | 103% | 109% | 110% | 78% |
| | SK- NORD | 95% | 98% | 104% | 100% | 101% | 102% | 109% | 115% | 117% |
| | SK- OUEST | 99% | 76% | 122% | 92% | 92% | 96% | 98% | 99% | 90% |
| | SK- SUD | 94% | 80% | 86% | 78% | 83% | 97% | 93% | 94% | 91% |
| | Total | 89% | 85% | 101% | 88% | 89% | 97% | 100% | 102% | 92% |
| Grand Total | | 83% | 79% | 88% | 80% | 82% | 86% | 93% | 94% | 84% |



Birth by skilled persons evolution between Q5 and Q9



2) Promote deliveries by skilled birth attendants and provide improved maternal and newborn care

AXxes has been working in every district with support from BASICS and POPPHI and in collaboration with the National Program to integrate new strategies on maternal and newborn care. Current strategy is to integrate these new protocols in 200 maternities in 40 health zones. These same sites are also implementing PMTCT services. The current strategy involves training head nurses and birth attendants and providing them with safe mother and birthing kits as well as neonatal training and material.

AXxes is equipping these same maternities with portable solar lighting and newborn resuscitation kits. These kits are in addition to birth kits previously given to all maternities. Trainers have already been trained at the national and provincial levels. This past quarter 60 providers (44 females and 16 males) from 25 maternities in South Kivu and Kolwezi were trained and those sites have been activated. While writing this report, providers from 25 other maternities Kasai oriental are being trained. Remaining districts will be trained in February and March.

The requirements of this BASICS' designed training engenders long and comprehensive sessions. Each training session requires 1 trainer for 5 trainees, pedagogic materials (mannequins and others) and theoretical and practical sessions which require 21 days, including practices in HGR.

Another recommendation is to conduct LQAS before implementing the strategy. Newborn-related LQAS was conducted in Bukavu (Kadutu, Uvira and Lemera) in November and the main objective was to assess knowledge, attitude and practices of women, e.g., ANC attendance, site of delivery and essential care of newborn. In each HZ a minimum of 19 households were selected in compliance with LQAS norms and requirements.



Newborn training session in Kolwezi

3) Promote postpartum/newborn visits in each maternity

AXxes promotes consistent postpartum/newborn visits and documentation of such in supported HCs and maternities. The LQAS conducted in South Kivu showed that this indicator was underreported during the previous quarter because of misunderstanding of the definition. It is not a national SNIS indicator. This quarter we are seeing improvement in reporting of this activity, a significant increase (63%) from last quarter. AXxes will continue to remind partners and providers on the importance of verifying and reporting this indicator.

4) Support Vaginal Fistula Repair (VFR) in ten selected sites

AXxes planned to scale up the fistula repair training program to include additional sites this year. The AXxes COP team met with Dr Joe Lusi (medical director of Heal Africa) and Dr Mukwege (medical director of PANZI) this quarter in order to explore the possibility of their hospitals receiving new trainees as well as incorporating Heal Africa and Panzi in ongoing training. PANZI will take more candidates this year and Heal Africa is willing to do mobile training and treatment programs. After evaluating the results of the first group of trainees it was found that more than half of them had left their sites. In discussing this with USAID technical team, AXxes will focus more on meeting surgical needs in key areas and train local personnel during such visits. This past month the project sent 2 specialists to Lodja where at this writing they are treating over 70 patients, some who waited in line for a week. They are also training hospital personnel in the recognition, treatment, and follow up of this endemic and disabling problem .

A3-2 IMMUNIZATION, INCLUDING POLIO

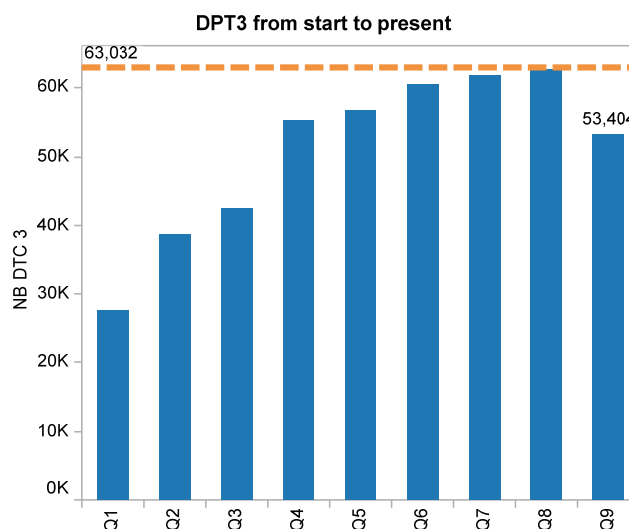
Overall Objective and Progress:

The overall objective of the immunization component is to reinforce routine vaccination programs to attain and sustain 90% vaccination coverage (or higher) according to project indicators. The table, graphs and maps below show the coverage during the first quarter of year 3 for DPT3.

DPT3 percentage from start to present

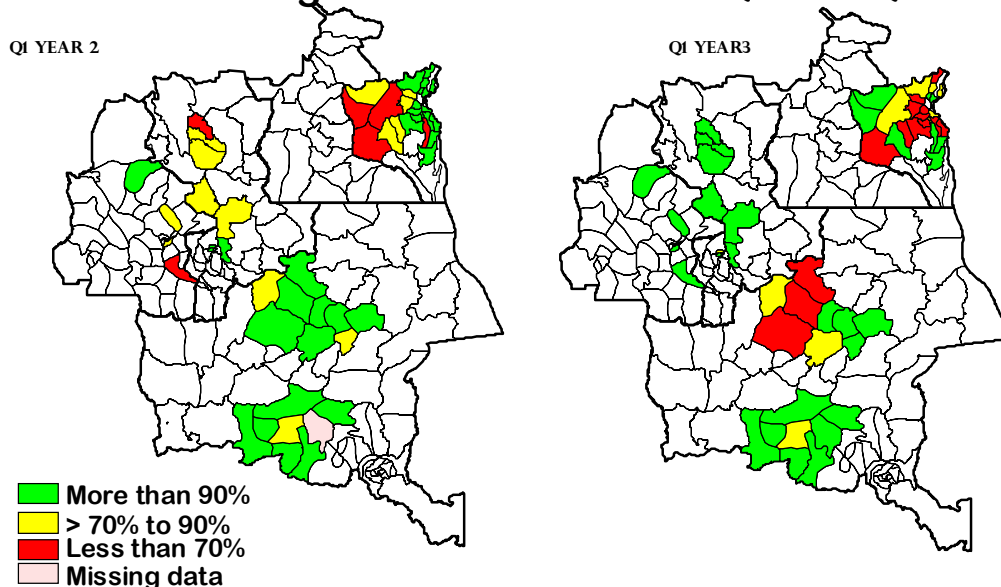
| PROVINCE | DISTRICTS | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 |
|--------------------|--------------|------|------|------|------|------|------|-----|------|------|
| KASAI OCC | KANANGA | 90% | 87% | 97% | 98% | 72% | 90% | 88% | 104% | 93% |
| | Total | 90% | 87% | 97% | 98% | 72% | 90% | 88% | 104% | 93% |
| KASAI OR | LODJA | | | | | 62% | 52% | 91% | 102% | 103% |
| | MBUJI-MAYI | 93% | 94% | 86% | 89% | 85% | 87% | 89% | 84% | 90% |
| | Total | 93% | 94% | 86% | 89% | 77% | 74% | 89% | 91% | 95% |
| KATANGA | KAMINA | 93% | 35% | 77% | 109% | 86% | 86% | 84% | 91% | 30% |
| | KOLWEZI | | 55% | 81% | 90% | 92% | 80% | 89% | 96% | 94% |
| | MALEMBA | 69% | 52% | 53% | 84% | 93% | 82% | 88% | 90% | 113% |
| | Total | 79% | 48% | 71% | 93% | 91% | 82% | 88% | 93% | 85% |
| SUD-KIVU | BUKAVU | 86% | 68% | 68% | 101% | 83% | 76% | 86% | 92% | 40% |
| | SK- CENTRE | 108% | 89% | 107% | 98% | 92% | 102% | 92% | 102% | 54% |
| | SK- NORD | 104% | 84% | 97% | 126% | 120% | 119% | 99% | 102% | 72% |
| | SK- OUEST | 81% | 89% | 57% | 60% | 50% | 66% | 78% | 84% | 109% |
| | SK- SUD | 71% | 117% | 41% | 86% | 116% | 128% | 82% | 98% | 83% |
| | Total | 95% | 90% | 78% | 94% | 90% | 98% | 88% | 95% | 77% |
| Grand Total | | 90% | 77% | 78% | 94% | 87% | 89% | 88% | 94% | 83% |

The lowest DPT3 rates were registered in the HZs in the district of Bukavu (40%), Bukavu centre (54%) and Kamina (30%). where the national nurses strike forced the closure or curtailment of activities at many clinics. Mbuji Mayi where the majority of HCs are private was not as adversely affected. In addition several districts in Kolwezi, South Kivu and Kananga reported stock-outs of vaccine from the national distribution centers (PEV).



As discussed in the previous report some HZs in South Kivu (west), Lodja, and Malemba Nkulu which reported coverage more than 100%. This is most likely attributable to problems with the population count. AXxes has supported DQA trainings in Kasais and Kamina which in part look at quality and determination of population data. The next DQA training will be for HZs in Bukavu during which time population data and how it is calculated will be re-evaluated.

DPT 3 Coverage evolution between Q5 and Q9



Comments on past quarter activities:

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

AXxes helps support the monthly supervision visits of the HZMT to at least 80% of HCs monthly to confirm compliance with the RED approach. These activities were maintained at an approximate 70% level this past quarter in part due to the nurses' strike.

To reinforce the capacity of HZMTs in vaccination support, Project AXxes collaborated with GAVI CSO this past quarter. 25 mid level providers (health zone doctors and clinic charge nurses) were trained as trainers in advanced principles of PEV-MLM (vaccine Mid Level Management) and DQS. In their turn, this quarter, they have trained 68 clinic nurses and providers on MLM and DQS (data quality surveillance). DQS tools, which are designed to improve data quality will be used in Project AXxes HZs during their monthly review sessions and during supervision. A joint field visit with PEV will be organized in South Kivu in February 2009 to assess the application of this method. HZs that have reported vaccine coverage rates in excess of 100% will be highlighted during that evaluation.

The project continues to support the Cold Chain and provided subsidies for the purchase of kerosene this past quarter. 57 additional solar refrigerators have been purchased and will be installed this next quarter in project AXxes supported health zones.

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

A supplemental campaign to vaccinate for Polio (in response to a case of wild polio detection) was carried out together with the Vitamin A campaign in November 2008 in South Kivu Province. Project AXxes consortium members (CRS and WVI) were active participants. The AXxes support consisted of three main activities: 1) facilitating transportation of commodities, 2) providing kerosene, and 3) supporting social mobilization. The official campaign coverage result was 112%.

Other mass vaccination campaigns supported this past quarter in Project AXxes health zones occurred in Dibindi, Mbuji-Mayi, Kabongo and Mukanga where zone-wide campaigns for Maternal-Neonatal Tetanus (MNT) were undertaken. The results are below:

Results of Maternal-Neonatal Tetanus campaign

| Coordination | HZ | Target | Vaccinated women | | Vaccine Coverage | |
|--------------|---------|--------|------------------|-----------|------------------|-----------|
| | | | 1st phase | 2nd phase | 1st phase | 2nd phase |
| Mbuji-Mayi | Dibindi | 49519 | 50198 | 48270 | 101,4% | 97,5% |
| Kamina | Kabongo | 61072 | 53682 | 51125 | 87.9% | 83.7% |
| Malemba | Mukanga | 36600 | 29333 | 28666 | 80.1% | 78.3% |

3) Reinforce integrated surveillance system at HC and community levels

AXxes in collaboration with the 4th direction reproduced and distributed 1000 disease surveillance calendars and charts (to be fixed on clinic walls). These contain precise definitions and indicators of diseases under surveillance as well as check boxes to note and tabulate cases seen each week. The objective of this calendar is to remind clinic staff of case definitions, the need to report, and provide a way to view the trend of the evolution of cases.

A3-3 CLINIC IMCI

Overall Objective and Progress:

Clinic-Based Integrated Management of Childhood Illnesses (IMCI) are integrated protocols to assess and treat children at health facilities for common diseases. This approach is based on the principle that a child coming to a health center for treatment of an illness should also be queried about his/her vaccination status and about other child common diseases, and, if necessary, provided with the appropriate vaccination and care package (vitamins, zinc, etc). 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. The activity was implemented in all HZs since the first year of the project. Almost all project affiliated HC nurses were trained on clinic IMCI during year one and the first quarter of year 2.

Comments on past quarter activities:

1) Support HZMTs to supervise HC staff in clinic IMCI

AXxes support allows the HZMTs to supervise HCs staff in the provision of IMCI. The follow up on the use of IMCI protocol is one of the many tools to the guarantee quality of care provided to children in project supported health centers. This quarter, despite the national strike, almost 70% of sites were supervised (quarterly objective is) 80%.

2) Provide HC with IMCI drug package including ORS, Zinc, ACT and antibiotics

All of C-IMCI related drugs were available at depots and in the HZs this past quarter except Zinc which is a recent introduction to the program and country. Approximately 2,000,000 tablets of Zinc arrived at project depots at the end of this quarter and are currently being distributed to all supported HZs. This should increase significantly one of the primary MCH indicators (correct treatment of diarrheal diseases). It is also planned to make Zinc available at the community level through the community-based care sites which will be reinforced this next quarter with accelerated RC training. To accelerate the use and acceptance of Zinc in the

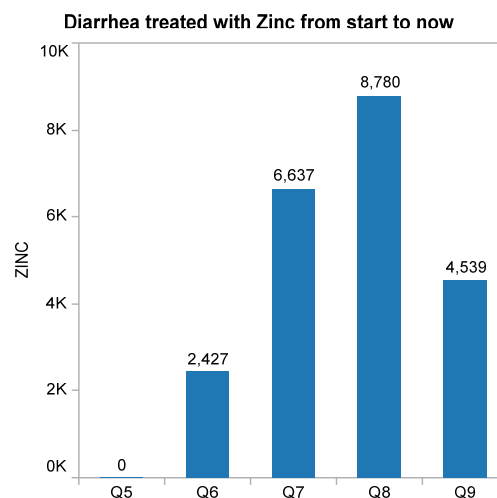
community; educational materials have been developed with the support of HKI and UNICEF and are currently being printed to be rolled out with this activity next quarter.

3) Management of ARI and Diarrhea

To assess the quality of care provided to children at the HC level, indicators on correct management of Diarrhea and ARI were selected by the AXxes project. This quarter, those indicators are lower than those obtained last quarter. Specifically 52,181 children (target 112,379) were treated appropriately for ARI and 36,299 (target 96,325) were treated appropriately for diarrhea. Those numbers were affected in part by the fact that many HCs were closed as well as a shortage of zinc (diarrhea treatment indicator).

Those figures however were largely affected by a lower number of children presenting for treatment than expected and to a much lesser extent a problem with quality of care or compliance with standard treatment protocols. The end of the strike and the availability of Zinc will probably improve this indicator next quarter.

When analyzing these numbers by partner, it appears that a few ECC-assisted HZs significantly lowered this indicator. An analysis this next quarter will be done to determine the cause of relative low performance (or under-reporting) in these health zones.



3-4 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 for Good Health*

The project objective is to have at least 60 % of households informed and sensitized on key practices for child survival.

Comments on past quarter and year 2 activities:

1) Train Community Relays











The objective of the AXxes project is to have more than 9,000 relays trained (at least 150 relays /HZs) during the life of the project. So far, more than 3,500 relays have been trained to date (Kasais and in Kolwezi districts), and it is planned to train an additional 5,700 relays this quarter in South Kivu province. The training, which was originally planned for November 2008 was postponed by the IPS until the end of January because of the need to implement an adjuvant Vitamin A and Polio campaign. Joint IPS and Project AXxes staff are making plans to have all of the training sessions done by the end of February.

In addition, during this past quarter 1,800 relays were trained in nutrition (vitamin A) with the support of HKI and Pronanut. A total 528 relay members of CODESAs from 5 HZs supported by WVI were also trained in the north part of South Kivu as part of the CODESA reinforcement activity.

2) Increase Community Awareness of Behaviors Related to Childhood Illnesses

Community Relays trained in year one and two are diffusing key messages in their communities by use of the chart (*Ten Commandments for Good Health*) provided by AXxes.

Les 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 leur 12^e mois.</p> | <p>3. Amenons nos enfants à la CPS pour suivre leur croissance et y recevoir la Vitamine A.</p> | <p>4. Faisons dormir nos enfants sous la moustiquaire imprégnée d'insecticide.</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 malaria.</p> | <p>9. Espaçons les naissances pour la bonne santé de notre famille.</p> | <p>10. Evitons le SIDA: Abstinence avant le mariage, Fidélité dans le mariage.</p> |

A key objective this next quarter is to document their work and relative impact. The objective of community relay outreach is to sensitize at least 60% of households and have a number of them applying key practices. The impact of this work will be evaluated from the next quarter through the LQAS approach. Project AXxes opted to organize LQAS to assess the progress of most project key interventions including new and ongoing approaches such as maternal care and newborn resuscitation, new interventions for the project (and DRC) this year.

3) Develop community care sites

To improve access to health care, the project has planned to develop at least 5 community care sites per HZ in 40 selected HZs for PMTCT and Maternal-Newborn interventions. A total of 200 sites are planned to be developed which will provide treatment of simple childhood illnesses at the community level by the relays (ARI, Diarrhea and malaria). In addition, those sites will be the community delivery points for family planning services and commodities. Meetings have been held this past quarter with BASICS and MSH for planning and implementation of this strategy this coming quarter, first in South Kivu then in other provinces.

A3-5 WATER AND SANITATION

Overall Objective and Progress:

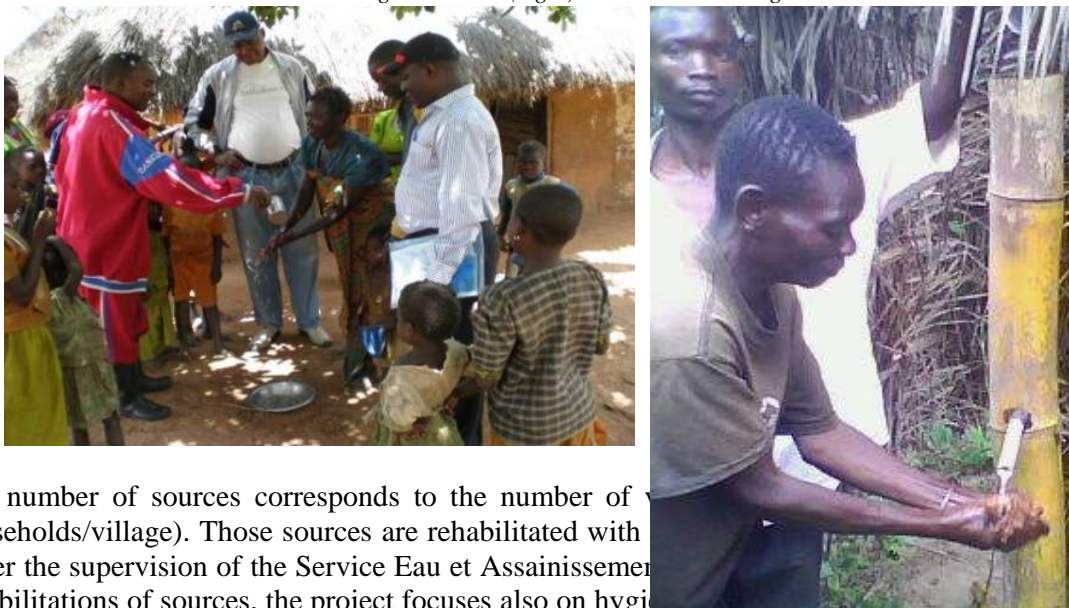
The objective of the AXxes Water and Sanitation (W/S) is primarily the development of water sources and promotion of hygiene and sanitation. The project objective is to improve or construct three community water sources per health zone each year.

Comments on past quarter and year 2 activities:

1) Build or rehabilitate community water sources and construct incinerators

During the past quarter 52 water sources were rehabilitated primarily in Kasai Province and the Lodja area which were added on to the project in year two. To this point, more than 259 water sources have been rehabilitated or constructed by project personnel and community workers (CRS: 71 sources, WVI: 80 sources, ECC: 108 sources) with USAID funding. In addition 108 sources have been rehabilitated with UNICEF funding (Village Assaini project) in South Kivu and Haut Lomami which was solicited as an add-on to the AXxes Project.

Demonstration of the hygienic hand washing at Kamayi village/Kayamba HZ (left) and traditional hand washing in bamboo (right) at Kikulubula village/ Lwamba HZ



The number of sources corresponds to the number of households/village). Those sources are rehabilitated with under the supervision of the Service Eau et Assainissement rehabilitations of sources, the project focuses also on hygiene conservation...)

2) Promote construction of incinerators in hospitals and rehabilitated health centers

No new incinerators and latrines were constructed during this quarter aside from those planned as part of a rehabilitation project.

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 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 in November 2008 in all supported HZs. AXxes provided the sum of \$1500 per zone towards key technical and logistical campaign related support, especially in

the organization of the micro planning process, social mobilization, and transportation of Vitamin A and materials. In South Kivu, Vitamin A distribution was done concurrently with the national polio campaign. The results are being consolidated by Pronanut but based on the preliminary results from the field Vitamin A campaign coverage was nearly 100% in South Kivu and 96% in Kolwezi District. In Kasais and Haut Lomami, all of HZs reached the objective of 95% of coverage except Kyamba (93%), Malemba Nkulu (91%), Bulape (69%), Bibanga (69%) and Lusambo (89%). Follow up will be done to find the cause of this low performance.

2) Reinforce growth monitoring

Growth Monitoring and well child visits (CPS) are routine health maintenance activities ongoing in all AXxes-assisted health zones. Mothers are encouraged to attend growth monitoring sessions rather than only attending the twice-a-year vaccination campaigns. These sessions are not only important to deliver routine and catch up vaccines but provide opportunities to monitor growth and inform mothers on family planning options.

3) Diffuse nutritional key messages through HZ team, HGR, HC & Community Relays

The project has distributed education materials to all HZs to be used for diffusion of nutritional messages. Those materials are being used during ANC, Growth Monitoring Promotion (GMP) and Immunization. The keys messages are also incorporated into the relais communautaire training for dissemination into households. This activity will be documented as stated in the C-IMCI section of this report.

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 that 80% of children with fever will be treated promptly and correctly. The prevention objective is that 80% of pregnant women will receive IPT during ANC visits as well as 60% coverage of LLINs for pregnant women 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, SP)

This quarter has seen an increase in the demand for ACT. Since taking ACTs out of the drug credit system and providing them to facilities cost free and reducing the price of cure from \$2 per cure to 0.5\$ for adults and 0.25\$ for children the demand and use has increased. ACTs were reported as in stock in all supported HCs during this quarter.

There has been an additional focus on sensitization and supervising providers on the use of ACTs including the distribution of drug use sheets. The next challenge will be to sensitize the community in order to reduce rumors on potential side effects of ACT. An analysis on the use of ACT will be done and documented in collaboration with PNL next quarter.

A total of 702,275 doses of ACT have been distributed to the regional depots and HCs. An additional 353,600 doses are ordered for year 3. This quantity should cover more than 60% of needs. If demand continues the project will consider a supplemental order in year three. Other malaria commodities such as quinine and Fansidar remain in high demand.

2) Reinforce the use of Malaria care protocols

Malaria care protocols and drugs are available in all HZs.

IMPROVE AND PROMOTE MALARIA PREVENTION

1) Provide SP as part of the ANC

Fansidar/SP (1,600,000 tablets) was supplied to all 57 supported health zones as part of the Intermittent Preventive Treatment (IPT) program and is provided free to charge to women attending antenatal clinics. The year three order has been placed. Despite the improvement compared to the last quarter, the IPT coverage during this quarter is still low (55%) most likely because of the national-wide strike of the nurses and relative low uptake of non-curative interventions such as CPN.

2) Provide an average of 3500 LLINS/HZ (Long Lasting Insecticide Treated Nets)

A total of 180,000 LLINs for year three have been ordered and in are currently being cleared through customs at three ports. The project will meet or surpass the contractual obligation of providing 10,000 LLINS per health zone.

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

More than 3500 relays trained during the previous quarters in Katanga and South Kivu started to use available BCC materials to diffuse key messages including those on Malaria. This activity will be followed up and documented the next quarter. For South Kivu, the relay training is scheduled for the next quarter by the end of February. (Please refer to C-IMCI section)

| MALARIA | Popu- lation concerned | Revised Y3 targets | | Quarterly Target | Partners' Quarterly Achievements | | | | | | |
|---|------------------------------|-----------------------|---------|---------------------|--|---------|---------|---------|----------------------------|----------------------------|--|
| | | % | Number | Number | CRS | ECC | WV | Total | Quarterly Cover- age | Target achiev- ement | |
| 1. Number of ITNs distributed that were purchased or subsidized with USG support | Work Plan 180 000 | 100% | 180.000 | 45.000 | 2966404 | 3248611 | 1812071 | 8027086 | | | 180,000 ITNs have been purchased and will be delivered in Q2 |
| 2. Number of medical and para-medical practitioners trained in evidence-based clinical guidelines | Work Plan | Training Completed | | | Training Completed yr 2 | | | | | | |
| 3. Number of service delivery points reporting stock-outs of any commodity offered by the SDP | | <10% | <50 | | New Indicator (No stock out reported this Quarter) | | | | | | |
| 4. Percent of pregnant women in targeted health zones received IPT* | (pop)(0,4) 321 083 | 90% | 288.974 | 72.244 | 15.048 | 12.838 | 11.896 | 39.782 | 50% | 55% | |

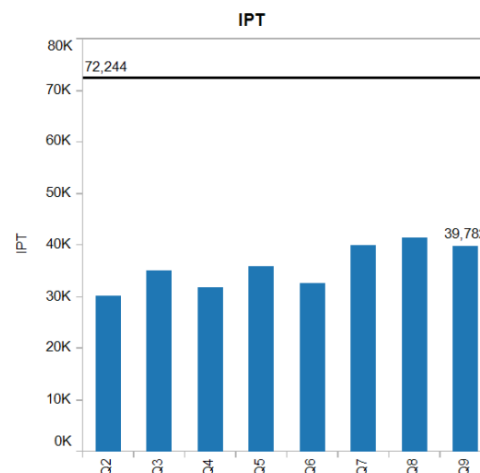
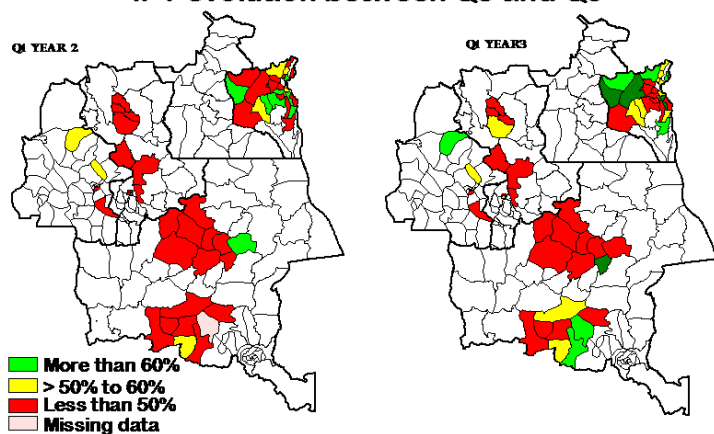
*revised Target is higher than Contractual Target

Progress in Intermittent Preventive Treatment (IPT)

IPT %

| PROVINCE | DISTRICTS | TRIMESTRE | | | | | | | |
|-----------|--------------|-----------|-----|------|-----|-----|-----|-----|-----|
| | | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 |
| KASAI OCC | KANANGA | 55% | 35% | 45% | 77% | 32% | 28% | 34% | 48% |
| | Total | 55% | 35% | 45% | 77% | 32% | 28% | 34% | 48% |
| KASAI OR | LODJA | | | | 22% | 28% | 31% | 53% | 41% |
| | MBUJI-MAYI | 60% | 48% | 37% | 37% | 43% | 46% | 41% | 39% |
| | Total | 60% | 48% | 37% | 32% | 37% | 40% | 45% | 39% |
| KATANGA | KAMINA | 32% | 25% | 40% | 42% | 18% | 41% | 32% | 28% |
| | KOLWEZI | 30% | 38% | 32% | 40% | 40% | 44% | 50% | 60% |
| | MALEMBA | 36% | 49% | 48% | 66% | 61% | 65% | 66% | 98% |
| | Total | 32% | 38% | 39% | 49% | 41% | 50% | 51% | 66% |
| SUD-KIVU | BUKAVU | 147% | 59% | 60% | 60% | 56% | 51% | 71% | 49% |
| | SK- CENTRE | 90% | 77% | 74% | 67% | 59% | 53% | 66% | 55% |
| | SK- NORD | 65% | 74% | 65% | 51% | 47% | 54% | 60% | 60% |
| | SK- OUEST | 67% | 64% | 76% | 70% | 70% | 78% | 81% | 81% |
| | SK- SUD | 53% | 76% | 121% | 71% | 61% | 73% | 74% | 76% |
| | Total | 75% | 71% | 79% | 64% | 59% | 64% | 71% | 66% |

IPT evolution between Q5 and Q9



A.5 Improve TB detection and treatment

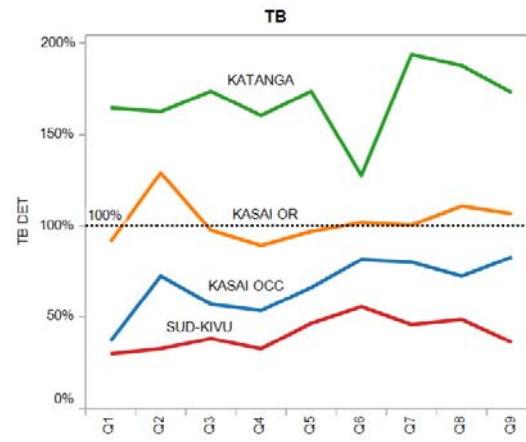
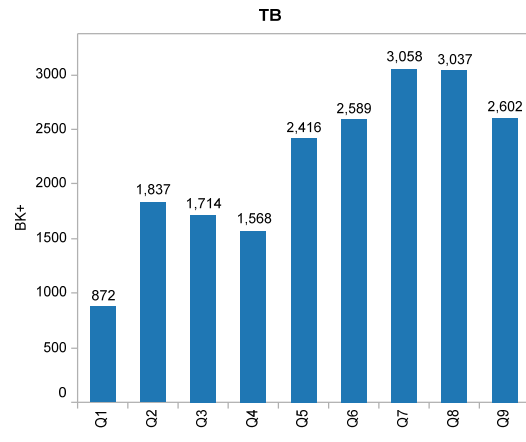
Overall Objective and Progress:

The detection rate of TB remained high this quarter but less than previous quarters. Following recommendations from USAID we separated health zones with a high prevalence such as Malemba Nkulu area from the other 57 HZs and obtained a more realistic detection rate (around 67%). This suggests that enhanced efforts must be done at detection in other HZs with lower rates (South Kivu) while addressing separately the high rates in Malemba Nkulu. Project AXxes which has a mandate to focus on diagnosis and reinforcement of health centers for TB detection and treatment (CSDT). AXxes has worked with national partners this past quarter such as Fondation Damien, TB task force, and PNT, and with support from USAID has obtained a first load of medicine to cover critical treatment needs this next year in

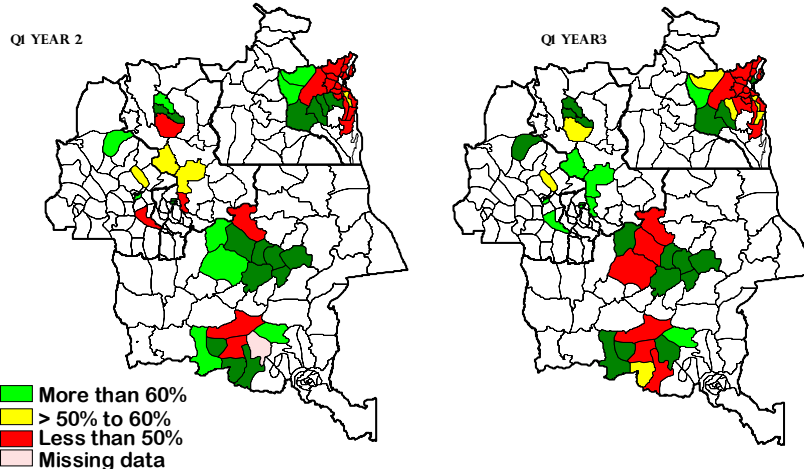
Malemba Nkulu. These will be transported at project expense. An accelerated training utilizing the new TB treatment protocol (PATI-4) is planned for the end of January. Modules are printed and will accompany the AXxes team on a site visit to the area next week.

| TUBERCULOSIS | Population concerned | Revised Y3 targets | | Quarterly Target | Partners' Quarterly Achievements | | | | | |
|---|----------------------------|--------------------|--------|------------------|--|----------------|---------------|------------------|--------------------|--------------------|
| | | % | Number | Number | CRS 2966404 | ECC 3248611 | WV 1812071 | Total 8027086 | Quarterly Coverage | Target achievement |
| 1. Case notification rate in new sputum smear positive pulmonary TB cases in USG-supported areas* | pop*.0015 = 12 041 | 95% | 11.438 | 2.860 | 343 | 1.936 | 323 | 2.602 | 86% | 91% |
| 1a. Case notification rate in new sputum smear positive pulmonary TB cases in USG-supported areas without HZs with high detection rate (Mulongo, Mukanga, Lwamba and Kayamba). See chart next page. | revised pop*.0015 = 10 325 | 80% | 8.260 | 2.065 | 343 | 708 | 323 | 1.374 | 53% | 67% |
| 2. Percent of USG-supported laboratories performing TB microscopy with over 95% correct microscopy results* | | 100% | 171 | 171 | This indicator will be reported by NTB Program | | | | | |

* Revised targets are higher than Contractual targets



TB Detection evolution between Q5 and Q9



TB Detection rate in Malemba Nkulu District

| DISTRICTS | ZS | Q5 | Q6 | Q7 | Q8 | Q9 |
|--------------------|---------------|------|------|------|------|------|
| MALEMBA | MULONGO | 283% | 132% | 148% | 289% | 351% |
| | MUKANGA | 429% | 390% | 498% | 514% | 432% |
| | MALEMBA NKULU | 213% | 351% | 374% | 420% | 267% |
| | LWAMBA | 623% | 423% | 656% | 879% | 774% |
| | KINKONDJA | 145% | 165% | 187% | 196% | 176% |
| Grand Total | | 348% | 292% | 373% | 456% | 400% |

Comments on past quarter activities:

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

A total of 164 Nurses and 60 lab technicians were trained during the quarter among them 34 nurses and 19 lab technicians from Malemba Nkulu Area. Training for remaining nurses, MCZ and Supervisory nurse is planned for the beginning of February.

2) Provide PATI 4 Modules to HZs

AXxes provided 1000 PATI-4 books to all supported HCs this quarter. The principal objective this next quarter will be to sensitize providers on the use of correct strategies as outlined in the PATI 4. The project will also ensure close and regular follow up in collaboration with the national program (PNT).

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

'Polyvalent' (multi-tasked) community relays have already been trained in many of supported HZs (more than 3500 relays were trained during the previous quarters); a training which included the diffusion of key messages such as diagnosis and care of TB. In addition the project is making plans to train additional relays (peer educators) for TB especially in Malemba Nkulu area in February. Mass media messages will also be used to spread messages to targeted communities. This mobilization activity will be done in association with the "*League Nationale*" which has a significant experience in TB prevention and awareness in DRC.

5) Collaborate closely with the national program at the intermediate and central level to identify the cause of high prevalence in Haut Lomami and low prevalence in South Kivu

Project AXxes has been instrumental in bringing the high prevalence rate of TB in the Malemba Nkulu area to the attention of the national program. AXxes collected data and verified it with government personnel. Several missions have been completed with Damien Foundation, and recently with Dr Kiangala focal point for TB and Dr Katele M&E Officer AXxes. These missions confirmed the high prevalence of tuberculosis in the region. The last mission was undertaken at the request of PNT direction to exclude false cases. These missions have demonstrated consistently that the high prevalence found is correct and being propagated by the lack of treatment for those patients diagnosed positive.

With support from USAID, Project AXxes secured the technical assistant of Dr Kiangala, who elaborated an operational plan in December 2008 to address this issue.

Project AXxes has since been in contact with the National Program to Combat Tuberculosis, the “League National Antituberculeuse” and the Foundation Damien in order to elaborate a concerted plan to fight this high rate. Those contacts came up with the following division of responsibilities:

The League National Antituberculeuse will take care of the community mobilization and the supply of communication materials for relays.

The Foundation Damien, will co-support the coordination of Malemba and open a support office in Lubumbashi which will start providing Malemba Nkulu with drugs and reagents. They will also support and reinforce the coordination office of Kamina.

Project AXxes will reinforce its structural support to the health zones concerned and will reinforce community action. AXxes will support the transportation of the drugs from Kinshasa to Malemba Nkulu and continue with training, monitoring, reporting, and support.

In addition, the Damien foundation, the AXxes project and the ECC/IMA will integrate co-infection HIV-TB program in two CSDTs in Malemba Nkulu HZ. The plan is expected to be implemented this next quarter.

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

A. Overview of the PMTCT Strategy

The PMTCT component of AXxes project was added to the cooperative agreement award as attachment B. The objective of the PMTCT program is to establish a comprehensive and integrated program in forty USAID-supported rural health zones (three sites per health zone) to improve the access to the prevention of mother to child transmission of HIV services.

The program offers ARV prophylaxis and counseling to prevent HIV-infected women from infecting their babies. It also provides basic care (cotrimoxazole, multivitamins and referral to HIV clinical services) for these women and their HIV-infected partners. “Safe Birthing Practices” are integrated in the training protocols. The new PMTCT regimen based on the Ministry of Health’s policy of triple therapy ARV prophylaxis is being integrated in selected pilot sites.

The main accomplishments for the PMTCT program during FY 2008 included interventions at the Central and Peripheral levels (see box).

Given the delay of the effective start-up of this intervention, AXxes is speeding up all planned activities in order to have all the targeted sites operational by the end of February 2009. On the other hand, mentoring of health care workers is provided through supervision visit to improve quality of PMTCT services in functional sites.

| |
|---|
| <p>PMTCT Accomplishments (2008)</p> <p>At the Central level:</p> <ul style="list-style-type: none"> - Supported MOH workshop to revise PMTCT policies and tools - Training in Nigeria of a national team PNLs-AXxes-CRS to manage a Comprehensive PMTCT program - Procured PMTCT commodities - Recruited 8 PMTCT Focal Points - Trained PMTCT focal points in management of a PMTCT program - Reproduced PMTCT data tools <p>At the Peripheral level:</p> <ul style="list-style-type: none"> - Established PMTCT: 93 out 120 sites operational by September 2008 - Supplied health facilities with HIV tests, NVP, CTX, data tools - Trained care providers in PMTCT - Supervised PMTCT activities - Monitored PMTCT activities |
|---|

B. Accomplishments during Quarter 9

During this first quarter of year three activities in all sites were affected by the long nurse's strike. Despite this obstacle, however, the following accomplishments may be reported with respect to each of the program objectives/indicators:

1) Create an atmosphere that supports and encourages pregnant women and their partners to be tested for HIV

- Minor reparations are being made in identified sites to provide private and adequate sites for counseling, labor, delivery, and post natal care.
- All the operational PMTCT sites are being supplied with HIV tests, ARV, consumables, and data tools.
- 19 care providers were trained this quarter to implement PMTCT activities in health facilities in Sud Kivu province. Ten additional sites have started PMTCT activities.
- PMTCT activities were integrated in targeted sites within antenatal setting: 10 additional sites have started PMTCT activities during this quarter in South Kivu.
- PMTCT Focal Points (FPs) in collaboration with PHC zonal coordinators supervised health care workers monthly and trained counselors to give adequate and correct information on HIV/AIDS and available services. They also held a meeting with community relays and health care providers to discuss about issues they encounter. Community relays are trained in C-IMCI including HIV/AIDS key messages.
- HIV counseling and testing is being provided to all pregnant women attending antenatal clinics and to their male partners / husbands. An invitation is given to pregnant women and their male partner/husband. However, the percentage of male partners/husbands who come to antenatal clinics is still low.
- Health care providers are encouraged to provide the results the day of counseling and testing. The insufficient staff is a big issue encountered in some sites. Results are presented in the table below.
- Care providers are encouraged to provide counseling to reinforce HIV prevention strategies post testing for HIV negative women/couples including faithfulness and use of condoms, in antenatal clinics and during the postnatal period. Health facilities are being supplied with condoms in a regular manner.

2) Provide PMTCT services to women and newborn

- HIV-infected pregnant women and for their newborn are being provided with antiretroviral prophylaxis for PMTCT according to the national protocol. They are also being provided with cotrimoxazole (CTX) and multivitamins.
- The counseling on infant feeding and family planning starts early during antenatal visit and is being continued in post natal period.
- Family planning activities are integrated in all PMTCT sites and contraceptives supplying is regular.

3) Start the new PMTCT protocol in the targeted sites

- 66 sites have been selected to start the new PMTCT protocol. 25 sites in S. Kivu are fully operational. That means that
 - Health providers have been trained;
 - Commodities have been supplied, including ARV for short course triple therapy regimen;

- PMTCT activities have been integrated into Reproductive Health services; and
 - Regular reporting of PMTCT activities was conducted during the quarter.
- Harmonized PMTCT tools are being reproduced to improve data completeness.
 - 3 Focal Points have been recruited in Kananga, Mbuji mayi, and Lodja and trained to supervise and mentor PMTCT activities according to the new protocol.
 - 4 staff of PNLs provincial (Sud Kivu, Kasai Occidental, Kasai Oriental/Mbuji mayi and Kasai/Oriental/Lodja) have attended the same training session.
 - 19 care providers have been trained in Sud Kivu during this quarter. Training sessions will be completed the next quarter for the remaining sites.
 - The ARVs ordered are available and are being distributed.
 - All the 103 operational sites have been supervised by PMTCT Focal Points. CQI checklists have been produced for mentoring.
- 4) Engage at the National Level to start the new PMTCT protocol in pilot sites**
- A national workshop has been held to revise PMTCT indicators and tools. Although the updated tools are being reproduced, they still need to be validated.
 - 4 staff of PNLs provincial (Sud Kivu, Kasai Occidental, Kasai Oriental/Mbuji mayi and Kasai/Oriental/Lodja) have been trained on the new protocol.

C. PMTCT Year3 Quarter 1 Results by Activity and Indicator

| PMTCT | Population concerned | Revised Y3 targets | | Quarterly Target Number | Partners' Quarterly Achievements | | | | | |
|---|-----------------------------------|--------------------|--------|--|----------------------------------|-------|-------|--------|--------------------|--------------------|
| | | % | Number | | CRS | ECC | WV | Total | Quarterly Coverage | Target achievement |
| 1.Number of Pregnant women seen for ANC in PMTCT facilities | (140.8K * 40*.04*.30) =67.584 | 100% | 67.584 | 16.896 | 3.277 | 3.605 | 5.460 | 12.342 | | 73% |
| 2.Number of pregnant women receiving HIV counseling | (140.8K * 40*.04*.30) =67.584 | 100% | 67.584 | 16.896 | 3.277 | 3.877 | 6.172 | 13.326 | | 79% |
| 3.Number of pregnant women receiving HIV counseling and testing | (140.8K*.04*.3*.75*40HZ) = 50.688 | 100% | 50.688 | 12.672 | 2.285 | 2.061 | 5.141 | 9.487 | | 75% |
| 4.Number of pregnant women receiving HIV counseling and testing; and receiving test results | (140.8K*.04*.3*.75*40HZ) 50.688 | 100% | 50.688 | 12.672 | 1.850 | 1.987 | 4.687 | 8.524 | | 67% |
| 5.Number of pregnant women who tested positive* | 50.688*.016 = 811 | 100% | 811 | 203 | 34 | 25 | 50 | 109 | | 54% |
| 6.Number of pregnant women tested HIV positive who receive test result* | 50.688*.016 = 811 | 100% | 811 | 203 | 34 | 24 | 46 | 104 | | 51% |
| 7.Number of health care workers trained in management and provision of PMTCT services in health zones | (work plan) | 100% | 96 | Training in progress. 28 of 96 have been training this Quarter | | | | | | |
| 8.Number of PMTCT health zones offering PMTCT services | 40 | 100% | 40 | 40 | 15 | 15 | 10 | 40 | | 100% |
| 9.Number of PMTCT health facilities offering PMTCT services | Cumulative | 80% | 129 | 129 | 45 | 54 | 30 | 129 | | 100% |
| 10.Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT* | 50.688*.016 = 811 | 100% | 811 | 203 | 9 | 11 | 28 | 48 | | 24% |
| 11.Number of newborns who will receive a complete course of | 50.688*.016*.95 = 770 | 95% | 770 | 193 | 9 | 11 | 26 | 46 | | 24% |

| PMTCT | Population concerned | Revised Y3 targets | | Quarterly Target Number | Partners' Quarterly Achievements | | | | | | |
|--|---------------------------------------|--------------------|--------|-------------------------|--|-----|-----|-------|--------------------|--------------------|--|
| | | % | Number | | CRS | ECC | WV | Total | Quarterly Coverage | Target achievement | |
| antiretroviral prophylaxis* ** | | | | | | | | | | | |
| 12.Number of partners/husbands of identified HIV infected pregnant women who present for HIV counseling and testing and receive their test results | (50% of 811) 406 | 100% | 406 | | New Indicator - Not integrated yet into the National Program's indicators list | | | | | | |
| 13.Number of partners/husbands of pregnant women who receive HIV counseling and testing and receive results | (20% of 50688) text says 50% 10138 | 100% | 10.138 | 2.535 | 17 | 237 | 288 | 542 | | 21% | |
| 14.Number of women receiving CTX and MVI post counseling | (100% HIV+ pregnt women) 811 | 100% | 811 | 203 | | 8 | 54 | 62 | | 31% | |
| 15.Number of newborns receiving CTX and MVI | (100% surviving babies) 770 | 100% | 770 | 193 | 4 | | 34 | 38 | | 20% | |
| 16.Number of exposed infants tested at 18 months | (95% surviving babies) 770 | 100% | 770 | 193 | 0 | 0 | 24 | 24 | | 12% | |
| 17.Number of newborns, established as positive and who will be referred out to existing services | (< 2% of 770)= 16 | 100% | 16 | 4 | 0 | 0 | 0 | 0 | | 0% | |
| 18.Number of HIV infected adults referred to other services | (5% of 811+406) 61 | 100% | 61 | 15 | 2 | 0 | 21 | 23 | 151% | 151% | |
| 19.Number of HIV infected children referred to other services | 16 | 100% | 16 | 4 | 0 | 0 | 0 | 0 | 0% | 0% | |
| 20.National workshop to harmonize/ adapt PMTCT indicators and data tools | Completed | | | | | | | | | | |

*4 of 16 Revised Targets are higher than Contractual Targets **Based on a presumed HIV seroprevalence of 1.6%

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

Overall Objective:

Component B of Project 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. Two areas of particular emphasis are 1) improved health zone planning, governance, transparency and accountability and 2) improved health zone support systems.

Comments on past quarter activities:

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

1) Support Health Information System integration to reinforce M&E

Provide all HZs with updated SNIS forms: Project AXxes supported training and workshops on the revision of the National Health Information System (SNIS) tools to facilitate the integration into the national Informatics Health Information System (GESIS). The new SNIS formats have been reproduced and have been provided to the all HZs except for South Kivu and Kananga where the training for providers was postponed by the MIPs until next quarter. The new integrated reporting formats replace older versions which were considerably longer and included separate reporting forms for TB, malaria, PMTCT and EPI.

Almost the all USAID key indicators are incorporated in the new SNIS, including maternal and newborn care. Other indicators which were not in the old SNIS reporting forms have also

now been included, e.g., the number of vaginal fistula repairs, number of vagina fistula due to sexual violence, number of persons trained per gender, and family planning performance by method. It is expected that the improved new formats will help reduce errors in recording and reporting data by health facilities and MOH partners. The new forms will also improve uniformity in the information collected and encourage submission in a timely manner. All HZs will start using new SNIS reporting formats in January 2009.

Scale up training for GESIS and SNIS in HZ: Health Zone Management Teams and nurses from eight health zones in Kasai Oriental and nine in Katanga were trained in the new SNIS and GESIS procedures. In South Kivu, the prepared GESIS procedures for HGRs and HZs were submitted for review to the 5th direction. A December workshop with participants from implementing partners, provincial/central level MOH, and HZs was organized to:

- 1) Validate data-gathering tools, data-transmission and procedure manuals;
- 2) Validate the codification of health facilities/health centers;
- 3) Elaborate and validate the HIS strengthening plan in South Kivu; and
- 4) Formalize the provincial partnership to reinforce provincial HIS.

Training Seminar in GESIS/SNIS for the 8HZ in Kasai Oriental (left) and 9 HZ in Katanga (right)



Encourage HZMT monthly reviews with providers & COGE: The project provided subsidies to each HZ to hold monthly review meetings. AXxes team participated in some of those meetings during this quarter. Participation of nurses in those meetings was low because of the strike. Major points of discussions were indicators (how to improve MCH indicators), management of drugs and explaining the importance of using ACT for malaria, reinforcing awareness, and provision of correct information for different family planning methods. These meetings are the best guarantee and opportunity for AXxes to ensure data quality as part of the Data Quality Surveillance (DQS) focus for this project year.

Monthly meeting November HZ of Dibindi (left) and in HZ Omendjadi (right)



2) Reinforce HZ co-management and community participation

The project encouraged HZMTs to invigorate the Conseil d'Administration (CA), Management Committees (COGE) and Health Development Committees (CODESA) by involving local partners and community representatives in community mobilization for family planning, PMTCT and other gender issues. Procedures and instructions were also developed with implementing partners to organize a micro-planning process for community involvement during the next quarter.

3) Train and provide educational materials for CODESA to become functional

More than 90% of CODESA are now functional. Training of CODESA members as relays for key health messages continues, and almost 50% of HZs have been trained in C-IMCI and provided with educational materials. The follow up on their work will be documented next quarter. The training for the remaining CODESA from the 28 HZs in South Kivu is scheduled next quarter. CODESA members from HZs assisted by WV South Kivu have also benefited for training in financial management and on roles of CODESA. A total of 528 were trained (see table right).

| Health Zone | Participants | | |
|--------------|--------------|------------|------------|
| | Women | Men | Total |
| Katana | 32 | 40 | 72 |
| Kalonge | 17 | 55 | 72 |
| Idjwi | 25 | 67 | 92 |
| Miti Murhesa | 33 | 39 | 72 |
| Minova | 32 | 40 | 72 |
| Bunyakiri | 23 | 40 | 72 |
| Kalehe | 2 | 46 | 48 |
| Total | 164 | 364 | 528 |

4) Encourage CODESAs with balanced gender participation

The project still has a way to go to ensure that 30% of CODESA members are women but progress is being made. During this quarter AXxes purchased T-shirts to promote participation of women in development activities. A total of 2,500 t-shirts have been distributed to CODESA, community relays, mother groups, care groups, targeted LNGOs, blood volunteers, PMTCT counselors and other key persons identified in the community. It is also expected that participation of women will increase as integration of C-IMCI and newborn care in community evolves.

5) Promising Partners Grants

The AXxes Promising Partners Grant program provides funding to local NGOs for health and development initiatives to augment and supplement project activities. Four NGOs (see table) were funded in late 2008 at approximately \$30,000 per NGO. During the past quarter each of the NGOs has begun the implementation of their activities (see Annex 8 for details).

| NGO | Geographic Focus | Key Program Elements |
|---|--|--|
| AFIA (Afia means « Health » in Swahili) | Two health center areas (Kasulo and Kizito) in the Manika HZ (Katanga) | Encourage community-based nutritional rehabilitation using positive deviance (HEARTH) to identify and promote best practices. |
| VAS Volontaires d' Auto-promotion Solidaires) | Two health center areas (Mule and Kalega) in Kalonge HZ (South-Kivu) | |
| FODESA (Fonds pour le Développement du Sankuru) | Three health zones in/around the city of Lodja (Kasai-Oriental) | Reduction of sexual violence through sensitizing community leaders and politico-administrative authorities. |
| HALT SIDA (Stop AIDS) | Kamituga, Lugushwa-Kitutu and Twangiza- Mwana HZs (South-KivuS Kivu» | Combat HIV/AIDS through the promotion of behavioral changes in mining zones where there is very strong incident of sexual promiscuity. |

B.2 Improved HZ support systems

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

AXxes implementing partners in Kolwezi and Kamina, including Centrale de Distribution Régionale (CDRs) and depots benefited from technical assistance from Management Sciences for Health (MSH) to reinforce drug management. An improvement has been noted in credit line utilization through decentralized depot and requisitions from health centers. Depots in Kolwezi and Kamina have improved stock management, recording, and documentation. These improvements were also noted in South Kivu.

There has been an increase in the use of credit lines, due primarily to two factors: 1) revision of procedures and prices; and 2) nurses in health centers now understand how to make monthly requisitions based on monthly consumption, and are encouraged to submit timely requisitions. It appears clearly that there is an improvement in terms of requisition by HCs but at the same time those HCs and HGR are not crediting sufficiently their lines. There is still weakness in understanding the concept of “stock alert.” In fact, despite those improvements some HCs faced temporary stock outs for SP, Zinc and Oxytocin while those products were in the depot. AXxes has undertaken action to rapidly correct the situation.

2) Reinforce Surveillance System

During the quarter AXxes developed and reproduced surveillance tools with the 4th direction. Those tools included 1,000 calendars for 2009 with disease definitions and monitoring chart, and 1,000 surveillance fiche technique for nurses.

In addition, AXxes funded the production of a “Calendrier 2009” which has been produced annually by the SANRU projects/program since the 1980s. The theme for 2009 (see right) is prioritizing the education of girls.



*Chers Parents,
libérons nos filles de ces fardeaux pour garantir
un bien être et un avenir à nos communautés*

3) Conduct integrated and formative supervisions of health centers

The supervision of health centers by health zone management Teams (HZMTs) decreased during the past quarter due to the three month nation-wide strike that took place from September to January 2009. The situation especially affected activities in South Kivu.

The supervision by the implementing partners to assisted health zones also decreased somewhat. This was 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) Support meetings for diffusion of MOH policy and Strategies:

During the last quarter, the project supported a trip for a team from the Programme National de la Santé de la Reproduction (PNSR) to four of the provinces assisted by Project AXxes. The purpose of that field visit was so that the PNSR national team could inform the intermediate level (Provincial and District) about their new Strategic Plan and the PNSR Road Map. AXxes supported the printing of those two documents for distribution to all 515 health zones as well as to the provincial coordination offices of PNSR. In addition to policy diffusion, the PNSR team took this opportunity for supervision within each province, especially for health zones assisted by AXxes.

2) Support the of the MOH intermediate level by the central level:

AXxes supported the performance evaluation of four Provincial Management teams (*Equipe Cadre de la Province*) by the 5th direction. With the objective of reforming and strengthening the health sector, the 5th direction developed, with AXxes support, tools for the evaluation of provincial teams. Those tools were pre-tested during the last quarter in Katanga, Kasais and South Kivu provinces. The analysis of the information collected and the preparations of a report of findings and recommendations is in progress.

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

During the past quarter AXxes supported five district technical review meetings in Kolwezi, South Kivu (Central and West), Kasai and Haut Lomami. In those reviews, the HZs presented data on their health performance indicators, challenges encountered, and ways to improve implementation of activities in their health zones.

AXxes also supported, in collaboration with other partners, a three day provincial technical meeting (BTP) in Lubumbashi under the leadership of the Provincial MIP. MOH provincial programs (Malaria, EPI, TB, HIV and transfusion), District Medical Inspections (MID) and other partners including WHO, UNICEF, GTZ, MSF, PSI, AXxes-ECC, AXxes-WV, IRC, and many others participated. The objectives of the BTP meeting included reviewing progress during the achievements of the first six months for 2008, completion of the 2008 work plan and challenges. An assessment of human resources was done and way forward was discussed. Critical issues discussed included:

- The provision of drugs and supplies, including ways to ensure permanent availability of drugs in the Province by making Centrale de Distribution Régionale (CDR) function more effectively;
- Effective ways to implement the new SNIS and GESIS on a province-wide basis, even in health zones lacking support from partners;
- Reinforcement of surveillance of epidemics and preparedness.
- Improving the accuracy of EPI data and other indicators;
- Enforcing the MOH's Reinforcement of Health System Strategy (SRSS).
- Motivation of staff and the limited role of provincial capacity, e.g., in dealing with the nurses' strike; and
- Intensification of supervisions from the Province to Districts.



Participants during BTP meeting



3) Support Provincial and district teams to supervise quarterly

AXxes provided funds to MIPs and MIDs to supervise HZs as part of the component C quarterly activities. In Kolwezi, the MIP supervised for the second time the district in collaboration with WVI. One of the objectives of that field visit was to motivate medical staff and to solve the issue of the personnel strike. In South Kivu, the IPS team, including MIDs, visited two-thirds of HZs during the quarter. The table below is an example of activities that IPS carried out in South Kivu with AXxes support:

South Kivu Provincial Medical Inspection Activities (AXxes Year 3 Quarter 1)

| Partner | BUREAU | Number of visits | Visited structures | Principal Topics |
|---------|---------------------------|------------------|--|--|
| CRS | MIP | 4 | District North, South, Center & West | |
| CRS | Coordination mutuelle | 7 | HZ of Idjwi, Kalehe, Katana, Nyantende, Kadutu, Bagira | Mutuelle de santé in HZ |
| CRS | B8, Laboratory | 6 | HZ of Kalonge, Bunyakiri, HG Panzi, Kadutu, Ibanda, HPGR, Bukavu | Labs activities |
| CRS | B5 SSP | 4 | HZ of Lemera, Minembwe, Kalonge, Bunyakiri | Health Primary Care in HZ |
| CRS | B7 Etude et Planification | 3 | HZ of Ruzizi, Uvira, Kabare | Activity of coordination |
| CRS | B2 Legislation sanitaire | 2 | HZ of Kadutu, Miti Murhesa | Application of HC legislation & health norms |
| CRS | B1 Comptabilité | 3 | HZ of Katana, Kadutu, Miti Murhesa | Accountability in HZ |

VI. Consortium and Project Management

Overall Organization:

IMA World Health (IMA) as prime recipient for Project AXxes collaborates with three implementing partners: World Vision (WVI), The Protestant Church of Congo (ECC) and Catholic Relief Services (CRS). Each partner manages project assistance to several districts and clusters of health zones as shown in the table to right.

| Implementing Partner | Province | District | Nbr of Health Zones |
|----------------------|------------------|-------------|---------------------|
| CRS | South Kivu | Bukavu | 7 |
| | | Center | 7 |
| | | West | 7 |
| World Vision | South Kivu | North | 7 |
| | Katanga | Kolwezi | 8 |
| ECC | Kasai Oriental | Lodja | 4 |
| | Kasai Occidental | Kasais | 8 |
| | Katanga | Haut-Lomani | 9 |
| Total | | | 57 |

In addition IMA subcontracts to a number of technical partners for the design and implementation of new and updated protocols and assurance of project performance. These partners include:

- BASICS (safe delivery and newborn care);
- UNC and Brown Consultants (PMTCT);
- Johns Hopkins Informatics (M&E);
- Kinshasa School of Public Health (research and qualitative studies);
- MSH (leadership training, laboratory standards, and drug management);
- World Relief (Care Groups);
- Safe Blood Foundation (HIV testing of transfused blood); and
- Helen Keller International (Zinc, Vitamin A, and nutrition components).

1. Partner Meetings

Each quarter Project AXxes holds a meeting with key partners to discuss current quarterly work plans and successes/challenges in implementation. A general review of procurements made, distribution of commodities, supervision, training, and other activities are discussed. In addition the Project AXxes grants manager reviews budget status and ensures partner compliance. The last quarterly meeting took place in Kinshasa in October 2008.

The next quarterly meeting will be held in Lubumbashi on January 27th-29th and include members of the COP team and program managers from ECC, World Vision, and CRS. Critical elements for this meeting will be a follow-up review of the concerns cited during December and January USAID technical meetings regarding indicators and targets and discussing strategies and progress in that regard. In addition an evaluation of the year three budget (post procurement) and any residuals from years one and two will be undertaken with the intent of projecting funding available for a potential NCE of Project AXxes.

2. Supervision

Supervision of project work is done at various levels. Individual partners are responsible for supervising the health zones in their portfolio and ensure health zone performance, reporting, and reception of material. The COP team with assistance from the SANRU technical team and individual TAs monitors performance specific areas such as PMTCT, Family Planning, Micronutrient use, M/E, etc. Aside from visiting partner HQs the team visits specific sites as well as participates in key training activities.

This past quarter the COP team monitored and supervised work in the districts of Sankuru, Kananga, Bukavu, Haut Lomani, Kolwezi, and Kamina. Work evaluated included strategies and performance in PMTCT, family planning, and Tuberculosis.

Supervision by the three implementing partners of health zones is completed on a regular basis. During the past quarter 551 health zone supervision visits were made, i.e., approximately 1 visit per health zone per month. The details of supervision are provided in Annex 10.



SANRU family planning advisor Yvette Mulongo on an ECC supervision of family planning in Kamina District.

3. Summary of Training

Training has been reported within the pertinent section of this report. The table below summarizes the training for the past quarter. This include more than 2,800 participants for topics that included PMTCT, PEV, IMCI, CODESA, TB, SNIS, LQAS, and Maternal & Newborn Care. This level of training is on track with the level of training that was completed during year two, and which included more than 13,000 train (see Annex 7 for the Cumulative Training Summary for Year Two).

| Training Topic | Participants | CSR (21 HZs) | | | WVI (15 HZs) | | | ECC (21 HZs) | | | Total | | |
|---------------------------|--|--------------|--------|-------|--------------|--------|-------|--------------|--------|-------|-------------|------------|-------------|
| | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| PMTCT | TOT National Level | | | | | | | | | | 6 | 1 | 7 |
| | Directors, Health providers, Lab Techs | 6 | 13 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 13 | 19 |
| PEV MLM | MCZ,MDH, IS, DN | | | | | | | 25 | 6 | 31 | 25 | 6 | 31 |
| | Nurses | | | | | | | 56 | 12 | 68 | 56 | 12 | 68 |
| IMCI (Nutrition) | Relays, Nurses | 1653 | 147 | 1800 | 0 | 0 | 0 | 0 | 0 | 0 | 1653 | 147 | 1800 |
| CODESA | Members | 0 | 0 | 0 | 364 | 164 | 528 | 0 | 0 | 0 | 364 | 164 | 528 |
| Maternal & Newborn | Health Providers & Nurses | 19 | 1 | 20 | 25 | 15 | 40 | 0 | 0 | 0 | 44 | 16 | 60 |
| TB, PATI 4 | Nurses and Labs Techniciens | 0 | 0 | 0 | 80 | 2 | 82 | 136 | 6 | 142 | 216 | 8 | 224 |
| GESIS/SNIS | MCZ, and Provincial Staff | 35 | 5 | 40 | 0 | 0 | 0 | 58 | 2 | 60 | 93 | 7 | 100 |
| LQAS Methods Newborn Care | MCZ and TDR of 21 HZs, Coordinators | | | 0 | 14 | 2 | 16 | 0 | 0 | 0 | 14 | 2 | 16 |
| Total | | | | | | | | | | | 2471 | 375 | 2846 |

4. Follow Up on Project Losses

Project AXxes continues to monitor and report on issues related to loss of project commodities. No incidents were recorded this quarter.

With regards to the losses that were reported for the last quarter, official reports from police and government authorities have been received pertaining to losses at Lubumbashi, Kamina, and Lodja. Those are on record at Project AXxes HQ in Kinshasa and copies are available to

be sent to the CTO and Agreement officer upon request (the one report from the police inspector in Kinshasa complete with details of interviews is in French and well over 100 pages). Over 40 persons were interviewed and a number detained. The reports and conclusion lead to a breach in the central warehouse in Kinshasa where cartons destined to these three locales were opened, had contents removed, and were resealed. We are awaiting word from the *Procure Generale* (Kinshasa) if formal charges will be made.

Project AXxes made notable changes in how the central warehouse is controlled and accessed. Locks have been changed, personnel replaced, and general measures of inventory and control have been reinforced. While we are pleased that there has been no repeat theft it is of concern that no charges have been filed or individuals arrested. The project is currently looking at an alternative and potentially more secure depot site for 2009 prior to receiving the bulk of year three commodities. In the interim we maintain new procedures and will continue to monitor and report on the situation in future quarterly reports.

VII. Environmental Impact Compliance

Project AXxes conducted an Initial Environmental Examination (IEE) and monitors progress on approximately 40 environmentally related variables each quarter. The details of the Environmental Impact Compliance assessment for this quarter are provided in Annex 9. The compliance score increased slightly from 43% to 44%. While compliance is very good for construction and water/sanitation, there is more improvement needed in the area of waste management.

Summary Score of IEE variables from AXxes-assisted Health Zones

| Elements/Actions | Score | Action |
|--|------------|--|
| Written plans and procedures | 11% | Weaknesses to be addressed in Year 3 (See work plan) |
| Staff Training, Practices, and Protection | 28% | |
| Handling and Storage Practices | 13% | |
| Treatment Practices | 19% | |
| Construction-Related aspects of Development Projects | 100% | |
| Water and Sanitation | 94% | |
| Overall Compliance | 44% | |

VIII. Program Performance Indicators

The AXxes project team has jointly with USAID identified project indicators from the categories of maternal and child health, family planning, malaria, tuberculosis and other public health threats. Because of reporting lag the data included in this report are for the months of September through November 2008 as agreed upon at the start of the project. Please see Annex 1 for the complete list of indicators and current progress through this quarter.

IX. Success Stories



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FROM THE AMERICAN PEOPLE

SUCCESS STORY

A Monumental Donation of Syringes



Project AXxes Depot Manager, Mme Bero, inspects the shipment of donated syringes received by IMA World Health from BD Medical (Becton, Dickinson and Company).



Project AXxes, thanks to astute leveraging by IMA World Health, received a donation this quarter of 1,200,000 syringes. The solo-shot syringes were donated by BD Medical (Becton, Dickinson and Company) to IMA in support of their international health programs. IMA decided to allocate this generous donation to the Project AXxes to supplement its vaccination and curative care program.

The 1.2 million syringes filled a forty-foot container. Transportation and importation were accomplished with assistance from the US Embassy and USAID. These syringes have been earmarked by IMA for Project AXxes-assisted health zones and are now being distributed to health zones through the three implementing partners, Catholic Relief Services (CRS), World Vision International (WVI), and the Protestant Church of Congo (ECC).

We have discussed this donation with the national vaccination program (PEV). Since the supply of syringes for vaccination purposes from UNICEF is expected to be continued and to ensure that all vaccination designated syringes are identical within the program, Project AXxes will earmark the use of the BD syringes for non-vaccination programs such as treatment of malaria and respiratory illnesses; obstetrical uses for Oxytocin injections; and screening and laboratory purposes, e.g., HIV, blood transfusions and other lab testing.

The autobloquant features of these 2cc syringes and needles will ensure one-time use. This will help to avoid the transmission of blood borne diseases and infection.

This donation is a good example of IMA's ability to leverage donations from the corporate partners with whom it has many years of collaboration. The value of this shipment of syringes is in excess of \$100,000, and provides an excellent complementary and supplementary assistance that that provided by USAID.

This monumental gift of syringes is timely, strategic, and will be put to significant use in helping to improve the quality of services and prevent diseases in Project AXxes supported facilities.



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SUCCESS STORY

AXxes Promptly Responds to Ebola (Again)



Above: Treating a patient of suspected Ebola Virus in isolation with material provided by USAID and Project AXxes (Bulape ZSR Oct 07)

Below: Kampangu Health Center/Ground Zero (Mweka ZSR) site of Ebola Epicenter in 2007 outbreak.



Photos by Bill Clemmer, AXxes

In November 2008 AXxes project personnel were alerted to an outbreak of hemorrhagic fever in the health zone of Mweka in Kasai-Occidental. AXxes supports four health zones in the same province, of which Bulape is a neighboring health zone to Mweka.

The index case for the outbreak was reported to be an 18 year old woman who died from hemorrhage shortly after child birth. Her baby subsequently died along with nine family members who assisted at her burial. A total of 49 clinical cases of hemorrhagic fever and 15 deaths have since been reported. Samples sent to the reference laboratory in Gabon confirmed Ebola as the etiologic agent.

AXxes personnel, in Kinshasa and Kananga, maintained daily contact with medical authorities. One suspect case was identified in the AXxes-assisted reference hospital in Tshikaji. That individual died from fever and hemorrhage within 24 hours of hospitalization.

Project AXxes was prepared with materials strategically located to assist in the response to this outbreak. AXxes immediately moved assistance from Bulape to Mweka health zone, e.g., 40 protection kits, 100 bottles of chlorine, and 100 masks with face visors. AXxes Kinshasa shipped additional materials to the Kasai Coordination office for at-risk health personnel. This included 50 personal protection units, 50 kilogram drum of chlorine powder, a chlorine industrial sprayer, and antibiotics (6000 ciprofloxin) due to past history of concurrent febrile diarrhea epidemic.

AXxes also helped distribute CDC training materials to at-risk health facilities, and provided other support materials that included IV fluids, rehydration fluids, gloves, gowns, masks, standard WHO essential medicines and other hospital supplies.

No further cases have been reported in AXxes-assisted health zones or in case-to-case transmission as frequently occurs in outbreaks, e.g., the Kikwit outbreak of 1995 or the Mweka outbreak of 2007. The success of this story is that through a combination of preparedness, training and prompt availability of isolation and protection materials, AXxes was able to contribute to preventing further spread of this highly infectious.