

# **SUSILA DHARMA DR CONGO 2009 ANNUAL REPORT**

**Country:** Democratic Republic of Congo

**Contact Person:** DIANTEZA DIMPIOKIA  
 Phone: +243 998161497  
 E-mail: [sd-rdcongo@susiladharma.org](mailto:sd-rdcongo@susiladharma.org)

**Headquarters:** Avenue Yahuma N°20, Commune of Kasa-Vubu,  
 KINSHASA, the DRC

## **Administrative and legal information**

SD DR Congo is registered as a Non-Profit Association (ASBL) and endowed with Legal Personality under n° 970/2005 to the Ministry of Justice and Guardian of the Seals. It is registered to the Ministry of Plan under n° 036/MIN.PL&CO/DCRE/MM /2000. SD DRC is acknowledged as a partner of the Ministry of Health within the framework of the Bamako initiative that is giving acknowledgement to the part played by non-State actors in health sector. The partnership with the Ministry of Primary, Secondary and Vocational Education is put into effect by Approval Departmental Orders bestowed for the operation of a school in Inkisi, the Susila Dharma School Complex (CSSD) of Inkisi, and another school in Kinshasa, the Susila Dharma School Group (GSSD) of Lemba Imbu. Susila Dharma DRC is a member of the National Federation of NGOs (CNONG) through its membership of the Regional Federation of NGOs (CRONG) Kinshasa, of which it is one of the active members.

## **Summary of activities**

### **1. Analysis of SD DRC's actions relevant to the UN development objectives**

SD DRC, through its National Office and its Members, is actively involved in the pursuit or implementation of the UN Millennium Development Objectives.

Development Objective	Projects involved	Actions of the project
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<p><b>1. To eradicate extreme poverty and hunger</b></p>	<p>- <b>MEC Nsalasani</b></p> <p>-<b>CDCI</b></p> <p>- <b>Yenge MedicalHC</b></p>	<p>Promotes the culture of savings for building wealth and allocates micro-credits to enable recipients to increase their income. Membership around 1,200 in 4 branches.</p> <p>-42 market gardeners organised in partnership with the Inkisi Valley Market Gardeners Association for a greater productivity.</p> <p>-Training the mothers to self-sufficiency by incitation to IGA (income generating activities): 12 women monitored.</p>
<p><b>2. To reach universal education</b></p> <p><b>3. To promote gender equality</b></p>	<p>- <b>GSSD of Lemba Imbu</b></p> <p>- <b>CSSD of Inkisi</b></p> <p>- <b>ALBADI school</b></p> <p>- <b>Nkembo School</b></p>	<p>Primary education for a school fee less than the official rate and taking care of children in financial difficulties.</p> <p>- For the Lemba Imbu GSSD, 64 pupils of 485 pay nothing and only around 45% can pay the whole amount.</p> <p>- For the Inkisi CSSD, of 130 pupils, 40% can pay the whole amount and 30% can't pay anything.</p> <p>- The Albadi school offers education to 30 children in nursery, 120 in primary and 16 in secondary. The school accommodates and feeds 15 orphans through self- financing.</p> <p>- The Nkembo School in Moanda takes 665 pupils from nursery to classics. The school takes care of 40 orphans and destitute children.</p>
<p><b>4. To reduce child mortality</b></p>	<p>- <b>Nandora Vunguta HC</b></p> <p>- <b>Yenge Médical HC</b></p> <p>- <b>Kimpemba HC</b></p>	<p>- Pre-school consultations (PCS): 2.150, Vaccination: not available</p> <p>- PCS: 2.021, Vaccinations: 1.298</p> <p>- Kimpemba HC is undergoing repairs and activities are temporarily suspended.</p>
<p><b>5. To improve mothers health</b></p>	<p>- <b>Nandora Vunguta HC</b></p> <p>- <b>Yenge Médical HC</b></p> <p>- <b>Kimvumu Health Post</b></p>	<p>- Prenatal consultations (PNC): 530, Maternity ward: 390 births.</p> <p>- PNC: 205, Live births: 110, Family planning: 58 cases with various products (pill, IUD, ...)</p> <p>- Looks after deliveries in this village so difficult of access.</p>

<p><b>6. To fight VIH/AIDS, malaria and other diseases</b></p>	<p>- <b>Nandora HC</b>  - <b>Yenge Médical HC</b>   - <b>Kimvumu HC</b>   - <b>La Bénédiction of Lemba Imbu HP</b></p>	<p>-Consultations and curative care: 9.630 cases,  -Consultations and curative care: 1.895  Distribution of impregnated mosquito nets to women coming for PNC.  Establishing a health mutual insurance in the health area where Yenge Medical is operating under the Central Office of the Kimbanseke health zone.  - Gives first aid in this village so difficult of access. No info available.  - Gives first aid in this urban-rural environment lacking more suitable centres. Total of consultations: 2740   All provide a minimum activities package according to the primary health care policy, participation to the national programme to fight against leprosy and TB, participation to malaria prevention through sensitization of their health areas.</p>
<p><b>7. To ensure environment sustainability</b></p>	<p><b>Kingantoko Centre &amp; National SD Office</b></p>	<p>Project presented to the EU for financing purifying water and access to drinking water in the Kingantoko area. NOT ACCEPTED BY THE EU</p>
<p><b>8. To develop a global partnership for development</b></p>	<p><b>National SD Office through CRONG/Kin</b></p>	<p>Reflection of the Kinshasa NGOs on the Chief of State's 5 Works.  Analysis of Congolese people socio-economical problems justifying the 5 Works economical programme;  -Analysis of proposed strategies (results indicators? Implementation steps...)  -Analysis of the responsibility of government, non-State actors or NSA, partners to development UN, AU, EU, IMF, BM...</p>

<b>9. Human Rights</b>	<b>National SD Office</b>	<p>The Office participated to several campaigns for promotion and defence of Human Rights:</p> <ul style="list-style-type: none"> <li>- With the support of the Konrad Adenauer foundation, within the CRONG/Kinshasa seminary on Freedom of Association, Plea and Lobbying.</li> <li>- With the support of the UNDP, participation to the sensitization and vulgarisation campaign against sexual violence, on the initiative of the NGO Ceforbase.</li> <li>- With World Vision, seminary on Human Rights and seminary on the ASCD approach (African strategies for child development)</li> </ul>
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## **2. Visits to projects.**

- January 2009:** Visit to Albadi, CSSD Inkisi, CDCI, Nkandu HC.
- **April 2009:** Meeting in Inkisi/Lower Congo with the Kimpemba project management.
- **July 2009:** Visit to Albadi, CSSD Inkisi, CDCI with office automation and the computer training centre, Nkandu HC, ITM and Kimpemba HC, meeting the local manager of Kimvumu HC in Kimpemba because the place was not accessible by vehicles.
- October 2009:** Visit to all the listed projects in Kinshasa as well as in the Lower Congo: GSSD Lemba Imbu, Yenge Medical HC, Nandora Vunguta HC, Nkandu HC, CSSD Inkisi, Albadi, MEC Nsalasani, ITM and Kimpemba HC, Kimvumu HC, Nkembo school in Moanda, Adissea HC in Boma.

## **3. Capacity building.**

### **3.1. Seminary-workshop with the NGO MDA in october 2009:**

The workshop took place in the conference hall of the CNTS on October 24th, 2009.

The workshop was about introducing the concept and general views of the Community Health Centres of Médecins d’Afrique. The presentation was done by Dr Théophile Bansimba, General Secretary of this international NGO that is bringing together medical doctors and health actors in Africa.

MDA's vision is « a better health in Africa » through favouring full participation of the communities and beneficiaries to the management of their health problems. He gave a few relevant indicators of the follow-up of the performance of a CHC as the mobilisation rate of the sick people in the health area, the vaccination cover rate, the recovery rate, the medicine stock outage rate, the costs recovery rate.

Beside this workshop, a partnership agreement was signed between MDA, SDI and the Infirmary project in Lemba Imbu and the situation evolved with the signature of a

tripartite MoU between MDA- SD DRC – the Lemba Imbu Community for the setting up of a CHC in Lemba Imbu.

### **3.2. Training to financial management for the projects leaders in November 2009.**

This workshop was held at the SD RDC headquarters, and used internal expertise of the treasurer who is a working accountant at the CTB, (Belgian Technical Cooperation.). He presented advices on projects financial management. Each leader spoke about how he was in practice managing his project, how funds were collected and spent and how stocks were handled; this enabled the facilitator to give a few reminders about important notions and advise whenever there was any deviation with the norm. Each participant was given a written document.

### **3.3. Promotion of health mutual organisations.**

We used the local expertise of our member who is Managing Accountant of one of the big Health Mutual Organisations. The lecturer gave the basic principles of a health insurance mutual organisation, such as the principle of solidarity between sick and non-sick people, the principle of equality of care and the democratic and participatory operation. A deep exchange followed and, at the end of the presentation, the Yenge Médical health centre expressed the wish to get involved in this way for a better taking care of health care in its health area. Presently, the first steps have been taken and work sessions already took place at the Yenge Médical centre with the community representatives. The manager of Yenge Médical was able to get the support of the Head MD of their Health Zone. We are considering this as a positive development and that deserves support and following from the association.

### **Objectives for 2010 :**

- To finalize the deeds of property files (registration certificate) of the 2 buildings housing the clinics;
- To start the Lemba Imbu CHC and, if possible, the Kimpemba one;
- To strengthen the managing capacity of the projects leaders and complete the updating of the administrative and legal documents of all the listed projects;
- To improve the headquarters of SD DR Congo;
- To broaden the partnership with other NGOs having similar objectives;
- To initiate a project for the Kingantoko community after updating the Gender and Family study done there in 2007.

### **Financial information year 2009**

#### **Total income:**

There is no document pertaining to the financial situation from January to October 2009. Nevertheless, the outgoing office declares having operated with difficulties because the

<b>N°</b>	<b>ITEM</b>	<b>AMOUNTS (USD)</b>	
<b>A.</b>	<b>EXPECTED INCOME:</b>	<b>Income</b>	<b>Expenditure</b>
1	Rent: -January to April: 50\$ X 2 clinics X 4 months 400.00 \$ -May to December: 70\$ X 2 clinics X 8 months 1 120 00 \$	1 520 00	

rents of the 2 clinics were irregularly paid for one reason or another. For example, the Yenge clinic had repaired the septic tank of the building at its own expenses, which burdened its budget and made it difficult to pay the rent. The outgoing sister chairlady declares having had to resort to other resources and her own expenses to run the association, as the income from the rent were insufficient.

*From October 29th, 2009 to December 31st, 2009, the income was 330 USD, coming from the rental of the 2 clinics. One should remark that the visit to the projects of October 2009 and the workshop with MDA were funded by SDIA and not out of the budget of SD DRC.*

<b>Total expenses:-</b> Actions for a visa for the Christchurch Congress	121.00 \$us
- Capacity strengthening of projects leaders	50.00 \$us
- Communications	80.66\$us
<b>Total</b>	<b>251.66\$us</b>

### **SD DRC 2010 PROVISIONAL BUDGET**

**COMMENTS:***INCOME*

- The rent of both houses was raised to 70\$us per month, starting on May 2010. The managers of both tenant clinics were notified.
- Subscription vouchers were distributed to the members and pledges were received! We hope we shall collect enough money to enable us to contribute to SDI as a National SD!

*EXPENDITURE*

We planned an expense of 1.150\$us as property deed regularization fee for the 2 Kinshasa SD Houses in accordance with the new real estate law that was widely mediated by the Real Estate Business Ministry! This expense had not been done at the purchasing of the said houses. Although this is not an operational expense, it must be done to make the real estate purchases secure.

So, instead of having an operational deficit of 640\$us the global budget is down 1.790\$us.

**What support SD DR Congo is expecting from SDIA**

SD DR Congo expects from SDIA its involvement in helping to reduce, if not to fill, its operational budget deficit and to continue supporting the various projects involved in the implementation of the UN Millennium Development Objectives and in humanitarian work.

For the Office of SD DR Congo,

DIANTEZA DIMPIOKIA

Chairman