
**DEMOCRATIC REPUBLIC OF THE CONGO**
**MINISTRY OF HEALTH & PREVENTION**
**Binza-Ozone Health Zone**

# ANNUAL PROGRESS REPORT BY

**CHRISTIAN RELIEF AND DEVELOPMENT, INC**

## Reporting period:

## January 1, 2025 – December 31, 2025

## The Congo Health Center Project assisted by Christian Relief and Development, Inc.

**Tax Exempt Corporation, 501 (c)(3)**

**Report Submitted to:**

**The Board of Directors members**
**In the USA & in Democratic Rep. of the Congo**
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**HEADQUARTERS & COUNTRY OFFICE CONTACTS AND EDITORS**

**Armand L. Utshudi, Pharm. & MPH**
**President, CEO**
**4220 Stockbridge Drive**
**Dumfries, VA 22025-1508**
**Phones: (703) 946-0625, USA**
**+243-81-495-6895**
**E-mail: autshudi@cradi.org**
**alutshudi@gmail.com**
**Website: www.cradi.org**

**And**

**Emery Lukulowo Otepa**
**Administrative & Finance Officer**
**Pangala Avenue No. 26**
**Commune de Ngaliema, Kinshasa**
**Democratic Republic of the Congo**
**+ 243-810-072-860**
**Luklukotepa@gmail.com**

## ACRONYMS

| | |
|---|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| ARI | Acute Respiratory Infection |
| BCZS | Bureau Central de la Zone de Santé |
| CD&T | Center for Diagnostic & Treatment of TB |
| 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 |
| 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 |

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## I. INTRODUCTION

Calendar year (CY) 2025 activities were eventful. CRDI and the country level partners carried out planned activities with success, but they encoutered some constraints with service delivery related activities that we addressed during during Calendar Year 2025. The major constraints encountered included: (1) completion of financial obligations with the Ministry of Justice to obtain final certificati9on documents including the import lisence; and (2) mobilization of needed financial obligations to expand the delivery of the community and facility-based services in Maluku 1 Health Zone.

Regardless of those challenges, CRDI in collaboration with its staff and the local partners made significant efforts to mobilize the communities and the volunteers to continue increased delivery of curative and preventive services at the established Reference Health Center in Binza Ozone Health Zone.

Some of the facility and community-based activities and the related services carried out during calendard 2025 included:

(a) **Pediatric consultations**: Under this program activity, volunteers detected and reffered suspect cases of malaria and pneumonia in children to the Health Center to ensure prompt evaluation, diagnosis, and case management of confirmed cases of illnees in accordance with the established protocols;
(b) **Preschool consultations**: During preschool consultations, efforts were made to search for new clients to be vaccinated, and the updating the vaccination status of all the catchment area children aged 0 – 5 years of age.

The preschool consultations process required organizing the monthly preschool consultation cessions that in clude health education and nutrition education cessions; growth monitoring process; and the vaccination processes were carried out in accordance with the established schedule and protocols. The types of vaccines that were administered to children included Measles, DPT, Polio, and TB.

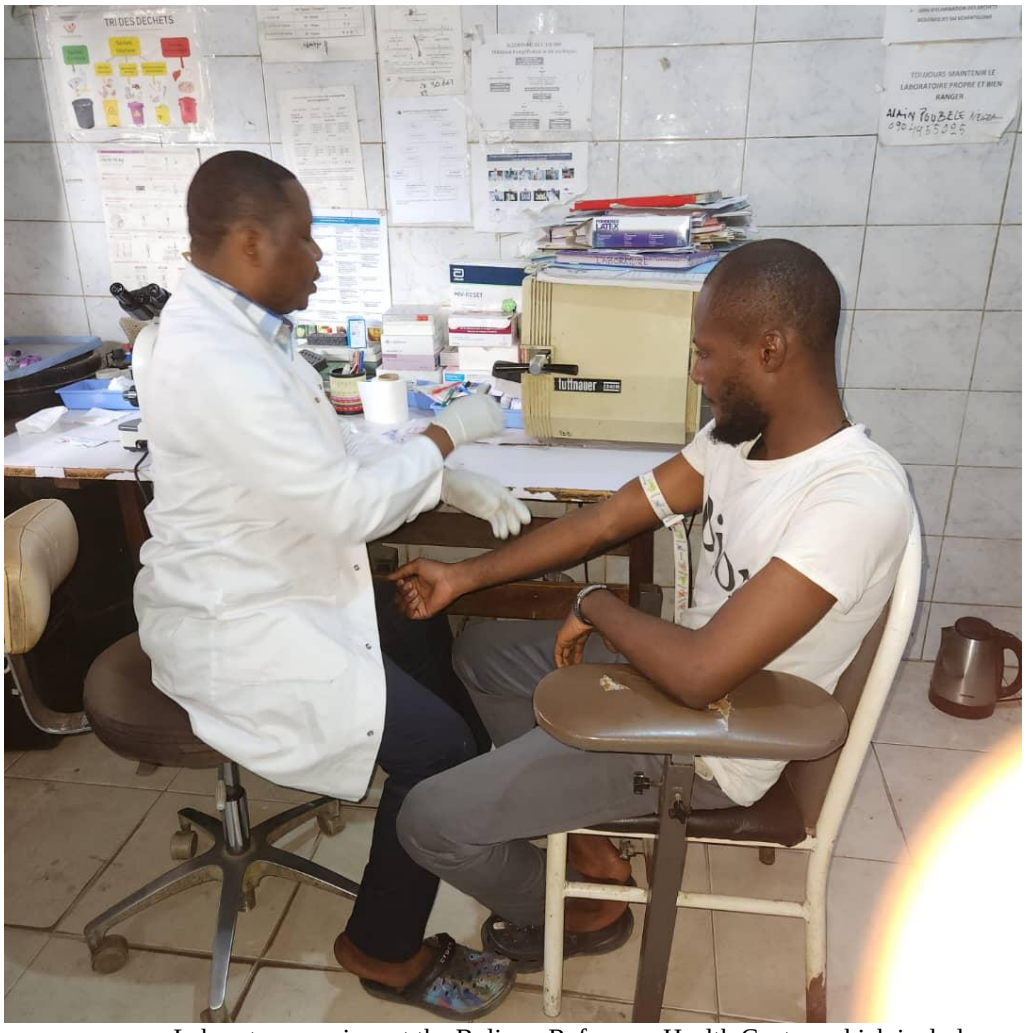
In order to reduce the missed opportunities for vaccinations, our nurses and health program managers also gave vaccines to children who missed the scheduled vaccination sessions, but who attended curative consultations services during the period.

Topics covered during health education and nutrition education cessions included the following topics:

- Promotion of vaccination as the most effective way to control the spread of childhood communicable diasease;
- Treatment of children with diarrheal diseases at home with ORS, and with Zinc to prevent complications that can be caused by dehydration due to diarrhea;
- Nutritional education for pregnant women and for lacteting mother;
- The use of the ITNs for the prevention of malaria;
- Exclussivge breast feeding of infants for 6 months following the assisted delivery;
- Compliance with the recommended weaning practices for children aged 5 years of age;
- Home gardening to increase food security in the household;

- Promotion of WASH (water, sanitation, and hygiene) for the community including the use of household and hygienic Pit Latrine;
- Hand washing practices following the use of the latrines and before handling food for the family members in the household.

(c) C**urative and preventive consultions for Adults**: This activitiy involved mostly the adult men and women, and the adolscents. In addition, the promotion of curative and preventive services to the adult population involved also the promotion of the Reproductive Health & Family Planning services, malaria prevention (the promotion and the use of Insecticides Treated Nets), and the use of the Intermittent Preventive Treatment (IPT) of malaria in pregnant women. Thye curativge and preventive consultations included the laboratory services to diagnose and treat communiucable diseases (malaria, TB, HIV, etc.) in accordance with the established protocols.




Laboratory services at the Bolingo Reference Health Center, which includes
The screening and confirmation of cases of malaria, TB, and HIV before the initiation ofm
Treatment in accordance with the established treatment protocols

## II. The CRDI Mission

Christian Relief and Development, Inc., (CRDI) is dedicated to improving the 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.

Primary Health Care Program interventions that have been supported and implemented by the CRDI-assisted Health Center include the provision of integrated curative and preventive services at the established Reference Health Center known as Bolingo Health Center and Maternity. This first CRDI project is located in Binza Ozone Health Zone of rural Kinshasa Province. The objectives of the facility and community-based activities that are carried out annually by our health facility and with support from the local partners include:

a. To increase the knowledge and practice of hygiene and sanitation in the communities and the surrounding households;
b. To promote exclusive breast feeding of infants through 6 months following delivery and to promote good weaning practices;
c. Promotion of good nutrition for children and children aged less than 5 years of age and the promotion of food security in the households, and promotion of increased consumption of locally grown nutritious foods;
d. Support for increased access to potable Water, Sanitation and Hygiene (WASH) in the community and the related households;
e. Support for increased detection and referral of complicated cases of illnesses to nearby health facilities (Health Center and Hospital) for care; and
f. Support for increased detection, diagnosis, and case management of common illnesses, especially malaria, pneumonia in children.

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

The Congo Health Center Project (CHCP) is our first country level program activity in the Democratic Republic of the Congo (DRC). Then project was initiated with a donation of medical supplies and equipment from a US-based partner (Cross-Link International) in Northern Virginia. This particular NGO was forced to merge with Brothers Brother Foundation which is located in Pittsburgh, PA.

Collaboration continues with BBF and there are plans to expand the delivery of services to a nearby Health Zone of Maluku with material support from BBF.

The purpose the Congo Health Center Project (CHCP) is to increase access of the target population to the facility and the community-based high impact primary health care

activities and the related services that can reduce the morbidity and the mortality among infants, children, and adults who live in the catchment areas of the health center.

The first CRDI-assisted Health Center is located in Binza-Ozone Health Zone of rural Kinshasa province. The health zone management team (BCZS) provides the required quarterly technical supervision to the health center in accordance with the established Ministry of Health policies and guidelines.

**Management committee for the Reference Health Center, Mbiza Ozone, June 2025**

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), June 2025.

With a staff of 17 people, which includes 12 full time technical and management staff (doctor, nurses, midwife, and the auxiliary staffs, Christian Relief and Development (CRDI) has been providing curative and preventive health services in Binza-Ozone Health Zone of Kinshasa for 15 years. The 15$^{th}$ year anniversary was celebrated in July 2021.

## IV. CATCHMENT AREA OF BOLINGO RHC

The estimated catchment area population for BOLINGO Reference Health Center is **30,663**. The direct and indirect beneficiary population is calculated as follows:

**Table 1**: B**eneficiary population**

| Infants aged 0 – 11 months (4%) | Children aged 12 – 59 months (16%) | Women of reproductive age (14 – 49 years) (22%) | Other adults & adolescents (58%) |
|---|---|---|---|

| | | | |
|---|---|---|---|
| **1227** | **4908** | **6746** | **16558** |

***Reference: Health Center MIS-2023***

N.B. Due to the prevailing high number of the Government and privately owned health facilities in the target Health Zone, it is understood that the estimated target population uses other health facilities that are closest to their households for care instead of the CRDI-assisted health facility.

## V. PROFILE OF THE REFERENCE HEALTH CENTER STAFF


**Picture taken following the celebration of the 15th Anniversary of the Ref. H. Center, in July 2021**

**Table 2**: **Health Center personnel**

| | Description | Number planned | Actual number |
|---|---|---|---|
| 1. | Chief Medical Officer/Supervisor (General Practitioner), part-time | 1 | 1 |
| 2. | Head Nurse (A-1), full time | 1 | 1 |
| 3. | OBGYN, part-time and on call | 1 | 1 |
| 4. | Surgeon, part-time and on call | 1 | 1 |
| 5. | Nurse Practitioner (A-1), Graduate level trained nurses, full time | 2 | 2 |
| 6. | Nurse (A-2), Diploma level nurse & Coordinator, full | 2 | 2 |

| | Description | Number planned | Actual number |
|---|---|---|---|
| | time | | |
| 7. | Nurse (A-3), Midwife and Auxiliary nurses, full time | 3 | 3 |
| 8. | Pharmacy Assistant, full time | 1 | 1 |
| 9. | Laboratory Technician, Graduate level Lab technician, full time | 1 | 1 |
| 10. | Assistant Laboratory Technician, part time | 1 | 1 |
| 11. | Administrator/Finance Director, part time | 1 | 1 |
| 12. | Cashier/Accountant, full time | 1 | 1 |
| 13. | Support staff, Security, etc. full time | 2 | 2 |
| | TOTAL: | 18 | 18 |

***BOLINGO HEALTH CENTER HMIS-2025***

**Table 3**: **Status of the capacity building of service providers at the Health Center**

| Category of staff that have received short-term training in specialized areas of service delivery | Retrained in Curative, Prenatal, Postnatal, & Preschool, Consultations | Trained in C-IMCI (Case Management ) of simple & severe Malaria | Retrained in Delivery of FP services | Trained in delivery of STI/HIV/AIDS related services | Trained in Diagnosis & Case Mgt. Of Malaria | Trained in prevention & VCT of HIV of clients | Trained in health & nutrition education & case management | Trained in the delivery of PMTCT | Trained in Assisted Delivery |
|---|---|---|---|---|---|---|---|---|---|
| Health Center Doctor (Supervisor) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Nurses (A-1 level) | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 2 |
| Nurses (A-2 level) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Nurses (A-3 level) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Pharmacy Assistant | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 0 |
| Lab Technician | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## VI. ILLUSTRATIVE LIST OF ACTIVITIES CARRIED OUT DURING CY 2025

**Table 4**:

## A. CURATIVE CONSULTATIONS

| DESCRIPTION | ANTICIPATED TARGET | TARGET ACHIEVED | % OF ACHIEVEMENT | OBSERVATIONS OR COMMENTS |
|---|---|---|---|---|
| 1. Curative Consultation for children older than 5 years of age | 750 | 610 | 81% | Other complicated cases were referred to better equipped facilities for care |
| 2. Curative consultations for adults men & women | 2800 | 2650 | 94% | Cases received were closer to the target because of the promotional activities by our staff |
| 3. Diagnosis & traitement of TB | 300 | 185 | 62% | A good number of confirmed cases of TB were treated by the HC. The others were referred or attended the other facilities in the region |
| 4. Diagnosis & treatment of HIV | 40 | 35 | 87% | Most of the confirmed cases of HIV were first referred to nearby Reference facility before continuing treatment at the HC. |

B. **PREVENTIVES CONSULTATIONS**

| DESCRIPTION | ANTICIPATED LEVEL | TARGET ACHIEVED | % ACHIEVED | COMMENTS |
|---|---|---|---|---|
| 5. Prenatal consultations | 150 | 60 | 40% | There was a decrease in the number of participants because of the proclaimed gratuity of the consultations and the deliveries |
| 2. Preschool Consultations | 200 | 130 | 65% | Mothers managed to bring children to preschool consultations because of increased level of promotional activities by the volunteers (CHW) |

## VII. ACHIEVEMENTS BY THE RHC DURING CY 2025

***Malaria case management and prevention in children and infants***
***Reference: HMIS by Health Center.***

### 1. MALARIA PREVENTION IN CHILDREN, INFANTS & MOTHERS

During CY 2025, service providers (nurses and the volunteers) continued to provide curative and preventive services for malaria within the catchment area of the Health Center, in accordance with the recommended protocols. The most cost effective means of prevention of malaria that was discussed with mothers was the use of the Insecticide Treated Nets (ITNs). ITNs were

distributed to all households with parents and children in catchment areas of the Reference Health Center.

## 2. PRESCHOOL CONSULTATIONS

This is one of the major promotional activities by the nurses and the volunteers. This health program activity included the following services:

- Growth monitoring through the weighing of babies;
- Nutrition education including the appropriated weaning;
- Vaccinations in accordance with plans and the schedule for each child/infant; vaccines include Polio, Measles, and DTP, etc.;
- IEC/BCC activities to increase access to potable water sanitation and hygiene in the household were also provided and more are still required.

## 3. PRENATAL, POST NATAL, & FAMILY PLANNING SERVICES

The Medical Officer and the Head Nurse usually schedule prenatal consultations once a month at the Reference Health Center.

- During PNC, pregnant women receive additional ITNs if they did not receive one previously,
- They also receive the instructions on how to use the ITN in the home,
- All the pregnant women receive Iron and Folic Acid Tablets;
- In addition to the ITNs, pregnant women are usually given a dose of the Intermittent Preventive Treatment (IPT) against Malaria as additional prevention against the malaria..
- Mothers and women of reproductive age are also informed about the need and the availability of Family Planning services at our facility.
- Clients can schedule for an appointment to receive FP services if needed by a woman of reproductive age.

## 4. HOME VISITATION BY NURSES & THE COMMUNITY HEALTH WORKERS

- The purpose is to check on the general status and wellbeing of families who live in catchment area of the Health Center;
- Sick children are identified and refereed to the Health Center for consultation and treatment;
- Community mobilization in community-based health activities which include WASH related activities were carried out, but the drilling of wells is still lagging due to cost related factors.
- CHW identified and referred cases of illness in children and adults to the health center for appropriate diagnoses and case management;
- CHW verified and continued to recommend exclusive breast feeding for infants less than 6 months of age; and
- CHW made the efforts to verify the vaccination status of children so that they could be referred to the health center for continued vaccination. This activity contributed to the reduction of missed opportunity for vaccination in children.

## VIII. CONSTRAINTS ENCOUTERED AND HOW THEY WERE ADDRESED

**Tablet 5: Constraints & the resolutions**

| CONSTRAINT | HOW THEY WERE ADDRESSED |
|---|---|
| 1. Lack of updated IEC & BCC training materials to support the community and facility-based health education sessions. | • This matter was discussed with the ECZ and we were referred to the Information/Communication Office for the resolution;<br>• Some revised IEC/BCC materials were provided but the quantities are still small to support the expansion of those IEC/BCC activities in catchment areas. |
| 2. Follow up with donors on the grant application submitted since January 2025 in Kinshasa | • Updates were provided to the Head Nurse and to the Chief of the Administration and Finance who contacted some of donors, but follow up efforts continue.<br>• This activity is ongoing and requires regular follow up with donors in DRC and in the United States of America. |
| 3. Stock out of most of the Family Planning supplies and surgical kits for minor surgeries | • Our Health Center's needs for RH/FP supplies were developed and submit to the MOH/PNSR Manager, but no resupplies have been received yet.<br>• A new request was submitted to the new UNFPA Representative, but reply has not been received also. |

## IX. MAJOR ACTIVITIES PLANNED FOR CY 2026

**Table 6: Planned activities under Bolingo reference health center, CY 2025 & CY 2026**

| PLANNED ACTIVITY | ACTION AGENTs | TIME FRAME & STATUS |
|---|---|---|
| 1. Continue Business Development activities that can generate funds and grants in collaboration with donors and country level partners | President & CEO (Armand Utshudi),<br>Health Center Medical Officer and the Head Nurse | In progress<br>From 02/26 to 12/2026, |
| 2. Provide CY 2025 financial report to the CEO so that the annual report and Tax Returns can be prepared for the CRDI | Chief of Administration & Finance (Emery Lukulowo) | Completed, Finance report was received on January 20, 2026 |
| 3. Prepare and submit Tax Returns to IRS and to the State of Maryland as required by Law. | President & CEO (Armand Utshudi) | In progress. The anticipated completion and submission of those Tax related documents is before May 2026 |

| PLANNED ACTIVITY | ACTION AGENTs | TIME FRAME & STATUS |
|---|---|---|
| 4. Prepare and submit progress report to the Board members in DRC and in the USA | President & CEO (Armand Utshudi) | In progress, On/about 03/26 |
| 5. Continue verification for partnership with World Vision, DRC Office | Jean Taluhamba will meet soon with World Vision DRC office and will provide the updates before the end of February 2026 | In progress From 02/26 to 05/26 |

## X. REFERENCES


1. Binza Ozone Health Zone Annual Work Plan (PAO) , 2024
2. The country's National Plan for the Development of the Health Sector, 2022
3. DHIS-2 for the DRC Ministry of Health and Prevention 2024