



DEMOCRATIC REPUBLIC OF THE CONGO  
MINISTRY OF HEALTH  
PROVINCIAL MEDICAL INSPECTION  
BINZA-OZONE HEALTH ZONE

The DR Congo Health Center Project



Submitted to:

The Board of Directors in the  
USA & in the Dem. Rep. of the Congo  
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Reference HC Management Committee, from left to right, Edmond Mbuyu (Lab Tech.), Elie Lumbadu (Head Nurse), Emery (Administration & Finance Officer), Alicia Kuyenyi (Nurse & Pharmacy Assistant), and Dr. Hélène Ndjoka (Medical Officer), January 2023.

## ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARI	Acute Respiratory Infection (Inclusive of the TB)
BCZS	Bureau Central de la Zone de Santé/Heal Zone Management Office
CD&T	Center for Diagnostic & Treatment
CHCP	Congo Health Center Project
CRDI	Christian Relief & Development, Inc. (U.S.-based NGO)
CODESA	Health Committee
DPS	Direction Provinciale de la Santé (Prov. Health Authority)
ECZ	Health Zone Management Team
EPI	Expanded Program on Immunization
IEC	Information, Education and Communication
HC	Health Center
HZM	Health Zone Management Committee
MOH	Ministry of Health
NGO	Non-Governmental organization (also known as PVO)
NTD	Neglected Tropical Diseases
LLIN	Long-lasting Insecticide treated Nets (ITNs)
STI	Sexually transmitted infections (Inclusive of HIV, Syphilis, Gonorrhea)

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## I. INTRODUCTION

### A. CRDI Mission and planned program interventions

Christian Relief and Development (CRDI) is dedicated to improving living conditions of the world's poorest communities where the risk of death caused by communicable diseases, lack of hygiene and sanitation, and malnutrition is unacceptably high. Our mission is also to reduce and eventually eliminate poverty and communicable diseases through implementation of targeted, cost effective, and community-supported interventions that can be sustained by the beneficiary communities.

### B. Background of the Congo Health Center Project (CHCP)

The Congo Health Center Project (CHCP) is our first country level program activity that was initiated by CRDI in 2007 with material support from two U.S.-based partners (CrossLink International, Inc., which was continued by Brothers' Brother Foundation).

The purpose the CHCP is to increase access of the target population to the community and facility-based high impact primary health care activities and the related services. The results of those interventions are the reduction of the morbidity and the mortality among infants, children, mothers, and the adult population who live in catchment areas of the health center.

The first CRDI-assisted Health Center is located in Binza-Ozone Health Zone of Kinshasa, and it is commonly called "the **Reference Health Center & Maternity BOLINGO.**" The goal and objectives of the CRDI-assisted Reference Health Center conform also to the CRDI Mission, and to the Government of the DRC goal to increase the Universal Coverage of the target population to Essential Primary Health Care Services.

### C. Catchment area population

As indicated in table 1 below, the estimated direct and indirect catchment area population that has access to the established services in the Health Zone is estimated at **30663 inhabitants.**

Table 1: **Categories of the beneficiary population per HZ and per HC**

Infants aged 0 – 11 months (4%)	Children aged 12 – 59 months (the under five years old children) (16%)	Women of reproductive age (14 – 49 years) (22%)	Other adults & adolescents (58%)
1227 per HZ	4906 per HZ	6746 per HZ	17784 per HZ
<b>1227/12 = 102/HC</b>	<b>4906/12 = 409/HC</b>	<b>6746/12 = 562/HC</b>	<b>17784/12 = 1482/HC</b>

Reference: Bolingo Health Center, HMIS-2022

Based on the above, the estimated total beneficiary population of the CRDI-assisted Health Center is around 2,555 people, and this includes children and the adult population who live in catchment area of the Health Center. Health program interventions that are planned and carried out conform to the Binza Ozone annual priorities and the annual work plan that receive additional material support from donors, including the Ministry of Health. The major guidelines and strategies to implement primary health care program activities in catchment areas include:

- a. Increased curative and preventive consultations of children and adults in catchment areas of the Reference Health Center to contribute to the Universal Coverage of the target population to available community and facility-based health services.
- b. Increased the knowledge and practices of hygiene and sanitation by the target communities and the related households;
- c. Promotion of nutrition through increased promotion of home gardening to reduce food insecurity in households; and
- d. Promotion of water resource management in the household to reduce the incidence of water borne infections.

## II. PROFILE & THE REFERENCE HEALTH CENTER STAFF

**Table 2: Profile of the health center staff**

	Description	Number planned	Actual number
1.	Chief Medical Officer/Supervisor (General Practitioner), Full time	1	1
2.	Head Nurse (A-1), Graduate level, full time	1	1
3.	MD/OBGYN, part-time and on call	1	1
4.	MD/OBGYN Surgeon, on call	1	1
5.	Nurse Practitioners (A-1), Graduate level full time	2	2
6.	Nurse (A-2), Diploma level nurse, Service Coordinator, full time	1	1
7.	Nurse (A-3), Midwife and Auxiliary nurses, full time	2	2
8.	Pharmacy Assistant, full time	1	1
9.	Laboratory Technician, Graduate level, full time	1	1
10.	Assistant Laboratory Technician, part time	1	1
11.	Director of Administration & Finance (DAF), part time	1	1
12.	Cashier/Bookkeeper, Admin. Assistant, full time	1	1
13.	Support staff, Security, etc., full time	1	1
	<b>TOTAL:</b>	<b>15</b>	<b>15</b>

Reference: CRDI HMIS and the archives for CY 2021/2022



**The BOLINGO Health Center staff, picture taken in January 2022, Following Christmas gift exchange celebration at the Health Center**

### III. MINIMUM PACKAGE OF ACTIVITIES FOR HEALTH CENTER

**Table 3: The Illustrative table of the Government’s (MOH) recommended Minimum Package of Activities (MPA) at the Health Center level**

MPA Preventive Activities	MPA Curative Activities
<ul style="list-style-type: none"> <li>• Growth monitoring for under-fives</li> <li>• Prenatal and postnatal consultations</li> <li>• PMTCT (ARV and Cotrimoxazole)</li> <li>• FP counseling and services</li> <li>• Immunizations</li> <li>• Infection prevention &amp; blood safety</li> <li>• Distribution of IPT to pregnant women</li> <li>• Distribution of the LLINs information about the use</li> <li>• Vitamin A &amp; other micronutrients</li> <li>• HIV/AIDS: PMTCT &amp; blood testing</li> </ul>	<ul style="list-style-type: none"> <li>• Clinic-based IMCI</li> <li>• Testing/treating diseases, including NTDs</li> <li>• TB: Sputum collection/referrals</li> <li>• Breast feeding &amp; Nutritional rehabilitation</li> <li>• Minor surgery</li> <li>• Normal labor &amp; delivery services</li> <li>• IPT for pregnant women</li> <li>• STI syndromic treatment and referrals</li> <li>• S/GBV Post-exposure prophylaxis &amp; counseling</li> <li>• Acute respiratory infection treatment</li> <li>• Other basic curative care</li> </ul>
MPA Promotional Activities	MPA Community Activities
<ul style="list-style-type: none"> <li>• Condom use for dual protection</li> <li>• Environmental sanitation</li> <li>• Exclusive breast feeding</li> <li>• Healthy eating &amp; food handling</li> <li>• Iodized salt</li> <li>• Improved latrines</li> <li>• ORT and diarrheal disease control</li> <li>• Fistula awareness and prevention</li> <li>• Malnutrition preventable activities carried out: They include promotion of increased consumption of home grown vegetable, including</li> <li>• Promotion of fish farming, and the livestock</li> </ul>	<ul style="list-style-type: none"> <li>• Community-based IMCI (c-IMCI)</li> <li>• Increase food security in households with increased consumption to prevent malnutrition</li> <li>• Food safety and food handling</li> <li>• Potable water improvements,( e.g., spring capping)</li> <li>• Household sanitation, e.g., improved latrines</li> <li>• Community &amp; household water treatment</li> <li>• Disease/Vector control, e.g., LLINs &amp; tsetse control</li> <li>• Community based IEC</li> <li>• Distribution of FP related commodities</li> <li>• S/GBV awareness and prevention</li> </ul>

**Reference: Guidelines from the Central Bureau of Binza Ozone, HMIS, 2022**

### IV. INTERVENTIONS CARRIED OUT & ACHIEVEMENTS DURING CY 2023

The year 2023 was eventful and full of challenges as well, but the staff and our volunteers made considerable efforts and progress with planned activities. Most of the community and facility-based activities were carried out and they reached an acceptable level of progress (> 60% of the targets), regardless of the prevailing challenges.

In addition, the community and facility-based health program activities carried out during CY 2023 conformed to the Health Zone (District) annual work plan and the country’s National Health Plan for the development of the health sector (Plan National de Développement Sanitaire) 2019 – 2025.

**Table 4: Summary table of major activities/interventions carried during CY 2023**

Major Activities or Interventions during CY 2023	Anticipated target for CY 2023	Achieved target during CY 2023	% Achievement during CY 2023	Observations
1. Curative consultations for children aged 0 – 15 years of age (all cases):	800	746	93%	<ul style="list-style-type: none"> <li>• Target was established above the reality,</li> <li>• Some cases are taken to other nearby facilities in catchment areas for case management</li> <li>• Most of the treated cases include malaria, flu, Covid-19, and Typhoid</li> </ul>
2, Curative consultations for adults men and women (all cases):	650	461	71%	<ul style="list-style-type: none"> <li>• Target was established too high,</li> <li>• Some cases are taken to other nearby facilities in catchment areas for case management</li> <li>• Most of the treated cases include malaria, flu including Covid-19, and Typhoid</li> </ul>
3. Preschool consultations for children less than 5 years of age: <ul style="list-style-type: none"> <li>• Vaccinations</li> <li>• Malaria prevention</li> <li>• Health &amp; nutrition education</li> <li>• Growth monitoring</li> </ul>	300	250	83%	<ul style="list-style-type: none"> <li>• Target was established too high,</li> <li>• Some children attend preschool consultations at different facilities in catchment areas for case management</li> <li>• Malaria prevention include promotion for the use of LLITNs in households,</li> <li>• Efforts are made to improve household food security,</li> <li>• Promotion of breast feeding with improved feeding practices.</li> </ul>
4. Prenatal consultations: <ul style="list-style-type: none"> <li>• Vaccination</li> <li>• Health &amp; Nutrition education</li> <li>• Malaria prevention</li> </ul>	58	50	86%	<ul style="list-style-type: none"> <li>• Target was established too high,</li> <li>• Malaria prevention for pregnant women include promotion for the use of the LLITNs and the use</li> </ul>



Major Activities or Interventions during CY 2023	Anticipated target for CY 2023	Achieved target during CY 2023	% Achievement during CY 2023	Observations
				<p>of IPT for malaria</p> <ul style="list-style-type: none"> <li>Increased Health and nutrition education to prevent malnutrition in pregnant women and nursing mothers</li> </ul>
<p>5. Assisted non-complicated deliveries</p> <ul style="list-style-type: none"> <li># of women who completed 3 consultations before delivery</li> <li># of mothers who are breastfeeding</li> </ul>	80	48	60%	<ul style="list-style-type: none"> <li>Target did not conform to the reality in catchment area of the HC,</li> <li>Some pregnant women prefer to deliver at home, and others deliver at different HZ-based facilities,</li> <li>Promotion of exclusive breastfeeding during the first 6 months of age is encouraged at all encounters,</li> <li>Health and Nutrition education are provided during CPS, and CPN consultations,</li> <li>Access to Family Planning services is also provided during PS &amp; PPC to encourage child spacing.</li> </ul>
6. Screening & case management of TB	75	27	36%	<ul style="list-style-type: none"> <li>Target did not conform to the reality in the target area,</li> <li>Suspect cases of TB were usually referred to the HC by CHW,</li> <li>Only confirmed cases of TB are treated in accordance with the established protocols,</li> <li>Only 2 confirmed cases of multi-drug resistant TB (MDR) were identified &amp; referred to the hospital for</li> </ul>

Major Activities or Interventions during CY 2023	Anticipated target for CY 2023	Achieved target during CY 2023	% Achievement during CY 2023	Observations
				verification & case management.
7. Screening & case management of IHV	35	13	37.14%	<ul style="list-style-type: none"> <li>Nationally, the estimates of IHV infections is 1.2%</li> <li>Identified cases of HIV are referred to the HC for case management &amp; follow up in accordance with the approved protocol</li> </ul>
<b>6. Minor surgeries by trained MD, nurses &amp; consultants:</b> <ul style="list-style-type: none"> <li>Children circumcisions</li> <li>Hernia (all ages)</li> <li>Appendicitis (all ages)</li> </ul>	50 6 10	47 3 7	94% 50% 70%	<ul style="list-style-type: none"> <li>The number of circumcision is usually equal to the number of baby boys born at the HC,</li> <li>Procedures are carried out by trained staff (doctors, nurses)</li> </ul>

Source: BOLINGO Reference Health Center's HMIS for CY2023

#### Brief description of activities carried out:

##### (a) At the Community level:

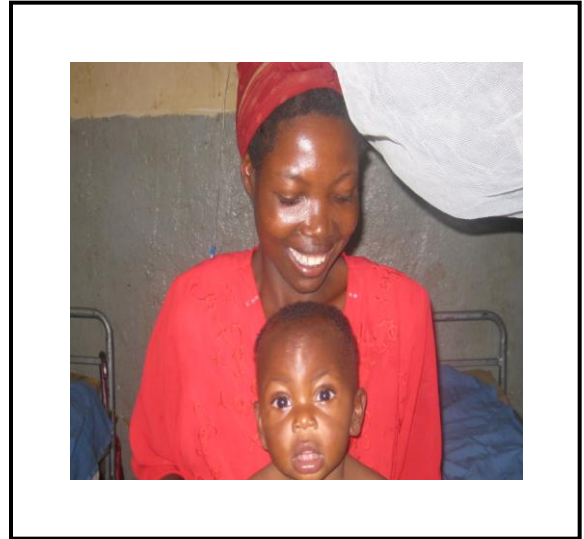
- The CHV received additional training & material support from the Health Center managers (nurses and managers) to carry out community-based health promotional activities that included: (a) distribution and demonstration of how to suspend LAITNs;
- Visual observation of hygiene and sanitation practices in the households;
- Visual observation of the use of the family latrine with hand washing following the use of latrine;
- Identification and referral of suspect cases of illnesses to the Reference Health Center for correct diagnosis and case management;
- Discussions and verification of the waste management practices in the community and the related households, followed by more counseling for increased availability of potable water in the household; and
- Community and facility-based health education sessions. Thematic areas covered included infection control in the households, case detection and referral of suspect cases of Malaria, TB, conjunctivitis, and pneumonia in children, etc., to the Health Center for diagnosis and case management.

##### (b) At the Health Center level:

At the Health Center level, the following steps are carried out:

##### 1. Curative consultations for children and adults:

- Screening for malaria is carried out by the attending nurses and their assistants before laboratory testing is carried out. Confirmed cases of malaria is then seen by trained nurse or a doctor before treatment;
- Cases which require the doctor's consultation are referred correctly and if the doctor of the head nurse need more testing, the patient is then referred to the Laboratory section for testing;
- When all the testing and consultation is completed, the patient is usually treated initially before release with a prescription to continue treatment at home if the case does not require hospitalization;
- Complicated cases of illnesses that are received by the Health Center are usually referred to a nearby hospital facility for appropriate care.



## 2. Preventive consultations at the Health Center:

Services that are carried out under the preventive consultation include:

- Prenatal consultations and the related services for pregnant women;
- Preschool consultations and the related services for children under five years of age; and
- Health Education sessions where a variety of health education topics which include nutrition, malaria prevention, and promotion of childhood immunization are reviewed and discussed with participants.

## 3. Continuing education of service providers (nurses, community health workers, and CODESA)

During CY 2023, the Health Zone's Management Committee/BCZ organized workshops to:

- Celebrate the annual HIV & TB Days. The celebration included the review of the HIV/AIDS program objectives for detection, diagnosis, and treatment;
- Efforts were also made to raise the awareness in the community about: (a) HIV/AIDS and TB prevention;
- Increase the awareness among service providers about the need for increased detection and referral of suspect TB and HIV the Health Center for diagnosis and case management in accordance with the established protocols;
- The same teaching approaches were used during the annual celebration of the HIV Day;
- In July 2023, one doctor and two nurses from our Reference Health Center were invited to participate in the Health Zone organized workshop to: (a) review the revised protocols and methodologies for screening and case management of simple, severe malaria in children and adult; and (b) proceed with timely referral of suspect cases of severe malaria, Ebola, and



Covid-19 infections to the established hospital facilities for the recommended case management; and

- Following the above continuing education sessions, the international partner NGO (Action Contre la Faim, ACF) provided an additional grant of PPE supplies to the Health Center to continue the ongoing support for increased infection control at the Health Center.

#### **IV. OTHER ACTIVITIES CARRIED OUT DURING CY 2023**

As described under the preceding sections, the major accomplishments during CY 2023 included the following:

- Weekly formative supervision of service providers were carried out to maintain the quality of services;
- Quarterly home visitations by the volunteers and the Health Center nurses were carried out to ensure increased disease detection and referral to the Health Center for care;
- Home visitations to nearby communities and the related households to ensure increased awareness among the community members about sanitation and disease control in the community and the related households to prevent the outbreaks of epidemics; and
- The quarterly promotional activities of vaccination at the Health Center to support increased vaccine coverage for the under five years old children, and for pregnant women who attend prenatal consultations.

#### **V. CHARITABLE & RELIEF RELATED ACTIVITIES BY THE CRDI.**

As a follow up to the Orphan's relief efforts in Kinshasa, the CRDI organization through Mrs. Utshudi revisited the "Children's First Orphanage" facility in the outskirts of the city of Kinshasa to provide additional \$100.00 worth of the local food items; This additional donation contributed to the previous \$1,000.00 that was provided to the same orphanage the year before, to support their ongoing effort to increase food security to feed 45 children.

The challenges encountered during the follow up visit include:

- The orphanage facility has not completely secured additional support to cover the cost for the education of children (girls and boys) at primary and secondary school levels;
- The orphanage facility has not completely secured coverage of children with sanitation and hygienic supplies for girls;
- With support from the CRDI, efforts are being made to identify a nearby health facility that can provide free medical care to the orphans;
- The orphanage facility needs to establish social linkages with the Ministry of Social Services and with the local churches in Kinshasa that could provide additional support the 45 children at this particular orphanage facility.



**Mrs. Utshudi is sitting with “The Children First Orphanage facility” in Kinshasa,**



**Additional food items purchased & donated to the “Children First Orphanage of Kinshasa,” in 07/2023**



**Mrs. A. Kuyenyi, Pharmacy Assistant dispensing medicines in Bolingo HC Pharmacy, 06/23**



**Dr. Hélène Ndjoka, during curative consultation at Bolingo Health Center, 06/23**

## VI. LESSONS LEARNED

The lessons learned from the CRDI-assisted program activities carried out during CY 2023 are summarized as follows:

1. Continued formative supervision of service providers is essential to increase the capacity of service providers to deliver quality services in the established Health Center;
2. Likewise, increased formative supervision of CHW under the community-based service delivery activities contributed to increased capacity of the CHW to detect cases of malaria, malnutrition in children, and TB, with the referral of those suspect cases to the Health Center for diagnosis and case management in compliance with the established protocols;
3. Increased partnership and collaboration with the local and international NGOs facilitated the mobilization of material resources (PPE equipment) to continue infection control at the Health Center;
4. Similarly, increased collaboration with the Health Zone managers contributed to the receipt of some grants from international partners of family planning supplies and the essential drugs that contributed to increased availability of FP materials to promote child spacing in the target communities

## VII. CONSTRAINTS ENCOUNTERED AND HOW THEY WERE ADDRESSED

**Tablet 5: Constraints and how it was addressed**

CONSTRAINT	HOW IT WAS ADDRESSED
1. Lack of essential medical supplies (medicines and contraceptives) and equipment to support the delivery of services at the second Health Center in Maluku Health Zone.	<ul style="list-style-type: none"> <li>• Existing medical supplies and equipment in the CRDI ware house were used to facilitate service deliveries at the newly identified Health Center in Maluku Health Zone.</li> <li>• Continued collaboration with the Maluku Health Zone officials facilitated the planning for the equipment and the ongoing functioning of the small Maluku Health Center.</li> <li>• IEC and BCC materials that are in excess at the CRDI-assisted Health Center were also donated to the second facility to support the promotional activities for hygiene and sanitation in the community.</li> </ul>
2. Grant applications were submitted to three Kinshasa-based donors, but no grants have been granted to CRDI to support the development activities.	<ul style="list-style-type: none"> <li>• Continued follow up with those Kinshasa-based donors remain essential because unsolicited proposals take time for review and the receipt of support by the donors; and</li> <li>• More follow up meetings with the Kinshasa-based donors are necessary to verify progress and to lobby for support.</li> </ul>
3. The continue increase in the utility cost at the established Health Center in the outskirts of Kinshasa during CY 2023.	<ul style="list-style-type: none"> <li>• The splitting of the utility bills with the owner of the property was one of the proposed option which has helped;</li> <li>• Discussions with the Electricity and Water systems Manager in Kinshasa about the need to remove the Health Center from the commercial entities category was initiated and completed to change our status from the for profit to a non-profit making entity category was helpful at reducing the cost of the utility at the Health</li> </ul>

CONSTRAINT	HOW IT WAS ADDRESSED
	Center; and <ul style="list-style-type: none"> <li>• CRDI-Kinshasa office in collaboration with the Health Center staff should continue to look for other alternatives to establish the Reference Health Center on the CRDI property to reduce the rental cost and the utility cost in Kinshasa.</li> </ul>

### VIII. ACTIVITIES PLANNED FOR CY 2024

**Table 6: Planned activities for CY 2024**

PLANNED ACTIVITIES	Action Agent (s)	Time frame & Observations
1. Continue consultation with donors and partners in Kinshasa and abroad to mobilize needed resources (financial and materials) to strengthen and expand the delivery of services in target Health Zones of Kinshasa.	Elie Lumbadu/Dr. Hélène Ndjoka & Armand Utshudi;	From 02/24 to 12/24  Using the available materials support from partners, CRDI and the local staff should continue verification of the status of the applications submitted to donors.
2. Continue partnership with BCZ to ensure the inclusion of BOLINGO Health Center in scheduled workshop activities in Kinshasa province.	Elie Lumbadu/Dr. Hélène Ndjoka/JTL,	<b>From 01/24 to 12/24</b>  Meetings should be requested and confirmed with key Health Zone Officials and with the community leaders to review partnership agreements and the responsibilities for each party in the agreement to ensure progress and the realization of planned activities for CY 2024.
3. Prepare and submit new grant requests to donors in the US and locally to mobilize needed financial and material resources	Armand Utshudi/ Emery/Dr. Hélène Ndjoka/ Emery Lukulowo Otepa	<b>From 02/24 to 12/24</b>  <b>In progress:</b> The search for financial support should be expanded to include the EU countries
4. Complete Tax Returns for the CRDI organization and submit the report to IRS and to the Secretary of the State in Maryland.	Armand Utshudi	<b>From 03/24 to 05/24</b> <b>In progress:</b> The processing of the tax returns for CY 2023 and the annual progress report are in progress and will be submitted in a timely fashion.
5. Develop and submit the final progress report to the Board members in the US and in DRC	Armand Utshudi, CEO, assisted by the field level staff	<b>From 03/24 to 05/24</b> <b>In progress:</b> Progress Report will be submitted to the Board members in March 2024, and Tax Returns will be submitted in February 2024