



# SANRU<sup>®</sup> asbl

Local partner for the promotion of primary health care, and development in the DRC, for all and by all.

## ANNUAL REPORT 2019



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# ACRONYMS

ACT	: Artemisinin-based combination therapies
AFP	: Acute flaccid paralysis
APC	: Annual couple protection (APC)
AMF	: Fight Against Malaria
AR	: Antiretroviral
AV	: Amarile vaccine (Yellow Fever Vaccine).
CBD	: Community-Based Distributors
CAC	: Community Animation Cell
C-IMCI	: Community Integrated Management of Childhood Illnesses
CBD	: Community based distributors
CDC	: Center for disease control
DA	: Direct agreement
DRC	: Democratic Republic of Congo
EGD	: Essential and generic drugs
EPI	: Expanded Immunization Program
GF	: Global Fund
HC	: Health Center
HIMT	: Higher Institute of Medical Technics
HIV	: Human immuno-deficient virus
HZ	: Health Zone
HZMT	: Health Zone Management Team
ICT	: International call for tender
LLIN	: Long-lasting insecticide-treated mosquito net
MV	: Measles vaccine
NMP	: National Malaria Programme
NIBR	: National Institute for Biomedical Research
NCT	: National call for tender
PHD	: Provincial Health Division
PMTCT	: Prevention of mother-to-child transmission
PSC	: Pre-school consultation
PST	: Provincial Supervisory Team
RC	: Restricted consultation
RDC	: Regional Distribution Center
RGH	: Referral General Hospital
RHC	: Referral Health Center
SDG	: Sustainability development Goals
SMC	: Seasonal malaria chemoprevention
SR	: Subrecipient
SSM	: Supply and stock management
VL	: Viral load

# 1 NOTE FROM THE EXECUTIVE DIRECTOR



**Dr. NGOMA MIEZI KINTAUDI**

Executive Director of SANRU

The Democratic Republic of the Congo (DRC), a vast country of 2,450,000 square kilometers in central Africa with a population estimated at 91,000,000 inhabitants, the second largest forest basin in the world after the Amazon, still faces the challenge of access to quality healthcare. Although it made progress in terms of geographical coverage of services through the integration of primary health care as a disease control strategy at the dawn of the Alma Ata conference, with the creation of Health Zones (HZ), health infrastructure inherited from colonial times has not been maintained nor developed to meet modern standards.

Several diseases that have long been controlled are now resurfacing and evolving together with new diseases linked to globalization, at an alarming rate. Since the health system has not yet adapted to this new reality, a major reform is needed to reach a level to allow the country to respond effectively and sustainably to the various health problems of the population.

This adaptation would have to consider technological development and the training of human resources capable of responding to the various health challenges and of providing quality care to the population regardless of sex, race, religion and social status. There is a need to train human resources (Doctors, Nurses and Paramedics) who can respond effectively to the various health problems of the community, particularly those in rural areas.

To meet this challenge, SANRU, together with its technical and financial partners,

has worked with the Ministry of Health to deliver interventions that have reached nearly 55,000,000 inhabitants throughout the DRC.

SANRU has remained faithful to its traditional mission to strengthen the Health Zones (HZ) through improved access to health services, capacity building of health personnel at all levels, and the promotion of community involvement in the management of health services and solving community health problems.

Despite the difficulties encountered, the energy of the Executive Directorate and the determination of each SANRU agent, lives were saved, women gave birth under acceptable conditions, children recuperated and were immunized, people living with HIV were treated for Antiretroviral (ARV) drugs, women of childbearing age were given access to family planning methods; referral general hospital (RGH), Referral Health Centre (RHC) and Health Centre (HC) were regularly supplied with essential and generic drugs (EGD).

This is the very essence of SANRU that translates daily, the vision of « health for all and by all » and thus concretizes universal health coverage and guarantees sustainable development to our country the Democratic Republic of Congo.



## 2 WHO ARE WE ?

**S**ANRU **Asbl** is a Congolese Christian non-governmental organization registered with the Ministry of Justice (Ref:63/CAB/MIN/J-DH/2011) since November 2011. However, SANRU has been working with the Ministry of Health as a partner NGO since July 2011 and now has satellite offices in 23 provinces in the country.

### 2.1 OUR REPRESENTATIVE OFFICES IN THE PROVINCES



Due to the difficult working environment in the DRC, with its many financial challenges and risks, SANRU has set up a robust financial management system that uses the Tompro software with adapted modules (Tom Stock and Tom Procurement) to address challenges unique to the DRC. In addition, SANRU's in-depth knowledge of the field and its wide representation in almost all the Provinces of the DRC have proven to be very useful to mitigate some of these financial risks. The financial management system also allows the monitoring of our beneficiaries and sub-beneficiaries. In 2019, SANRU had a portfolio of USD 107,065,155.



## 2.2 OUR HUMAN RESOURCES

In 2019, SANRU Asbl used 417 agents with diverse skills: Doctors, Pharmacists, Economists, Accountants, Lawyers, Computer Scientists. In its policy, SANRU Asbl applies equity for the same skills. Three of its projects are managed by Women's Project Managers: The Malaria Project, the AFP's Project to Promote Immunization and Community-Based Surveillance of polio, and Family Planning.

Tab.I : SANRU Human resources in 2019

#	Level/Diploma	Sex		Total
		Female	Male	
1	Pysicians	7	50	57
2	Nurses	3	2	5
3	Pharmaciste	0	7	7
4	Economist	19	26	45
5	Lawyers	2	2	4
7	Others (Logistician, Informaticians, drivers, ...)	173		173
Total				291

## 2.3 OUR PARTNERS





## 2.4 OUR FINANCIAL CAPACITY

Due to the difficult working environment in the DRC, with its many financial challenges and risks, SANRU has set up a robust financial management system that uses the Tompro software with adapted modules (Tom Stock and Tom Procurement) to address challenges unique to the DRC. In addition, SANRU's in-depth knowledge of the field and its wide representation in almost all the Provinces of the DRC have proven to be very useful to mitigate some of these financial risks. The financial management system also allows the monitoring of our beneficiaries and sub-beneficiaries. In 2019, SANRU had a portfolio of USD 107,065,155.

**Tab II : Cumulative evolution of SANRU's financial capacity until 2019.**

GRANT	YEAR				
	2015	2016	2017	2018	2019
COD_M_SANRU	35 272 607	66 324 824	66 863 133	69 163 564	88 241 907
COD_M_SANRU	7 302 372	26 874 279	31 952 673	-	-
ASSP/ASSR	8 546 198	4 379 542	6 300 026	1 898 371	8 636 693
GAVI/SCO	1 334 748	5 494 950	3 834 164	5 071 910	4 604 788
CDC/PEPFAR	1 000 000	1 000 000	1 000 000	1 000 000	1 800 000
AQUAL/Family planning	149 112	420 191	228 853	154 925	504 495
SNIS/World	-	514 101	559 101	371 769	410 279
BOMOYI/ASDI	-	-	-	-	2 442 432
Emergency/OFDA-USAID	-	-	-	424 559	424 560
Emergency/OCHA/PNUD	-	-	-	491 184	-
<b>TOTAL</b>	<b>53 605 038</b>	<b>105 007 887</b>	<b>110 738 825</b>	<b>78 576 282</b>	<b>107 065 155</b>

In 2019, twenty-five sub-Recipients (SR) benefited from SANRU in implementing various project activities across the country: 19 for the Malaria project, 4 for the GAVI/OSC/SBC project, and 2 for the BOMOYI project. All have benefitted from capacity building, procurement and stock management (SSM) as well as financial management.



## 2.5 LOGISTICS CAPACITY

**S**ANRU provided technical and financial support to the National Essential Medicines Procurement System (SNAME) through the 22 CDRs/warehouses scattered throughout the 26 Provinces. These CDRs have been essential in two of three key functions: storage and distribution to the Central Offices of the health zones (BCZ). The drug and supply chain for all SANRU interventions in 2019, valued at USD 47,340,377.91 to fulfill drug and supply demands for more than 10,000 health facilities in 2019 despite challenges including poor road conditions, poor storage conditions at the FOSA level and poor supervision and communication from the national level to the provinces and from the provincial level to the health zones.

**Tab. III : Drugs and supply chain by products in 2019**

Designation	Grand Total
180x160x150 Rectangular LLIN	28,657,835.56
190x180x180 Rectangular LLIN	5,770,559.41
Artemether/Lumefantrine 20/120mg 12 tablet dispersible 30 blister	157,161.60
Artemether/Lumefantrine 20/120mg 18 tablet 30 blisters	319,279.19
Artemether/Lumefantrine 20/120mg 24 tablet 30 blisters	39,207.00
Artemether/Lumefantrine 20/120mg 6 tablet dispersible 30 blister	98,515.20
Artesunate 100mg suppository 2	164,629.08
Artesunate 60mg powder for solution for injection - 1 vial	1,939,894.10
Artesunate/Amodiaquine 100/270mg 3 tablet 25 blisters	1,307,777.15
Artesunate/Amodiaquine 100/270mg 6 tablet 25 blisters	2,464,318.47
Artesunate/Amodiaquine 25/67.5mg 3 tablet 25 blisters	214,957.80
Artesunate/Amodiaquine 50/135mg 3 tablet 25 blisters	1,130,269.20
Wet wipes (optical cleanser with optical solution) ref. OT4106EU)	1 431,85
Condenser for binocular microscope CX23	4,812.60
Darkfield ring CH2 for microscope CX23	43.25
Gloves, Exam - Latex - pack of 100	47,273.60
Malaria Rapid Diagnostic Test Kit - Antigen Pf - 25 tests	2,629,217.47
Microscope - Olympus CX23 LED 4 obj - case included	65,080.82
Mirror for Binocular microscopes CX23	596.82
100 x mirror lens for CX23 Binocular microscopes	12,76.60
Eye piece for binocular microscope CX23	2,280.60
Optical paper	37.05
Re-use prevention syringe + ndl 21Gx1 1/2", 10ml, 100 pce / pack of 100 pce	25,781.00
syringe 10ML LS RUP 21X1-1/2 DN 21Gx1 1/2", 10ml, 100 pce / pack of 1200 pcs	24,384.75
Sulfadoxine/Pyrimethamine 500/25mg tablet 1000	1,986,399.00
Project ACQUAL	168,054.24
Project BOMOYI	107,704.50
<b>Total</b>	<b>47,340,377.91</b>

## 2.6 HEALTH COMMUNICATION

**S**ANRU's projects always use a communication strategy to increase better perception of its interventions at the community level whether it is for routine malaria control including LLN campaigns, and creating demand for immunization, family planning and HIV/AIDS services.

Tab. IV CONTRACTS AWARDED IN 2019

Budget by project	Forecasts	expenses	execution rate
AcQual	43 893 \$	40 667,5 \$	92,65 %
ASDI/Bomoyi	84 207 \$	33 970 \$	40 %
FM PALU	3 861 772,25 \$	2 004 484,63 \$	52 %
FM PALU Campagne	2 641 428,68 \$	ND	ND
GAVI	5 482 962,57 \$	3 628 027, 60 \$	66 %
TOTAL	8 251 491,25	5 707149,73 \$	69 %

Among the communication strategies that were used in 2019, public awareness was raised through (72 ads/messages that appeared in public places), door to door awareness raising activities whereby (13 792 763 households were educated), and awareness through home visits and through 53 community radios to diffuse messages promoting health.



*Photo1 : Advocacy session for polical and administrative authrotie (GOMA North KIVU)*

All groups in the population were reached with some type of messaging including young and adolescents, pregnant women, men in uniform, sex workers, religious and community leaders, political and administrative authorities.

## 2.7 CONTRACTS AWARDED IN 2019

**S**ANRU plans to increase transparency of its awards in compliance with Congolese laws and its own Manual of Standard Procedures. The various awards received in 2019 are listed in the table below.

**Tab. V : Breakdown of SANRU Contracts awarded in 2019.**

Types of markets	Number	Final	CT \$	%
AOI	9	5	3 981 423,66	38
AON	12	11	1 140 044,44	11
CR	63	58	728 795,175	7
ED	29	28	4 560 995,49	43
SFQC & QC	6	1	80 415,77	1
<b>TOTAL</b>	<b>119</b>	<b>103</b>	<b>10 491 674,54</b>	<b>100</b>
Lessor				% Markets
Global Fund	51	34	8 255 694,75	66,67
IMA : ASSR/ASSP	14	21	519 884,64	66,6
CDC/PEPFAR	7	7	41 950,35	78,57
ASDI/BOMOYI	26	20	1 455 278,55	76,92
GAVI/FBMG	10	10	132 234,005	100
TULENE/PACKARD/ FBMG ACQUAL	7	7	31 822,5	100
BANQUE MONDIALE	4	4	54 809,74	100



# 3 OUR INTERVENTIONS IN 2019

## 3.1 CHILD HEALTH

### 3.1.1 IMMUNIZATION

#### 3.1.1.1 COMMUNITY BASED SURVEILLANCE OF POLIO

**S**ANRU Asbl funded the Expanded Immunization Program, including community-based surveillance for the poliomyelitis eradication program in 10 health zones at the Kamina EPI satellite.

With funding from the Bill and Melinda GATE Foundation, SANRU has strengthened the capacity of community stakeholders in:

- a. Active search for acute polio cases and rapid transport of samples to the National Polio Reference Laboratory
- b. Support for supervision of health agents in the health zones
- c. Strengthening community engagement.

**Tab.4 Summary of Trained Community Actors and Managers at the Health Zones**

Health Zone	No. Health centers	Population	# of Couples	# of Functioning	% of functionality	# of total Recos	# of total trad and prayer houses
Kamina	24	325,692	63,859	156	100%	1560	120
Kayamba	15	111,883	21,938	42	100%	420	75
Kaniama	25	312,863	61,346	114	100%	1140	125
Total	64	750,428	147,143	312	100%	3120	320

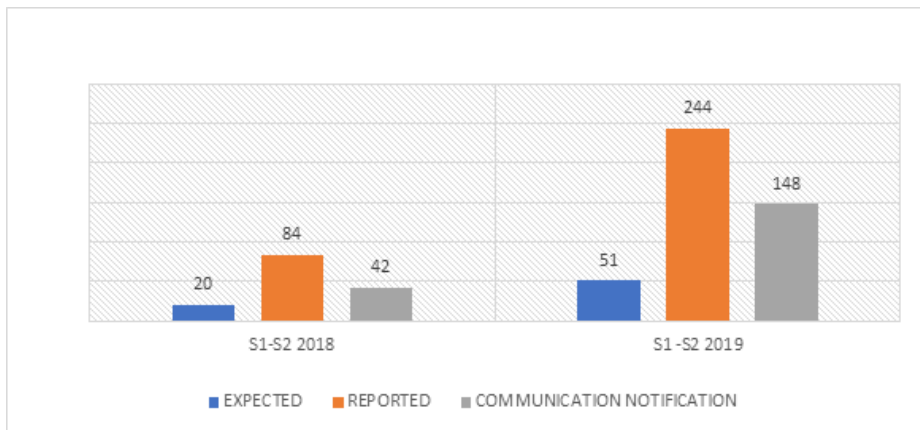


*Photo 2 : The president of DRC surrounded by partners at the imunization national forum*



*Photo 3 : The chairman of SANRU ' board speaking at the forum*

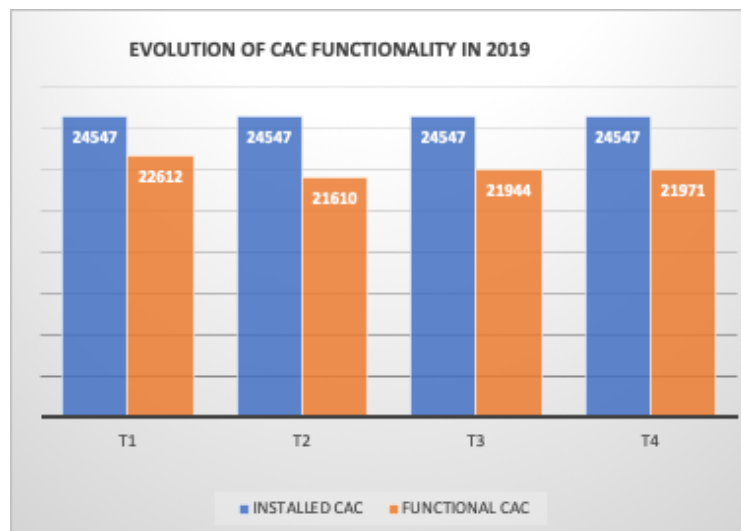
By implementing community-based surveillance and educating schools about polio, in 2019, 244 cases of polio were reported in the SANRU coverage area, achieving a 190% increase compared to 2018 when only 54 cases of polio had been previously reported.



*Fig1: Notification of polio cases in 2019*

### 3.1.1.2 DEMAND CREATION FOR IMMUNIZATION

With GAVI funding, SANRU set up community awareness areas to screen children who are behind their immunization schedules and to create demand for immunization in 144 health zones. 90% of the 24,547 community awareness areas (CACs) are currently active and are raising awareness on the importance of immunization.



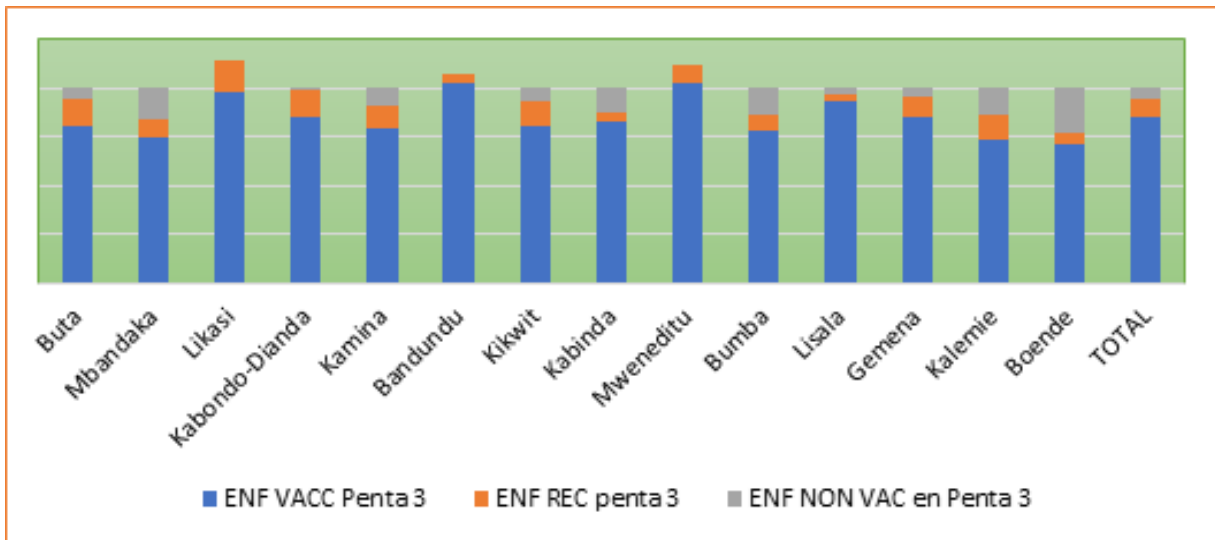
*Fig 2 : Evolution of the operational CACs in 2019*



*Photos 4 et 5 : Illustration of functional CACs*

Many children are back on track with their immunization schedule thanks to active community participation and commitment to combat childhood illnesses.

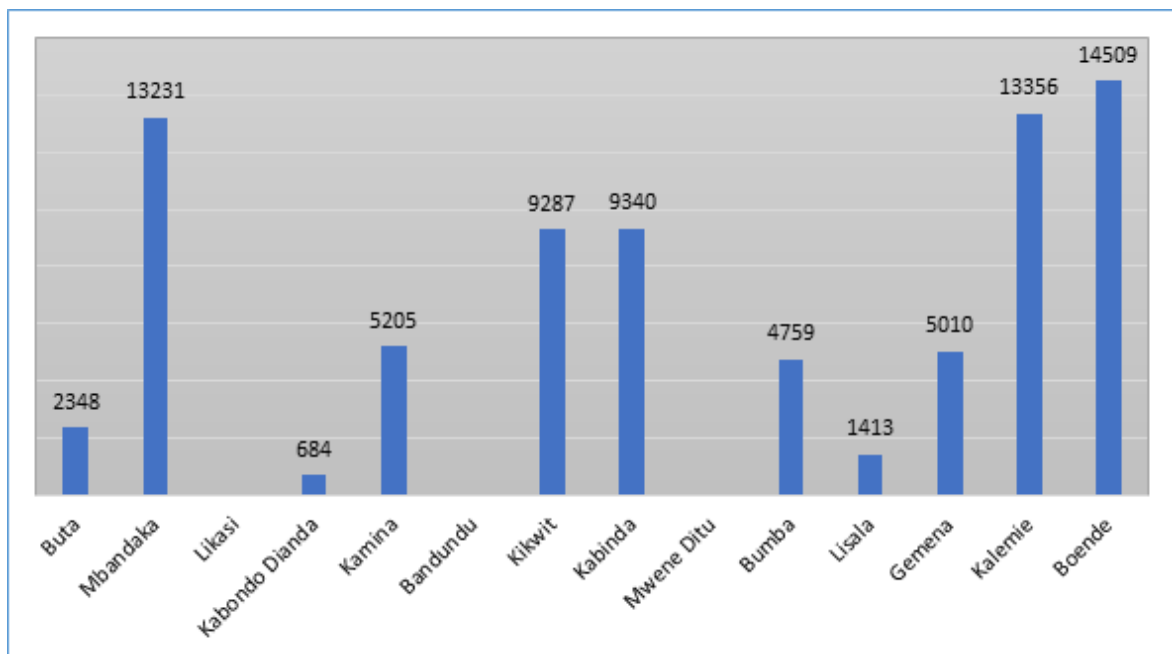




*Fig3 : Contribution of the CAC in children catching up with Penta 3 vaccines in 2019*

Besides logistical constraints, immunization faces challenges related to misconceptions held by the beneficiary communities. Although it is a child’s right, not all children are immunized either because the parents refuse to vaccinate the child or some logistical constraints or the vaccine is not available.

There is a need to maintain not only communities’ momentum in favor of routine immunization but also to strengthen the EPI logistics to ensure availability of quality vaccines to minimize gaps in immunization schedules and vaccine rupture.



*Fig4 : Number of children who did not receive the Penta 3 vaccine in 2019*

### 3.1.2 LLN DISTRIBUTION FOR CHILDREN 9 MONTHS OLD

SANRU joined forces with the NMP and EPI programs to combat childhood illnesses using Global Fund money to distribute LLNs to children who completed their immunization schedule by 9 months of age in 322 health zones. This incentive boosted community interest in immunization and improved coverage of MV and AV vaccines reaching 1,152,874 children under one year of age who also received an LLN during seasonal malaria chemoprevention (SMC) sessions to prevent malaria.

### 3.1.3 PREVENTION OF HIV/AIDS TRANSMISSION

With CDC/PEPFAR Funding, SANRU carried out HIV/AIDS activities in 6 health zones in Upper Katanga province at 65 sites offering the comprehensive package of HIV care and management.

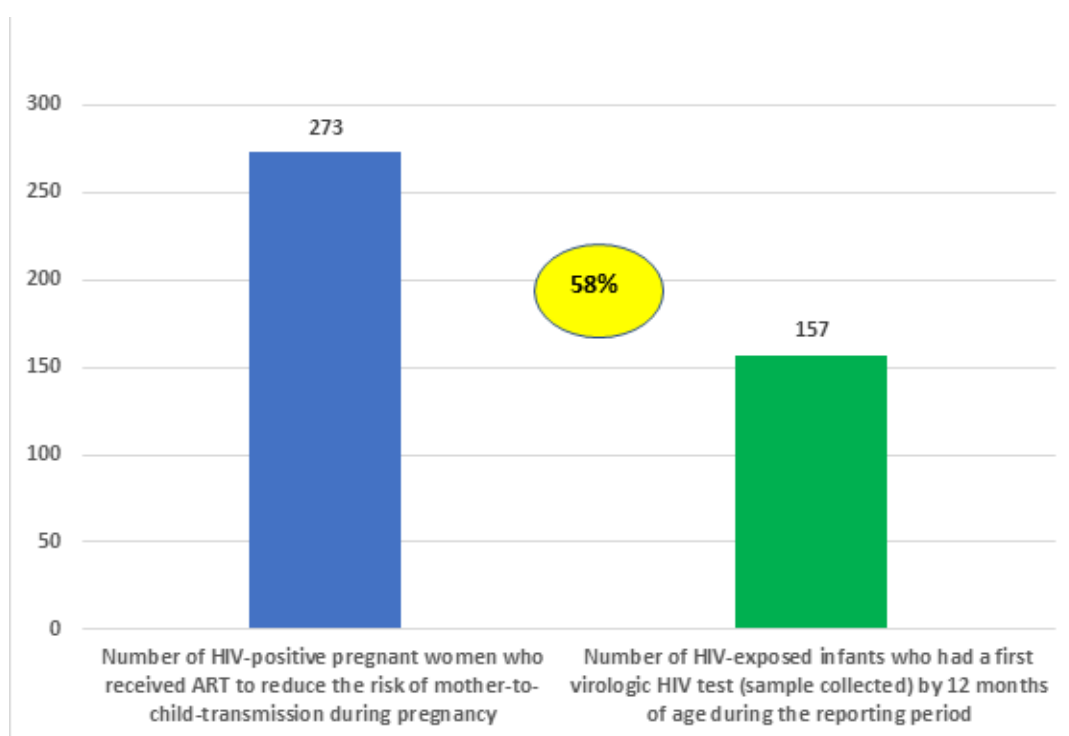


Fig5 : Coverage of early detection in exposed children

Several activities have been carried out including PMTCT that promotes the early diagnosis of all children born to mothers infected with HIV in order to initiate ARV treatment early. The table below presents the main indicators of HIV control in children.



**Tab 5 : Pediatric HIV/AIDS Indicators**

Objective	Total in 2019		
	Annual Targets	Annual Achievements	Annual performance
<b>Goal 1 (90): At least 90% of people living with HIV know their HIV status</b>			
Number of infants who had a virologic HIV test within 12 months of birth during the reporting period PMTCT_EID	213	157	74%
Number of infants who had a virologic HIV+ test within 12 months of birth during the reporting period PMTCT_HEI_POS	18	3	17%
<b>Goal 2 (90-90): At least 90% of people who tested positive for HIV are put on antiretroviral therapy</b>			
Number of adults and children newly enrolled in antiretroviral treatment (ART) Tx_New	2728	2993	110%
Number of adults and children currently receiving antiretroviral therapy (ART) Tx_Curr	7153	7419	104%
Number of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child transmission during pregnancy PMTCT_ART	233	273	117%
<b>Goal 3 (90-90-90): At least 90% of PHAs on antiretroviral therapy are kept on treatment and have a Viral Charge removed</b>			
Number of adult and pediatric patients on ART with suppressed viral load results (<1,000 copies/ml) documented in the medical records and/or supporting laboratory results within the past 12 months	5658	3931	69%
Number of adult and pediatric patients with a viral load result documented in the patient medical record or in the facility health information system in the past 12 months	6287	4555	72%

## 3.2 WOMEN HEALTH

To contribute to the fulfilment of the Sustainable Development Goal 3, SANRU has supported activities in 364 of the 516 DRC health zones in 18 Provincial Health Divisions with funding from its partners (GF, IMA/DFID, TULENE/PAKARD/FBMG and ASDI).

Using funding from the Swedish International Development Agency (ASDI), SANRU supported 36 health zones in the provinces of Kasai and Maniema to train nurses to become midwives and provide equipment and rehabilitate selected health facilities in order to ensure quality of care for pregnant women.

### 3.2.1 TRAINING NURSES TO BECOME MIDWIVES

Improving maternal and child health also requires competent and qualified health personnel to ensure quality maternal, neonatal care in order to reduce morbidity and mortality and achieve Goal 3 of the SDGs.



*Photo 6 : Training program review workshop with technical support from the University of Gothenburg*

In the first phase, 120 nurses were selected from 36 health zones and began training to become midwives: 45 in the Province of Maniema and 75 in the Province of Kasai for a period of 18 months.



*Photo 7 : Course session: HIMT KINDU and HIMT TSHIKAPA*





*Photo 8 : BOMOYI Program Manager Visit at kindu ISTM High technical and medical institute of kindu, Maniema*

### 3.2.1.1 SUPPORT TO HIMT KINDU AND TSHIKAPA

Two Higher Institutes of Medical Techniques (HIMT): HIMT Tshikapa and the HIMT Kindu have been selected to endorse the midwife training. The project is responsible for all academic and other related costs of the program, including the monthly stipend for the nurses enrolled in the midwife training program.



*Photo 9 : Skills lab built by SANRU with SIDA' fund at KINDU Technical medical institute*



*Photo 10 : Tshikapa skills Lab under construction*

The University of Gothenburg in Sweden works in partnership with SANRU to review the curricula and assures the quality of training. Two Skills labs are under construction for the practical, hands-on sessions.

### **3.2.1.2 REHABILITATION OF MATERNITY WARDS**

SANRU has begun the process of rehabilitating and equipping 100 RGH/HC in the two provinces, with funding from SIDA and community participation in the actual rehabilitation process. Nurses who are in training to become midwives will be assigned to these sites according to the contract linking them to the PHD.



*Photo 11 : Handing over of 3 Motorcycles to the PHD in Maniema*



### 3.2.2 INTERMITTENT PREVENTIVE TREATMENT IN PREGNANCY

SANRU has applied the intermittent preventive treatment in pregnancy to pregnant women according to the national malaria control strategy. In sum: 2,025,238 pregnant women received ANC visit1; 1,649,877 ANC visit 2; 1,291,310 ANC visit3; and 806,207 ANC visit4 throughout pregnancy to reduce malaria-related morbidity and mortality of pregnant women.

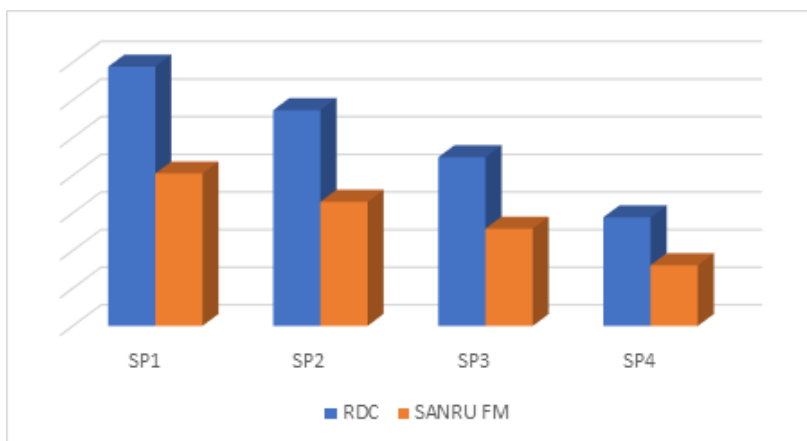


Fig 6: sulfadoxine-pyrimthamine (SP) doses in pregnant women at national level and SANRU coverage areas

Also, 2,848,249 of pregnant women received an LLIN at the first antenatal visit in the 350 Health Zones covered by SANRU and as a result, the national target of 66.4% was reached. IMA/DFID funding has also been instrumental in improving maternal and child health through malaria interventions in pregnant women, childbirth, EPI and family planning.

Tab 6: Contribution SANRU/ASSR to national target for selected Maternal Health Indicators

Organisational level (Source DHIS2 SNIS)	New case	Assisted delivery	Sulfadox .+Pyrimét Thrid dose received	New acceptant PF (tot)	VAR
SANRU ASSP/ASSR	4 608 232	282 274	162 928	275 921	242 656
DRC	52 336 844	3 364 439	2 239 177	2 497 477	3 328 915
ASSR projet Contribution to PNDS objectifs	8,80%	8,39%	7,28%	11,05%	7,29%

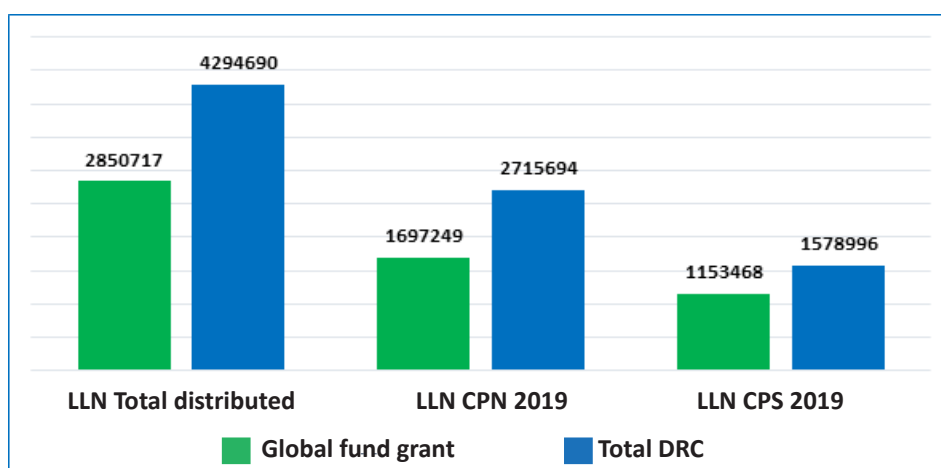


Fig 7: Contribution of SANRU/GF to reach national target for LLN for pregnant women and children

### 3.2.3 FAMILY PLANNING

SANRU with the support of the David-Lucile PAKARD and Bill and Melinda Gate Foundations through the University of Thule as Principal Recipient reinforced 25 Health Zones, 11 of which were in the province of Central Congo and 15 in the City of Kinshasa.



*Photo 13 : Individual and Group Counseling in the Mbanza Ngungu Health Zone*



In 2019, a wide variety of family planning methods was offered to women of childbearing age through the Lelo Family Planning strategy thanks to the outstanding work of community-based distributors (CBDs). In 2019, the most popular methods used by women of childbearing age in SANRU's intervention health zones were: the Jadelle and the cycle beads, achieving 65,855.4 years of couple protection.

**Tab.7: Annual couple protection (APC) by method**

Annual couple protection (APC) by method			
Type of Contraceptive	Quantity used	conversion factor	ACP
Depo-Provera	2 756	0,25	689
Sayana Press	13 833	0,25	3.458,25
POP	22 263	0,067	1.491,621
COC	38 850	0,067	2.602,95
PCU	12 107	0,05	605,35
Male Condom	685 414	0,0083	5.688,9362
Female Condom	2 821	0,0083	23,4143
Implants (jadelle)	5 972	3,8	22.693,6
Implanon NXT	3 370	2,5	8425
DIU	248	4,6	1.140,8
Cycle beads	12 691	1,5	19.036,5
		<b>TOTAL APC</b>	<b>65,855,4215</b>

### 3.2.4 PREVENTION OF MOTHER TO CHILD TRANSMISSION

SANRU with CDC/PEPFAR funding supported 65 sites in six (6) Health Zones in Upper Katanga with an IMCI package.

**Tab.8 : Indicators for the Fight against HIV in Pregnant Women**

OBJECTIVE	Total in 2019		
	Annual Targets	Annual results	Annual performance
<b>Objective 1 (90): At least 90% of people living with HIV know their HIV status</b>			
Number of pregnant women who are aware of their HIV status (including those who are tested and who have received their results and those who knew their status at entry)	14273	22485	158%
Number of pregnant women who know their HIV status positive (including those who knew their status prior to antenatal care visits)	233	273	117%
Nombre des contacts (partenaires sexuels et enfants biologiques) des PVV testés		2494	
Nombre des contacts (partenaires sexuels et enfants biologiques) des PVV testés VIH positifs		682	
<b>Goal 2 (90-90): At least 90% of people who tested positive for HIV are put on antiretroviral therapy</b>			
Number of pregnant women with HIV - receiving ARVs to reduce the risk of mother-to-child transmission during pregnancy and childbirth	233	273	117%

### 3.3. HEALTH INTERVENTIONS

To promote infectious disease control, SANRU led the fight against malaria, HIV/AIDS, and EVD with funding from various partners, in addition to the procurement of Essential and Generic Drugs (EGDs) for all provinces as one of the major interventions in 2019.

#### 3.3.1 FIGHT AGAINST MALARIA

##### 3.3.1.1 ANTIVECTORIAL

Seven mass campaigns were implemented in 7 provinces in the DRC with funding from the Global Fund and AMF (Against Malaria Foundation). In total, 16,287,301 of LLINs were distributed to 5,331,213 households, fulfilling 86% of the national target.

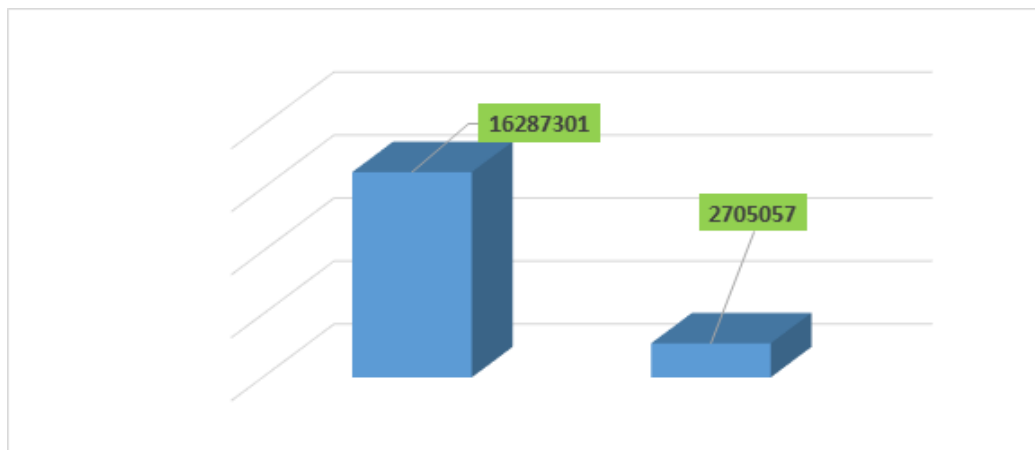


Fig.8 : LLNs distributed in 2019 in DRC

##### 3.3.1.2 MANAGEMENT OF MALARIA IN HEALTH FACILITIES (RGH, HC)

SANRU with GF funding, supported the management of 18,902,570 cases of malaria in the DRC in 2019, representing 64% of the expected national target by supplying the Malaria rapid diagnostic tests (RDTs) kits for rapid testing and artemisinin-based combination therapies (ACT) treatment at the health centers and the referral hospitals.

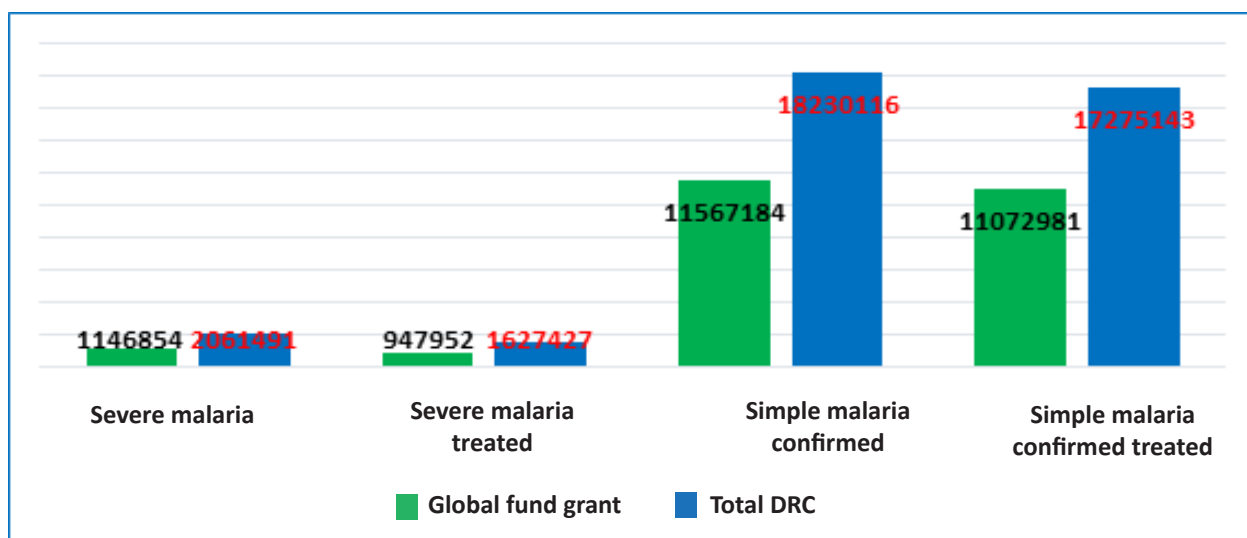


Fig 9 : SANRU's contribution to the fight against malaria in the DRC



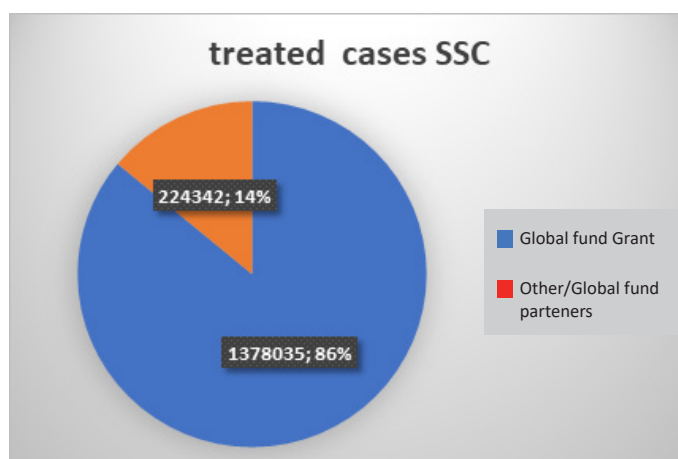
### 3.3.1.3 COMMUNITY BASED MALARIA CONTROL PROGRAM

The Integrated community Care Management of Childhood Illnesses (ICCM) is a strategy adopted by the DRC through its specialized program PNLMD (National Program of Control against Diarrheal Diseases). With funding from Global Fund and UNICEF (complementary support), SANRU set up and monitored 5,098 community care sites that provide community-based management of malaria cases and 128 of them provide community-based management of diarrhea and pneumonia in addition to malaria.

**Tab. 9 : ICCM Province Distribution Map**

DPS	NUMBER CCM	%
BAS UELE	298	6
EQUATEUR	384	8
HAUT UELE	374	7
ITURI	721	14
KONGO CENTRAL	346	7
KWANGO	166	3
KWILU	378	7
MAYINDOMBE	176	3
MANIEMA	327	6
MONGALA	212	4
NORD KIVU	286	6
NORD UBANGI	122	2
SUD UBANGI	369	7
TSHOPO	424	8
TSHUAPA	170	3
KINSHASA	345	7
<b>TOTAL</b>	<b>5098</b>	<b>100</b>

Out of a total of 17,275,143 cases of malaria treated in 2019 in the DRC, 1,602,377 (86%) were treated through the SSC. With respect to non-complicated cases of malaria in the DRC, the SSC managed 9.3% of all such cases of non-complicated malaria. SANRU's contribution to all malaria cases that were treated in the country in 2019 is 64%.



*Fig 10: Community-based malaria treatment in 2019*

### 3.3.2 HIV/AIDS

With funding from CDC/PEPFAR, SANRU screened 57,488 people in 2019, including 2,996 HIV+ cases. A cohort of 7,153 patients benefited from ARVs, of which 3,931 had a suppressed and documented viral load within 12 months of starting treatment.

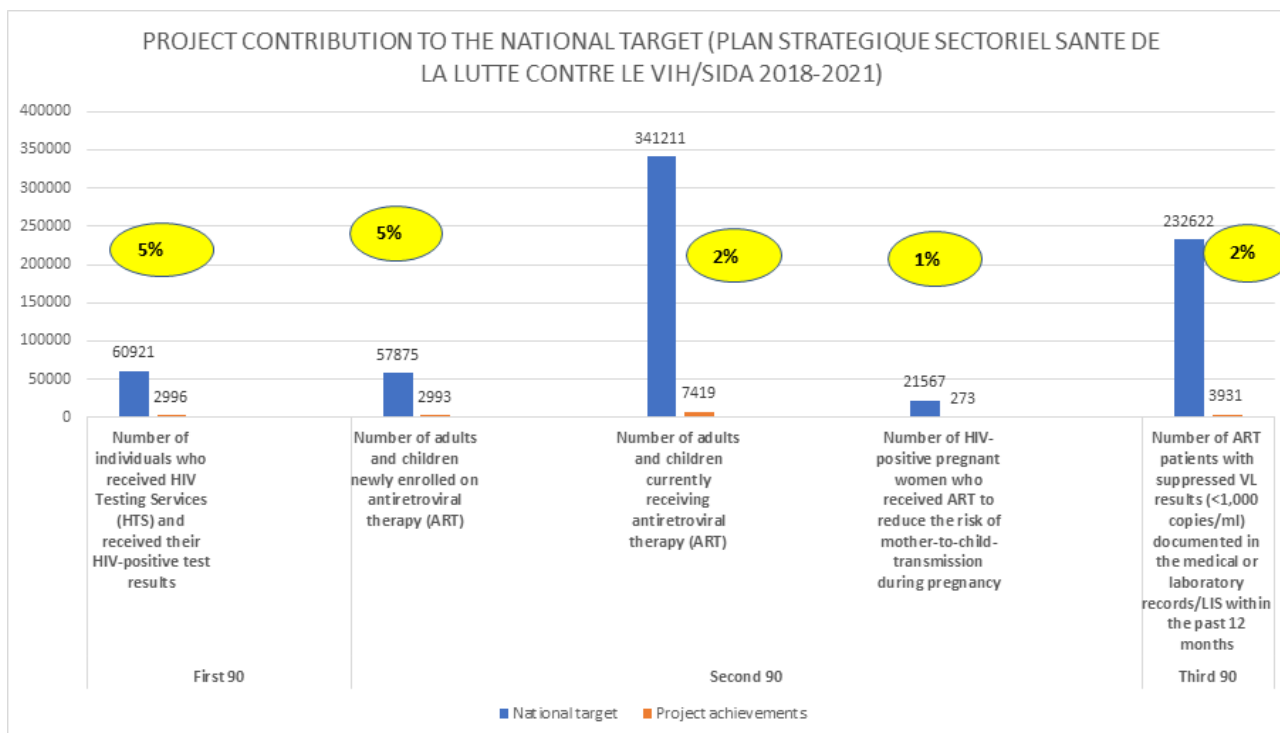
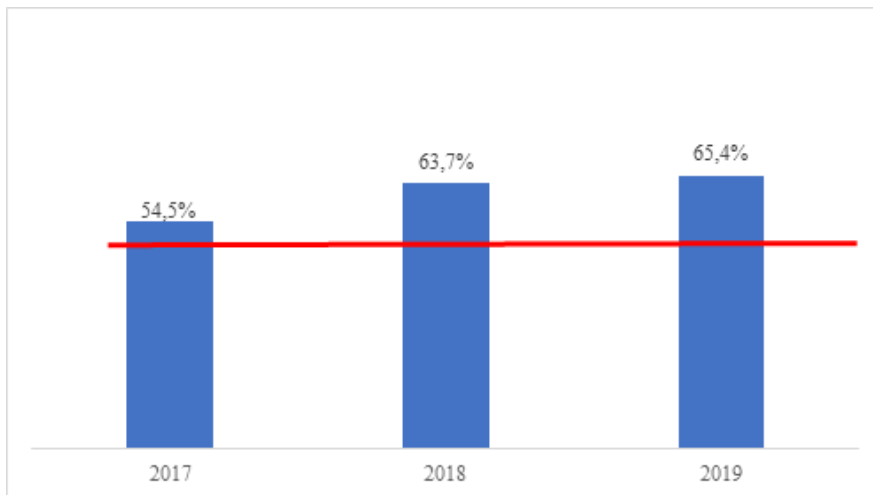


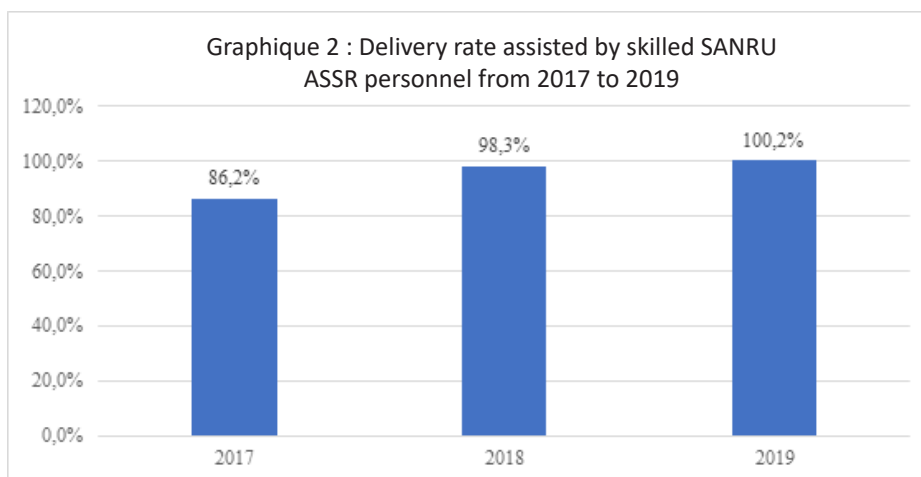
Fig. 12 : SANRU/CDC contribution to national PNLs targets

## 3.4 STRENGTHENING THE HEALTH SYSTEM

Through funding from IMA/DFID, SANRU supported the Ministry in strengthening the health system in 29 Health Zones in the provinces of Kasai and Kasai Central. The comprehensive package consisted of health information system strengthening, provision of essential and complex drugs, rehabilitation of selected health facilities, strengthening of the community system, training of providers and PHD frameworks, adequate stock of supplies for PHD and HZMT, and strengthening the technical capacity of the Reference Hospitals and health Centers. These interventions have made it possible to improve the quality of services at those sites.



*Fig 13 : Progression of the use of healthcare services in the health zones covered by SANRU from 2017 to 2019*



*FIG. 14 : Proportion of births (%) Attended by Qualified Health Personnel - SANRU ASSR (2017 to 2019)*

### 3.4.1 STRENGTHENING THE NATIONAL HEALTH INFORMATION SYSTEM

To improve their reporting capacity in relationship to the DHIS2 data, the Health Zones were equipped with desktops and batteries for solar power systems to maintain continuous power supply for operating the health information system.



*Photos 14 : Handover of the desktop to the Ndjoko Punda HZMT and Luebo, March 2019*

### 3.4.2 STRENGTHENING THE TECHNICAL CAPACITY OF REFERENCE HOSPITALS AND HEALTH CENTRES

Reference Hospitals and Health Centers have been equipped with the medical equipment that facilitated the expansion of the technical teams to provide quality care.



*Photo 15 : Handover of materials to BCZS Benatshiadi*

### 3.4.3 SUPPLY OF TRANSPORTATION MATERIALS FOR HEALTH ZONE AND PROVINCIAL SUPERVISORY HEALTH TEAMS

Supervision is one of the key activities in ensuring access to quality health care. The Health Zone and Provincial Supervisory Health Teams must be mobile to ensure good quality supervision and assess the performance of the health personnel in their respective zones. SANRU provided vehicles and motorcycles to enable these teams to fulfill these functions.



*Photos 1&2 : Official delivery of the vehicle and the 3 motorcycles to the Dekese HZ and the Governor of Kasai Province*



*Photos 1&2 : Bicycles Donation at BCZS de Kanzala (1) BCZS Kamonia (2) PHD Kasai*

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## 4. CONCLUSION

Ensuring the provision of and access to quality care has always been the standard pursued by SANRU in supporting the Health Zones with training, supply of essential medicines and health communication. It was the partnership with the National Malaria Control Program that facilitated SANRU's entry into the communities by fostering trust that led to increased demand for health services and also synergy with other complementary interventions. As a result, SANRU successfully reached the target population and mobilized women and children to access quality care. Although more remains to be done, there is no doubt that with SANRU's commitment, there is hope to make the "HEALTH FOR ALL AND BY ALL" motto, a reality in the DRC.

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