



Susila Dharma  
International Association

Report on the SDIA/SD Canada visit to

# The Democratic Republic of Congo

January 18 to February 1, 2011

Prepared by Virginia Thomas, SDIA  
and Samuel Chapleau, SDIA and SD Canada

A PUBLICATION OF  
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# Report on the SDIA/SD Canada visit to the Democratic Republic of Congo

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*This report of the SDIA-SD Canada visit to the DRC from January 18 to February 1, 2011. While we were originally hopeful that representatives of SD Britain and SD France would join this visit, unfortunately, neither were able to travel with us. Virginia Thomas, SDIA Executive Director and Samuel Chapleau, SDIA Financial Officer and SD Canada representative to the DRC travelled for 2 weeks in the DRC to monitor and document the progress and challenges faced by SD projects there.*

## JOURNEY ON A STEEP AND WINDING PATH

It is inspiring to see that good and great things can take root and grow, even in the most difficult places. The DRC is a difficult place, to be sure, but the ground is fertile. For now it remains one of the poorest countries in the world, and according to UNDP's Human Development Report for 2010: "...is one of just three countries in the world that have gone backwards in Human Development Index terms since 1970—the consequence of a long history of corrupt governance, diseases, and – most of all – two decades of brutal civil war. Average incomes plunged by two-thirds in the country over the past 40 years. And – in contrast to world trends – historically low life expectancy and school enrolments rose only slightly."

It is hard to explain to those who have not been what this means. In the words of a USAID officer who we met in Kinshasa, "...It is a challenge to explain to my colleagues back home why it takes so long to get things done here. How do you explain that there is rarely electricity, the roads that exist are impassible when it rains. We want to have more varied partnerships in the DRC, but organisations here are weak and cultivating them takes a lot of time..."

When one visits the DRC, one understands that development is not a linear process—conflict, poverty, corruption, disease are all factors that can take us backwards.

But thankfully in the DRC, there are ordinary people who work in spite of the challenges to make good things happen. Here we share with you our journey to the SD projects in the DRC, the people who make them work for others, and the work we understood with SD DRC Chairman Dianteza Dimpiokia to a good legal and organisational support to members activities. We focus here on activities undertaken, projects visited, and action plans that have been agreed to with members in the DRC.



These kids are standing in front of new toilets at Inkisi built with support from the Blond Trust and SD France

## 1. Background on SD the Democratic Republic of Congo

SD DRC was created as not-for-profit association and development NGO in 1999. SD DRC, which is duly registered with the government, has over the years provided a legal organisation under which a number of Subud members have initiated their projects. This was the case of Lemba Imbu School, Yenge Clinic, Nandora Clinic and Kimpemba Medical School and its teaching clinic, Elegance. All are registered with the government and have permits to operate as SD DRC activities, rather than being legal structures in their own right. SD DRC also has as members a number of not-for-profit organisations- ALBADI School and Orphanage, CEDERI-Madimba, Centre de Development Comunautaire Integre (CDCI), with its Inkisi School project and Nkembo School in Moanda. After many years of confusion, SD DRC and SDIA now have undertaken the job of verifying that all SD DRC projects are operating as duly constituted not-for-profit organisations in accordance with laws of the country.

## 2. Capacity Building within SD DRC: January 29th Seminar on Legal Requirements for and management of not-for-profit organisations in the DRC



Fernand and Dianteza prepare for the Seminar on NFP Organisations.

Thanks to the support of the Blond Trust-funded SDIA Capacity Building Programme, we were able to support a workshop organised by SD DRC for its members. SD DRC Chairman had requested Fernand Kitapindu Migeni, not-for-profit lawyer and development economist, to come and provide a workshop to SD DRC/SDIA members on the legal definition, structure and management of not-for-profits under the laws of the DRC. Fernand explained many practical points that needed to be re-enforced: “If you give a laptop computer to a not-for-profit association, that computer becomes the property of the association. If you decide to discontinue your membership in the association later on, you cannot expect to take back your laptop. It is not your property anymore.” Fernand explained about the requirements of

the NFP Statutes, the various organs of decision-making, execution and control that are required under the law, and the requirements of not-for-profit Boards among other things. The seminar was intended to address the reality that many people in the DRC do not appreciate the legal requirements and differences between a for-profit and not-for-profit organisational model. Members were able to ask questions, and lively discussion took place about the structure and status of SD DRC itself.

It was agreed that prior to the next SD DRC AGM in August 2011, a proposal would be presented to the membership regarding revisions to the statutes of SD DRC, to clarify the nature of the membership,



to ensure an appropriate membership fee to support the functioning of the organisation. It was also agreed that SD DRC will clarify its internal relationship to the projects which are considered activities of SD DRC itself, using its statutes, so that SD DRC may have oversight of activities that operate under its statutes.

On behalf of SDIA, Virginia also explained that quite apart from being members of SD DRC, membership in SDIA also has its requirements. All SD nationals and projects are required

to provide an annual report outlining activities, all income and expenses. SDIA's membership criteria and requirements for grant applications were also reviewed. Members were very enthusiastic about the workshop, feeling that it helped to clarify many important points and to put SD DRC and members projects on a better track.

### 3. SD DRC Projects

*Yenge Medical Centre, Nandora, Lemba Imbu School and Community Health Center, Kimpemba Nursing School and Health Centre.*

#### 3.1 SD/YENGE Health Centre—growing from strength to strength

Thanks to the tireless efforts of Yenge Clinic director, Zola Ferdinand and his team, Yenge Medical Centre is functioning since October 2010 as part of the World Bank-funded PARSS project to strengthen accessibility and quality of primary health care in the DRC. Thanks to the community co-management model used by Yenge, this project has become a 'Reference' Health Centre within its' health zone, meaning that Zola and his team have been given the responsibility for training and providing technical support to the five other health centres in the local health zone covering 20,000 inhabitants.

Yenge currently sees about 1663 patients at the centre each month, as well as numerous women and children who come for pre-natal (including HIV screening), post natal and pre-school health programme (0-5 years). Maternal HIV screening is part of a programme of prevention of the transmission of HIV/AIDS from mother to child, to address that the risks of the baby contracting HIV from its mother, and providing for care of the mother, who may not be aware of having the virus.

The center offers all key primary health services: HIV, Tuberculosis and Leprosy testing, family planning, curative services, laboratory, maternity, pre- and postnatal/early childhood care and vaccinations. According to Zola, malaria is still the biggest threat to the under 5 population, but other diseases like leprosy and tuberculosis are both making come backs, as diseases of poverty, spread by living in close quarters with poor ventilation: "In the case of leprosy, one problem has been that medical staff are no longer used to seeing and diagnosing it, so without training and sensitisation of medical staff, the disease often goes undiagnosed for a long time".

According to Zola, the PARSS project is having an effect on improving access to quality care. Centres like Yenge that are part of the project benefit from contributions of medication, equipment and most importantly, help covering the cost of staff. With better payment, staff are motivated and better health



Healthy mums & healthy babies. HIV screening, pre-natal and postnatal care at SD DRC's Yenge Clinic



Zola and his medical team with the SD DRC Chairman in front of the newly constructed wall around the building—thanks to the Blond Trust and SD for support



Nandora Clinic feels neglected. It needs a lift.

professionals can be hired. With these inputs Yenge also accepts to fix its rates at very affordable prices to ensure that even the poor can afford services.

In order to favour accessibility, Yenge Medical is also putting in place a Health Mutual Association with the help of fellow SD member Innocent Mbala Nossa, who manages one of the largest health mutuals in the country, the Mutuelle de santé Kisantu. Innocent has been training Zola, his team and community members in the management of the health mutual, promotes savings that are set aside for a package of health services. Today they only have 20 households saving, but they plan to do a big

promotion campaign in the neighbourhood to get hundreds of households to sign up.

Despite the successful management of the project, its physical infrastructure is still below the norms set by the government. The maternity ward is small and cramped, and a health centre of the importance of Yenge in the community requires one of at least 12 beds to be up to standard.

### **Action Plan with Yenge:**

1. Yenge and SD DRC will work on an agreement concerning SD DRC oversight function, while ensuring that Yenge's management will be able to function with autonomy and professional responsibility. Yenge and SD DRC need to work out a system for the management of payroll taxes through SD DRC. Yenge will provide SD DRC and SDIA with the same annual report that it provides to the health ministry.
2. In order to promote the Health Mutual, Yenge is asking for help to print t-shirts for volunteers and a banner to be part of a community members campaign. Estimated cost about \$600
3. Yenge also needs to expand its physical space, to include a maternity ward and birthing room. SDIA and SD DRC are currently trying to raise \$18,000 to cover the new construction on the property with Canadian Embassy, US Embassy and other donors.
4. Yenge also needs proper toilets including showers whose cost would be around \$7,000

## **3.2 Polyclinic Nandora Vunguta**

Polyclinic Nandora Vunguta is housed in a lovely building owned by SD DRC, and managed by Oscar Diakabana. Unfortunately, we found the maternity room dirty, with shabby mattresses and a feeling of lack of care for the patients.

Nandora shows the other side of the PARSS strategy of support to the health sector. Those health centres that have not been accepted into the project are finding it difficult to compete with those that have: they have to compete with the lower prices offered by the PARSS-funded centres, but without the supports in terms of staff salaries, medicines and equipment. For the patient, this shows that the PARSS strategy is helping to bring down the cost of healthcare, but health providers are concerned that this situation will only last as long as there are significant inputs being paid for by donor governments. Unless the government of the DRC is able to come up with these supports after the project funding is over, health care prices will likely start to rise again.

For the time being, with the lower prices, Nandora is still doing a brisk business with 610 women giving birth in the centre in 2010. Diakabana said the health centre needed help to purchase new mattresses.

### **Action Plan with Nandora Vunguta Health Centre:**

It was agreed that:

1. Diakabana and his team would commit to cleaning, painting and bringing repairs to the building with an eye to making the health centre a comfortable and clean place for women to give birth and patients to receive care. The Centre would buy some clean new bedcovers to improve the atmosphere. Nandora will provide a full annual report to SD DRC and SDIA, and enter into an agreement with SD DRC concerning ongoing management issues.
2. SDIA would commit to trying to find the funding for 12 new mattresses, fluid resistant covers for a total value of about \$700 USD.
3. SD needs to know what is the legal connection between Diakabana's original clinic and the SD Nandora Clinic.

### **3.3 Lemba Imbu School: Meet the "Old Wolf"**

We visited the Complexe Scolaire Lemba Imbu, that educates some 400 children a year. The school is run by Charlotte Ndonga Muini and her husband Santu. But due to illness, and the illness of family members, Charlotte has been away from the school since October. In her absence, the school is run by the teachers themselves. The team took the opportunity of our visit to salute the senior and committed teachers who have served generation after generation of children in this isolated community. The "vieux loup", "old wolf", Mupaka Anisit has been working for the school for 17 years, and the headmaster of the school for 16 years. He is known as a local hero to all the children who have grown up in the community. We met Makiese Noel, who has been teaching at the school for 15 years, and Andre Lasango, animator at the school for 10 years. The dedication of these teachers, who work for salaries of about \$25 per month, confirms that there are people who are ready to make many sacrifices to serve their communities.

Despite the frustration of the Lemba Imbu team with the low salaries paid to the teachers, when asked to provide an overview of the budget and financial reports for 2009-2010, it was difficult to get a sense of the real income and costs of the school. While we were told that only 30 of 306 students had paid the full school fees for the year, the school year was not half over, so there needed to be a clearer accounting for where the families stand in their payments. We explained that without a clearer sense of what were the total revenues and expenses of the school, the SD Network would not be in a position to help. Furthermore, Charlotte and Santu are holding \$6500 that had been set aside for the renovation of the Community Health Centre project in Lemba Imbu.



The dedication of teachers at Lemba Imbu School is impressive.

### Action Plan with Lemba Imbu:

1. Charlotte and Santu will provide annual reports with full financial information for 2009-2010. There will also need to be an accounting for the \$6500 that was transferred for the Community Health Centre project while Charlotte was SD DRC Chairperson. Only after these accounts have been given and reviewed by SD DRC, that SDI would recommend resuming any further support. This should normally include revenues from crops grown on lands that were originally purchased with SD funds to help support the school.
2. In the future, it is recommended that support to Lemba Imbu school be distributed by SD DRC in the form of bursaries to children attending Lemba Imbu school identified as being too poor and unable to pay school fees.
3. SD Network should encourage education projects to endeavour to operate in the most sustainable manner possible. This may include having a sliding scale of fees, based on the ability of families to pay, and also SD DRC efforts to seek government accreditation for its schools and some form of public contribution towards the education of poor children.

### 3.4 Community Health Centre Project for Lemba Imbu



SDIA and MDA sign MOU for first joint Community Health Centre Initiative.

On a brighter note, SDIA and SD DRC were happy and impressed to meet with NGO partner Medecins d’Afrique (MDA—African Doctors) to sign the long awaited MoU between us. The MoU outlines the terms of an agreement whereby MDA will act as a consultant and resource to SD DRC, the community of Lemba Imbu, and SDIA to set up a community health centre to be co-managed by the community and SD DRC, in a building originally donated by the Blond Trust for this purpose.

It was a delight to find that the MDA team is warm, welcoming and highly professional. In the words of Dr. Theophile Bansimba: “As Africans, we need to show ourselves and the world how to do things in the right way—how to establish sustainable, accessible healthcare that is well managed, with accountability to the community it serves”. Indeed, we are counting on MDA to teach us many things—about a way to structure a health care centre that is managed by and with transparency and accountability to the community.

SDIA has raised \$40,000 (from SD Canada, SD Britain, SD NL, SD France and MSF) to cover the costs of training, community mobilisation, medicines, staff and equipment for the Community Health Centre that will be set up in accordance with the norms and standards of MDA, in line with the requirements of the Ministry of Health. SDIA and SD Canada raised another \$40,000 to cover the first phase of construction on the health centre from the Buchan Family Foundation in Toronto. The original plan was to complete only Phase 1 of the construction and to have the community gradually save the funds to build the Phase 2 including the maternity ward. But given the urgency of the maternal health situation in the DRC, it was agreed with MDA that it would be better to go ahead and try to complete both Phases 1 and 2 now, to ensure the highest quality healthcare to the surrounding community and to save costs on purchase and transport of building materials. Therefore, SDIA is currently looking for an additional \$26,000 to complete the work of the Phase 2.

### Action Plan with MDA:

1. After having signed the MOU, SDIA transferred the first tranche of \$25,000 to MDA to begin the community mobilisation work in Lemba Imbu. During our meeting we finalised the contract of the builder who was selected based on quality and price. The construction work will begin later in February. The launch date for the new health centre is planned for May 2011.
2. SDIA and SD DRC will continue to try to raise the \$26,000 outstanding in order to complete the maternity and meeting space that are foreseen for Phase 2.
3. SD DRC and MDA, in addition to keeping coordinated and the work on track with each phase moving forward hand in hand, will need to plan an official launching ceremony. It is hoped that Canadian Embassy, Governor and a range of health officials will be on hand to officially launch the first MDA-SDDRC Community Health Centre. The first of many we hope!
4. Our discussions with MDA showed SDI the need for a Manual of Procedures that would bring standard solutions to usual questions asked by project leaders.



Having fun together! A match made in heaven!

### 3.5 Kimpemba Medical School and Elegance Health Centre

While in Inkisi, Dianteza, Samuel, Virginia and the national helpers met with Emmanuel Luyeye, Director of Kimpemba Medical School and the Elegance Health Centre. In 2008, due to its pitiful state, SDIA had helped to raise funds to refurbish the health centre, which was thought to be a project of SD DRC. Unfortunately, we discovered too late that the land that the health centre was built is privately owned and SD DRC and SDIA have been engaged with Emmanuel to try to find a solution to this situation. All this time, the unfinished structure has remained.



Construction at the Elegance Health Center.

### Action Plan:

We now consider that the Blond Trust funds identified to finish the project should be transferred to another initiative if a solution to this problem cannot be found within a month.

### 4. CEDERI-Madimba

We had the privilege of visiting with SDIA's most recent member, CEDERI Madimba which serves 40 villages in the Madimba Territory since the early 1990s. Thanks to a grant from the Buchan Family Foundation, CEDERI-Madimba has been able to renovate a building for a new maternity ward, and make a number of important changes to the larger health centre building, to rebuild the foundation, change the ceilings and refinish and paint the walls.



Mothers from 40 villages bring babies to be examined and vaccinated at CEDERI-Madimba.



Before, in the maternity, mothers had no privacy. Soon, there will be more space.



Work has begun to replace the crumbling foundations with a fresh concrete slab.



The new maternity will offer mothers peace and privacy than was the case before.

At the time of our visit, the work was well underway, and the improvements were evident even with having received only the 1st tranche of the funds. In the maternity, the roof had been repaired, and small cubicles were being constructed to offer new mothers more quiet and privacy in the maternity space.

#### **Action plan for CEDERI Madimba Health Centre:**

1. The refurbishment work will continue until the project is finished and is going well.
2. The Clinic needs one or two glucometers that cost about \$100 each. SDIA/SD DRC will look for these.

#### **4.1 CEDERI Madimba—other sources of income**

In order to fight against deforestation, Cederi Madimba has started a tree nursery of acacia. The plants are available free to the villagers who come to pick them up.

Also in order to increase the income and the food potential of the community, Cederi Madimba would like to start a pig-raising school project to help the community struggle against poverty. This project has several aspects: capacity building, struggle against poverty, food sufficiency, use of manure.

#### **Action Plan with CEDERI Madimba organic farming:**

SDIA will provide documentation about organic energy production from liquid manure is needed and circulate the new proposal for a pig-raising school for local farmers.

#### **5. Inkisi School of CDCI**

We visited the Susila Dharma School of Inkisi where, thanks to donations from the Blond Trust, SD France and other donors, we were able to raise the funds to construct toilets that the school has not had since it opened in the early 1990s. The new toilets have provided such a positive feeling among the parents and children at the school, that the parents committee came together after many years to help build a wall to enclose the property and give greater protection and security to the children's play area.

We also discussed with the school's management that it was up to them to find a policy that would encourage parents to pay

the school fees and feel proud of the School. SD can provide small supports to improve quality, but the basic operating costs should be born by the community itself.

### **Action Plan for Inkisi:**

1. Inkisi school will provide their statutes and title to the land to SD DRC and SDIA, along with an annual report and complete the financial report with the Balance sheet.
2. SDIA will look for about \$600 to help pay the connection fees for water and bring taps and a small water fountain for the children to drink from.
3. Inkisi school would like to purchase the land next door and build another structure for a secondary school and adult education centre. Before considering this, we need to understand what the demand for education is in the area, and have the statutes of CDCI validated. After a proper feasibility study, costing some \$3000, this might a good, longer term project for CDCI.



## **5.1 Mambote Susila Dharma School**

Innocent Mbala Nossa showed us pictures of a new school that CDCI started at Mambote. It has 65 students. The school got a subsidy from the Belgian International Aid to buy books.

## **6. ALBADI School and Orphanage**

In Inkisi we also visited Albadi School and Orphanage, where in addition to some 150 children who attend school, there are 10 orphaned, abandoned or former street children, all boys, who live on site. Another 40 children are sponsored to come to school who are living in foster care situations. Unfortunately, we found that despite the fact that SD France had sent 1000 euro after a fire destroyed the room where the children slept to purchase mattresses, these had not yet been bought and the children were sleeping in cramped quarters, 10 children on 2 mattresses and one at least on the floor. These are now being purchased.

We agreed also with Albert and Rose who run the project that the school building should be cleaned and improved, as well as the toilets.

Thanks to a generous donation by the Buchan family foundation, SDIA now has the funds to proceed with construction of child protection residence for orphans, abandoned and street children, which UNICEF and the local government confirm as an urgent need, but provided that a joint-initiative is taken that includes support for staff from the local government and capacity building provided by UNICEF.



### **Action Plan with Albadi School and Orphanage:**

1. Albadi will send its valid statutes and title to the land to SD DRC and SDIA to be validated. Albadi will provide SD DRC & SDI a complete and consolidated Financial Report of all their activities: school, orphanage, agriculture, medicinal plants and other activities as sewing, cutting planks and pan making.
2. With the funds sent by SD France, they will be purchasing a mattress for each child and separate the younger ones from the older boys.
3. Albert and Rose asked Dianteza and Virginia to visit with the Governor's office in Matadi to get some support for the school and orphanage. We did meet with UNICEF and the Governor's office, which were both receptive to developing a three way partnership, with SDIA/SD Canada/SD DRC covering the cost of a new building, Unicef providing capacity building and ensuring that proper standards are met, and the Governorship providing some practical inputs—food and clothing, as well a staff position of a social worker to provide professional support to the centre.
4. Albert and Rose will hire a local social worker with experience of child and youth protection to help develop the proposal to UNICEF and the Governor's office and help develop a internal procedure/protocol and action plan regarding each case that is referred to the centre for care.
5. Albadi school will review its fee structure to ensure that the teachers are paid on a regular basis and the buildings can be properly maintained.
6. SDIA will seek funds for sports and recreational equipment and a part time children's sports animator to add a special dimension to the school, making it a place the children want to come.

### **7. MEC/Nsalasani**

The Nsalasani Savings and Loan Cooperative (MEC) now has about 1200 members. Mr. José Robert Makiona has been hired by Albert to look at the MEC present situation and to give a full picture of the enterprise. Mr. Makiona received training with Caisse Desjardins of Canada in microcredit and savings and has been working for eighteen years in this field. His recommendations are simple and practical:

- Never let any money with the cashiers
- Each branch should balance their book every week
- Cashiers and branch manager should get a good quality training
- Employees need to have a salary. Keep the number of employees to a minimum: one branch manager and one or two field cashier per branch, or less depending of the number of members.
- Increase MEC capital to give loans.
- The purchase of a safe is needed (about \$3,000)
- To ensure the MEC keeping its renting space in Inkisi, Mr Makiona is recommending the purchase of half a lot of land whose cost would be around \$200.

Mr Makiona feels that, with its 1,220 members, MEC is sustainable, but there has to be a good follow up of the MEC daily activities and a Monthly Consolidated Financial Report.

Mr Makiona has submitted its financial report that shows that MEC is able to start reimbursing the loan given by MSF in spite of frauds by two previous managers. But to prevent MEC from being short of cash, it would be better if MEC would make monthly payments instead of a full year payment (see Consolidated Financial Report).

It's been recommended to Albert that Mr. Makiona keeps doing the monthly consolidated financial report.

Visit to Mawunzi MEC Branch: This branch is at about forty kilometres from Inkisi, it has only one manager, Mr. Mbemba. The branch is opened two days a week, days during which there is a market. It is hoped that the branch could share their rent with another business like a pharmacy. Mr. Mbemba showed the book on which all the transactions are posted and the book of the registration of the members that shows their deposits and withdraws. This branch is associated with a village Cooperative "The Platform", which is doing fish farming, growing rice and doing beekeeping. There are only twenty members with that branch, but the manager hopes to bring it to a few hundreds. If this becomes true, it'll be possible to help the three projects the branch is associated with to invest in equipment.

### Other branches of MEC

**Kimpemba:** one manager and one field cashier. It's opened the Sundays and Thursdays. The office is also used as a latihan place.

**Lemfu:** one manager and one cashier. It's opened the Fridays and Saturdays.

**Inkisi:** one manager and one cashier. It's opened every day except the Sundays.

*(MEC Financial information is on the next page.)*

## Action Plan for the MEC:

SDIA will work with SESI to try to raise \$3000 needed to purchase the safe.

## MEC's Financial report

Mutual of Saving & Credit

MEC/Nsalasani

Consolidated Monthly Report as of December 31, 2010

*1 US\$ = 910 FC*

ASSETS		LIABILITIES	
Cash on Hand	3,889.56	Short Term Savings	8,411.92
Bank Account	4,558.46	Longer Term Savings	2,510.99
Loan (from savings)	12,769.23	Saving Books	2,336.26
Loan (from cards)	1,978.02	MSF Loan	4,000.01
		Working Capital	821.42
Sub-Total	23,195.27	Membership share	3,485.71
Expenses	6,299.62	Sub-Total	21,566.32
<b>TOTAL</b>	<b>29,494.89</b>	<b>TOTAL</b>	<b>29,494.89</b>

Detail of the Expenses		Detail of the Revenue	
General Management	1,143.96	Interest on Loans	6,417.36
Bank Fees	207.69	Interest on Card	195.60
Commissions	1,048.35	Interest on Short Term Loan	837.30
Rents	890.11	Interest on Longer Term Loan	107.69
Taxes	989.01	Fees on "Tontine"	370.62
Communication	401.10	<b>TOTAL</b>	<b>7,928.57</b>
Equipment	972.69		
Transportation	646.71		
<b>TOTAL</b>	<b>6,299.62</b>		

Number of Loans 50

Number of Members 1,220

*Inkisi, January 7, 2011*

*Makiona José-Robert, Inspector*

## 8. NKEMBO School

Unfortunately, it was not possible to visit Nkembo school during our trip, due to the bad quality of the roads. Nonetheless, we were able to confirm that with the \$2000 sent last year, thanks to the Blond Trust, some 50 new desks were built for the school.

## 9. Linking with others: Visit to UNICEF DRC, Governor's office, USAID and Canadian Embassy

Samuel, Virginia and Dianteza also had a number of meetings to make contact with UNICEF, the Governorship of Lower Congo Province, the Canadian Embassy and USAID in Kinshasa. All these meetings proved very successful, and we have a number of new options to pursue to help SD projects become more sustainable within their own environments. Regarding Albadi, SDIA met with UNICEF and the Governorship to discuss a longterm partnership for protecting street and abandoned children and youth, whereby UNICEF would provide technical guidance and capacity building, the Governorship would provide a trained social worker to Albadi, and SDIA with support of the Buchan Family would build the child care facility.

## 10. Training Center for the Young (Centre de Formation Technique d'Apprentissage pour la Promotion des Jeunes)

This Training Center is registered as a Not for profit Organisation and has been managed by Sylvain Kidimbu since 1977. It offers two different trainings to young people: electric rewinding and carpentry. According to S. Kidimbu's figures, this training center makes good profits.

## 11. Macharita

Macharita is a NGO whose goal is to give legal aid. Charles Mpangala is the founder and the legal expert of the organization, but since he has health problems the organization has been put on hold. Albert said he would like to help Charles Mpangala start this service again.

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