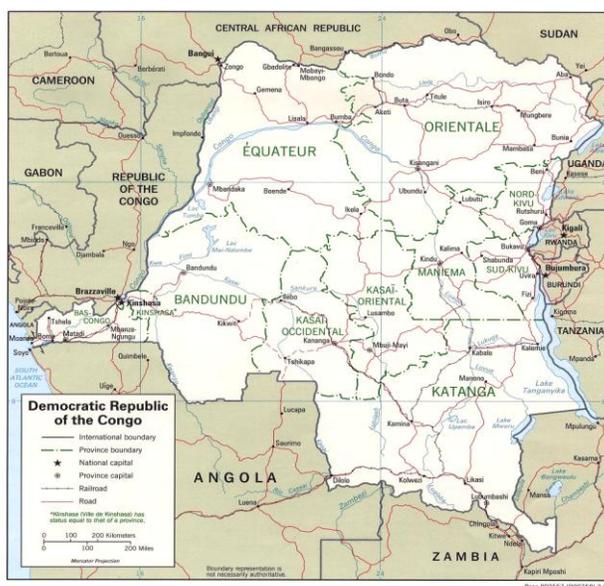


# The Congo Health Center Project

## ACTIVITY REPORT Calendar Year 2017



**Submitted to:**

**Board members of CRDI in  
USA & Dem. Rep. of Congo**

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## ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARI	Acute Respiratory Infection
BCZS	Bureau Central de la Zone de Santé
CD&T	Center for Screening & 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
MOH	Ministry of Health
NGO	Non-Governmental organization (also known as PVO)
NTD	Neglected Tropical Diseases
LLIN	Long-lasting Insecticide Nets
STI	Sexually transmitted infections

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## I. EXECUTIVE SUMMARY

### A. Background

#### CRDI Mission

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 and cost effective interventions that can be sustained by the communities.

Some interventions that have been supported and promoted by CRDI include the integrated provision of essential curative and preventive services at community and at the CRDI-assisted health facility. Some of the facility and community-based activities that are supported by CRDI and its partners include:

- a. Increase the knowledge and practice of hygiene in surrounding rural communities;
- b. Promote increased knowledge about nutrition and food security in households including promotion of increased consumption of locally grown nutritious foods;
- c. Support of Water, Sanitation and Hygiene (WASH) related activities to improve health conditions and prevent water borne infections; and
- d. Promote timely referral of serious cases of illnesses to the health centers and the General Reference Hospitals that are available in the Health Districts for appropriate care.

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

The Congo Health Center Project (CHCP) is the first country level activity that was initiated by CRDI in 2007 with material support from a partner NGO (CrossLink International, Inc.). This partnership continues with Brother's Brother Foundation that is based in Fairfax, Virginia.

The purpose the CHCP is to increase access of the target population to facility and community-based high impact primary health care activities and the related services that can reduce morbidity and mortality among infants, children, and mothers who live in the catchment areas of the health center. The first CRDI-assisted Health Center is located in Binza-Ozone Health Zone of Kinshasa. The health zone management team (HZM) provides quarterly technical supervision to the health center in accordance with the Ministry of Health rules and regulations.

### B. Demography & catchment area population

The Health Zone population is estimated at **399,565 people (Source: 2016 published statistics by Binza-Ozone HZ)**. In addition, the estimated catchment area population for

the CRDI-assisted Health Center (BOLINGO Health Center and Maternity) is estimated at **41,491**.

**Table 1: Beneficiary populations**

Infants aged 0 – 11 months (4%)	Children aged 12 – 59 months (16%)	Women of reproductive age (14 – 49 years) (22%)	Other adults & adolescents (58%)
1,660	7,012	8,713	24,065

**(a) Profile of the CRDI Health Center**



Health center staff, Kinshasa, DRC, photo taken in 2010.

**Table 2: Capacity building of service providers**

Category of staff that have received short-term training in specialized areas	# Trained in PHC/ Post Natal Consultation, Pre-School Consultation & FP	# Trained in C-IMCI (Case Management)	# Trained in Delivery of RH/Family Planning	# Trained in delivery of STI/HIV/AIDS related	# Trained in Diagnosis & Case Mgt. Of Malaria & TB	# Trained in Community-based delivery of services	# Trained in Supply Chain Management	# Trained in Assisted Delivery & Referrals
Health Center Doctor	1	1	1	1	1	0	0	1
Nurses (A-1 level)	2	2	1	2	2	1	1	1
Nurses (A-2 level)	2	2	1	1	1	1	1	1
Nurses (A-3 level)	2	1	2	1	1	1	1	1
Pharmacy Assistant	1	1	1	1	1	0	1	0
Lab Technician	1	1	0	1	1	1	1	0
Admin & auxiliary workers, 3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### C. Major facility-based activities carried out during CY 2017

Program activities carried out during CY 2017 that conform to the country's Primary Health Care system are summarized in Table 3 below. Monthly progress and statistical reports that relate to those activities are completed by the health center and sent to the Health Zone Office. In addition, quarterly technical supervision activities by the Health Zone Office are expected, and they are followed by a debriefing of the staff by those visiting officials. Based on the feedback that is received from the Health Zone officials, project staffs revise their program activities and continue integrated delivery of services as specified in treatment protocols.

**Table 3:** Illustrative table of Minimum Package of Activities (MPA) by the HC

MPA Curative Activities	MPA Preventive Activities
<ul style="list-style-type: none"> <li>- Growth monitoring for under-fives</li> <li>- Prenatal and postnatal counseling</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 and LLINs</li> <li>- HIV information</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/forwarding to CDTs</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>- Vegetable gardens, fish farming, livestock</li> </ul>	<ul style="list-style-type: none"> <li>- Community-based IMCI (c-IMCI)</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 water treatment</li> <li>- Disease/Vector control, e.g., LLINs &amp; tsetse control</li> <li>- Community based IEC</li> <li>- Distribution of FP commodities</li> <li>- S/GBV Community awareness and prevention</li> </ul>

### D. Progress towards the achievement of objectives

Achievements under each of the major interventions that were carried out are summarized as follows:

**Table 4: Summary table of major activities**

Major Interventions	Est. Annual Targets	Target achieved CY 2017	Percent Coverage
Curative consultations (Pediatric)	1,450	1015	70% *
Curative consultations (Adults)	1,300	850	65%
Prenatal consultations	350	300	86%
Postnatal consultations	280	264	94%
Preschool consultations (includes EPI)	1,652	1,490	90%
Assisted deliveries	320	215	67% **

*Reference: HC Health Information System, CY 2017*

**Observations:**

- *The observed low rates of adult and pediatric curative consultations and the low rates of assisted deliveries observed in the table are caused by multiple factors that include: (a) There are estimated 5 health centers including Health Posts in catchment area of Binza-Ozone Health Zone where clients can access health services; (b) There is also increased use of traditional medicines by the target population; and (c) the persistent high rates of poverty in the community and prolonged unemployment of heads of households impede access to available quality health services.*
- *Based on the above observations, efforts are being made by the facility staff to address some of the challenges. Steps that are being taken include: (a) Conduct more home visitations using nurses and CHWs to detect early signs of illnesses and referrals to HC for care; (b) Increased promotion of prenatal and post-natal consultations at the CRDI-assisted HC; and (c) Increased promotion of preschool consultation with growth monitoring related activities.*

**E. Factors that contributed to progress during the reporting period**

Those factors include:

1. Continued partnership with US-based NGOs (including Brother's Brother Foundation) to mobilize needed additional medical supplies and equipment to support the delivery and the expansion of services;
2. Partnership with other International NGOs that are active in DR Congo to mobilize contraceptives, laboratory reagents, and medicines to increase the integrated delivery of HIV/AIDS, Malaria, and reproductive health/family planning services;
3. Partnership with local community leaders, school officials, and church groups to encourage increased participation and use of available quality services at the CRDI-assisted Health Center; and
4. Sustain the delivery of capacity building and supervision of service providers (doctors, nurses, and paramedical workers) to ensure the delivery of quality services that can satisfy the need of the target population.



**Growth monitoring & vaccination session at the CRDI-assisted health center.**



**Hand washing recommended following Defecation & before handling food.**

## II. REVIEW OF HIGH LEVEL ISSUES

Service delivery during CY 2017 was progressive and most of the objectives were achieved but the facility staffs continue to encounter some challenges that are summarized below:

- (a) There is increased demand to continue the delivery of HIV/AIDS and PMTCT related services at the health center, but resources to support those activities are limited;
- (b) Most pregnant women who attend prenatal consultation do not always return to the facility to complete recommended schedule of prenatal consultations and to deliver their babies; and
- (c) Most health facilities (Clinics/Dispensaries) in Binza-Ozone Health Zone are for profit facilities and a few are fully integrated in health zone. This presents a problem with the recommended coverage of the target population with the MOH's recommended PHC services and the reporting of HIS to the health zone.

Fortunately, the CRDI-assisted health center is among the fully integrated facility in the health zone that provides monthly health information data that are used for the planning of health activities in the health zone. Some of the characteristics of the CRDI-assisted health center are summarized as follows:

- (a) The health center is fully integrated in the Health Zone and is compliant with the delivery of the minimum and complementary package of services;
- (b) The health center is well equipped with trained personnel, medical supplies and equipment to ensure the delivery of quality services (MPA);
- (c) Some of the recommended services that are offered by the facility include: Malaria, HIV/AIDS, and TB control and prevention; RH/Family Planning services and PMTCT.
- (d) Health for All Now (HFN) program strategy is sustained by the health center and contributes to the delivery of quality services.

Based on the above observations that relate to the capacity, efforts are being made in collaboration with partners to address most of the issues discussed above.

## III. ANALYSIS OF ACCOMPLISHMENTS DURING CY 2017

The following is a summary of accomplishments during CY 2017:

### A. Facility-based health & nutrition education sessions

- 44 health education sessions that included topics of hygiene, water and sanitation, and nutrition improvement took place during CY 2017;
- Under hygiene, efforts continue to promote hand washing following defecation and before handling food for the family;
- Under food security and nutrition improvement, CHW and nurses are encouraging home gardening of vegetables to diversify the diet with home grown nutritious food;
- CHWs and nurses are also promoting exclusive breastfeeding (0 – 6 months), supplement and complementary feeding especially during childhood illness.

### B. Prenatal consultations & assisted deliveries

- The health center staffs promote 4 prenatal consultations (or at least 3 consultations) before delivery;

- 300 pregnant women participated in prenatal consultation sessions out of the estimated target of 350;
  - In addition, only 215 assisted deliveries took place at the health center during CY 2017 out of the anticipated 320;
  - The observed reduction in the number of participants in PNC and Post-natal consultations is a concern that is being addressed through a combination of efforts that include: (a) creation of functioning lending and savings accounts for pregnant women to cover the cost of assisted delivery; and (b) creation of functional health insurance schemes that can prove better coverage of families that live in catchment areas of the health center.
- C. Other facility-based MCH activities that are offered include:
- Malaria prevention in pregnant women: IPT and promotion of the use of mosquito nets for use by pregnant women, mothers, and children in households;
  - Provision of micronutrients (Iron tablets and Vitamin A) for pregnant women and children less than 5 years of age;
  - Increased health education sessions with topics that include:
    - (a) Water and Sanitation
    - (b) Immunization
    - (c) Safe delivery (Maternity or Home)
    - (d) Basic curative care (ARI, Malaria, etc.)



**Newborn babies and their mothers sleep under mosquito treated nets at the HC**



*MCH Nurse performs screening for HBP in pregnant women  
PNC at the CRDI-assisted Health Center, 06/30/2010*

#### IV. PROBLEMS ADDRESSED DURING CY 2017

The following is a list of problems encountered and addressed during CY 2015:

- A. Low number of assisted deliveries at the CRDI-assisted Health Center**
  - (a) The Center’s technical staff (Director of the Health Center, Chief Nurse, and Supervisors) discussed the issue of low participation in assisted delivery and agreed on the revision of the facility’s fees non-complicated and complicated deliveries; and
  - (b) Efforts are also being made to encourage pregnant women to participate in savings and lending schemes to allow mothers to cover payment of assisted delivery (\$50.00 for normal delivery at the health center).
- B. Capacity building of service providers (continuing education program)**
  - (a) As part of the continuing education that is also recognized by the MOH, a formal request was sent to the health zone officials to ensure the inclusion of our staffs in planned workshop activities at district and national levels of the MOH; and
  - (b) A request was also submitted to the health zone management team (HZM) to ensure the receipt of grants in the form of medicines and medical supplies for the health center. These grants will help us with the delivery quality services at low cost.

#### V. PLANNED ACTIVITIES FOR CY 2018

**Table 5: Summary of major activities planned through December 31, 2018**

Activity	Responsible Agent (s)	Time frame Start/End
1. Continue proposal development in collaboration with local and international partners to mobilize additional financial	A.Utshudi/ HC staff	01/2018 – 12/2018

Activity	Responsible Agent (s)	Time frame Start/End
resources to expand service delivery.		
2. Open the dialog with the community leaders, school officials, and church leaders to encourage increased community participation in primary health care activities.	<b>A.Utshudi/</b> S. Nzenzi	01/2018 – 06/2018
3. Respond to USAID/FFP calls for proposal to participate in Food Distribution activities	<b>A.Utshudi/</b> S. Nzenzi/ E. Lukulowo	04/2018 – 06/2018
4. Solicit a grant from Segal Family Foundation to ship medical supplies and equipment container to Kinshasa, DR Congo	<b>A.Utshudi</b>	04/2018 - 08/2018
5. Continue mobilization of resources locally and internationally to ensure the procurement of essential drugs and medical supplies	<b>A.Utshudi/</b> E. Lukulowo	01/2018 – 12/2018
6. Maintain follow up contacts with National Health Programs Officials, and INGOs to ensure participation in future donor-funded projects in rural provinces.	<b>A.Utshudi/</b> S. Zenzy/ E. Lukulowo	01/2018 – 11/2018