

HEAL  AFRICA

*Annual
Report 2015*

*United for a
Healthy
Community*



Table of Contents

I.	OPENING REMARKS	3
II.	INTRODUCTION	4
III.	SUMMARY OF MAJOR ACCOMPLISHMENTS	5
IV.	ACTIVITIES ACCOMPLISHED IN 2015	6
IV.1.	HEAL Africa HOSPITAL	6
IV.2.	HEAL Africa Hospital 2015 Consultation Statistics	6
IV.3.	Medical Education	8
IV.2	COMMUNITY PROJECTS	9
IV.2.1.	WAMAMA	9
IV.2.2	Reproductive Health	9
IV.2.3	Sexual and Gender Based Violence	10
IV.2.4.	Fistula and Genital Prolapse Repair	13
IV.2.5.	Socioeconomic Empowerment of Women	13
IV.2.6.	Fight Against HIV/AIDS	15
IV.3	WATOTO	15
IV.3.1.	Academic Training and Scholarship	16
IV.3.2.	Pediatric Treatment of HIV	17
IV.3.3.	Congenital Malformation Treatment	18
IV.4	NEHEMIAH COMMITTEES, MEN, AND CHURCHES	18
IV.4.1	Nehemiah Committees	18
IV.4.2	Community-Based Rehabilitation (CBR)	19
IV.4.3	Spiritual Ministry at HEAL Africa	19
IV.	RESOURCES	20
V.1.	Human Resources	21
V.2.	Material Support	21
V.3.	Financial Support	22
VI.	SCIENTIFIC RESEARCH AND PUBLICATIONS	22
VII.	MILESTONES, HIGHLIGHTS AND KEY VISITS	22
VII.1	Construction of the Medical Imaging Building and Rehabilitation of the Tabernacle	22
VII.2.	Campaign for Specialized Healthcare	22
VII.3.	Accreditation of HEAL Africa Hospital by COSECESA and Registration with G4 Alliance	23
VII.4.	HEAL Africa DRC Visit to Australia and the United States	23
VII.5.	Key Visits To HEAL Africa Goma	24
VIII.	CONCLUSION	25
IX.	HEAL AFRICA PARTNERS	26
X.	ABBREVIATION KEY	26

OPENING REMARKS

It is once again only through divine grace that we reach the end of 2015 and begin the year 2016. We are all in good health. Our brother, Dr. Marc Erickson, Chair of HEAL Africa USA's board, was sick in 2015, but was able to join us in Goma in February 2016 to contribute to the ministry of HEAL Africa. Praise the Lord!

Many others among us experienced difficulties and worries of different sorts (money problems, health issues, etc.), but God never abandoned them. He was with all of us to sustain us as conquerors in the midst of all the temptations that arose in 2015.

The year that has just ended was a year full of opportunities for HEAL Africa to recognize the greatness of our Lord Jesus Christ.

We encountered moments of joy, but we also faced difficulties.

Many of our partners visited us in 2015 and encouraged us to continue serving vulnerable populations in the DRC. Among these visits, we would like to highlight those of **Madame SRI MULYANI**, Managing Director and Chief Operating Officer of the World Bank, on May 12, 2015; and **Dr. Sarah SEWALL**, the United States' Under Secretary of State for Civilian Security, Democracy, and Human Rights, on October 22, 2015.

In December 2015, the HEAL Africa Hospital was accredited by **COSECSA** (*College of Surgeons of East, Central and Southern Africa*) to begin training doctors in general surgery.

We thank our partners **AusHEAL**, **SONIC HEALTHCARE**, and **HEAL Africa USA** who made our trips to Australia and the United States possible in 2015.

There are without doubt many things that we wanted to accomplish over the past year that did not come to pass. We will continue to rely on the grace of our Savior for our dreams to become a reality in 2016. This new year has been named the year of "**grand ambitions**" for HEAL Africa. Together, we will fight to preserve our accomplishments of years passed, but strive most of all to take even greater steps forward at every level.

Let's continue to pray for HEAL Africa and its partners so that its ministry can reach as far as possible across space and time. May God keep us for the many years yet to come!



Dr. Justin PALUKU LUSSY
CEO & Legal Representative, HEAL Africa-DRC

INTRODUCTION

HEAL Africa is a non-governmental organization for Congolese rights that aims to improve healthcare in Africa through the training of doctors, healthcare providers, and community activists in all aspects of physical, spiritual, and community healing. For more than 10 years, HEAL Africa has pursued the following objectives to:

- Provide compassionate care to the sick and vulnerable
- Promote a **holistic approach** to healthcare, community service, and community development in response to the transforming needs of communities
- Foster a higher level of community health treatment and related services, as well as education and research

HEAL Africa seeks to realize these visions through its activities provided in two principal service points, the HEAL Africa Hospital and its network of Community Centers. Today HEAL Africa serves as a model of quality service, in both the HEAL Africa Hospital and in its care for the vulnerable, even in remote communities. HEAL Africa continues to raise community standards particularly in the fight against Sexual and Gender Based Violence (SGBV).

This report presents the activities and accomplishments realized by HEAL Africa over the course of 2015 in all of its areas of intervention.

SUMMARY OF MAJOR ACCOMPLISHMENTS IN 2015

Because of your support we were able to run 32 community projects and increase the number of people served on our Outreach Missions by 77.97%. We're also excited to have been able to integrate the concept of "positive masculinity" to four different projects related to reproductive health. We also had enough retroviral drugs to treat every woman and every child at the hospital who tested HIV positive.

Construction began for a medical imaging building. Having this resource onsite will improve care and save costs for both the hospital and the patients. Before the imaging lab, patients were sent to Rwanda for services and returned to Goma to continue their treatment. Leading the department is Dr. Sosthène TSONGO VULULI, who recently completed his studies to specialize in Radiology and Medical Imaging.

We also acquired the titles for two plots of land that housed the hospital and the administrative office in Goma.

The visits of Co-Founder, Jo Lusi, and CEO & Legal Representative, Justin Paluku, to Australia and the USA were significant. The visits allowed our Goma leadership to reconnect with long time partners and introduce Dr. Justin Paluku as HEAL Africa's new leader. We were also grateful for the Partners who *came* to HEAL Africa to see the work and progress in both the hospital and the community, as well as meet many of the patients.

At the end of the year we became accredited by the College of Surgeons of East, Central, and Southern Africa, to begin specialized training and practice for doctors in General Surgery. More trained local medical professionals means more access to health services for everyone in the region!

IV. ACTIVITIES ACCOMPLISHED IN 2015

IV. 1. HEAL Africa HOSPITAL

In 2015, HEAL Africa's tertiary hospital offered its services to the sick, with a particular emphasis on the improvement the quality of care. The Medical Imaging service, operated under the direction of Dr. Sosthène TSONGO VULULI, a new doctor specializing in Radiology and Medical Imaging, returned to HEAL Africa after completing his studies at the University of Makerere in Kampala, Uganda.



IV.2. HEAL Africa Hospital 2015 Consultations Statistics

Table 1: External Consultations in 2015

	ZS		HZ		Tot/Sex		General Total
	M	F	M	F	M	F	
Patient Age	4,662	6,489	4,927	6,498	9,589	12,987	22,576
0-5 Years	1,119	1,168	1,071	1,022	2,190	2,190	4,380
6-17 Years	955	1,008	1,080	1,099	2,035	2,107	4,142
18+ Years	2,588	4,313	2,776	4,377	5,364	8,690	14,054

Last year, 22,576 patients received consultation at HEAL Africa hospital. Over half of the patients were adults (over 18). The total includes 1,210 pregnant women.

Table 2: Overview of External Consultations 2010-2015

External Consultations	2011	2012	2013	2014	2015
New Cases	14,994	13,639	14,710	18,356	16,328
Previous Cases	5,604	7,209	8,827	6,728	6,248
Total	20,598	20,848	23,537	25,084	22,576

Table 2 shows that there were 25,084 consultations in 2014, compared to 22,576 consultations in 2015, a decrease of 10% compared to 2014.

Table 3: Overview of Childbirths 2010-2015

Childbirths						
	2010	2011	2012	2013	2014	2015
Normal (Eutocic)	958	1,133	1,263	1,321	1,317	1,342
Obstructed (Dystocic)	192	229	215	285	538	589
Caesarian	167	217	202	275	463	582
Total	1,150	1,362	1,478	1,881	1,855	1,931

Table 4: Outreach Missions Conducted 2012-2015

Indicators	2012	2013	2014	2015
Missions Conducted	9	7	10	13
Orthopedic Beneficiaries	255	218	300	265
Gynecological Beneficiaries	467	226	104	421
General Surgery Beneficiaries	-	294	-	33
Total Beneficiaries	722	738	404	719



Virginie and Mado walk visit a partner clinic in Idjwi Island

Table 5: Overview of Mortality Rates, Average Days of Hospitalization, and Frequency of Patient Attendance at HEAL Africa Hospital 2010-2015

Indicators/Year	2010	2011	2012	2013	2014	2015
Average Number of Days Hospitalized	10	9.3	7.5	6.8	7.6	7.5
Mortality Rate (%)	2.15	1.85	1.19	1.31	1.37	1.34
Curative Consultations	16,946	20,598	20,848	23,537	25,084	22,576
Preventative Consultations	8,595	8,047	15,095	13,941	16,600	18,014
• Prenatal Consultations	2,779	2,767	3,807	3,865	4,541	5,014
• Pre-School Consultations	3,549	3,606	5,974	6,052	8,903	9,887
• Family Planning	2,268	1,674	4,880	3,631	2,747	2,806
• Nutrition	-	-	434	393	409	307

Table 5 above shows that there was a decrease of 9.9% in curative consultations in 2015 compared to 2014. In 2015, there were 18,014 preventative consultations compared to 16,600 in 2014, an increase of 8.5%.

Table 6: **Other HEAL Africa Hospital Accomplishments 2010-2015**

Indicators	2010	2011	2012	2013	2014	2015
Hospitalizations	3,717	5,318	5,865	6,475	7,152	7,154
Number of Beds	155	155	155	155	197	197
Surgical Interventions	1,672	3,670	4,644	3,951	4,091	5,117
Number of Deaths per Year	124	160	155	161	134	157
Maternal Mortality per Year	0	2	2	1	1	3
Medical Imaging	7,793	4,349	8,162	7,289	9,752	8,721
Laboratory Examinations	74,532	94,943	82,723	69,953	86,901	69,309
Total Hip Replacements		3	3	8	6	4

Comments:

Rates for hospitalization remained identical from 2014-2015. We note growth in the total number of surgical interventions, 5,117 operations in 2015, compared to 4,091 in 2014. There were three maternal deaths in 2015 compared to one in 2014. There was a slight decrease in Medical Imaging and laboratory tests compared to 2014.

IV.3. MEDICAL EDUCATION

HEAL Africa provides training for health care professionals at the hospital, with a focus on community-based health care. After completing a Residency at HEAL Africa, some doctors remain at the hospital while others are sent back into their communities to practice medicine. Each trained doctor brings us closer to our mission of bringing health care in a region with very limited access.

Medical Residents

Table 7: **Overview of Medical Residents at HEAL Africa**

Description	QTY
Family Residents	6
Residents Waiting Support	6
Former HEAL Africa Residents On Staff	9
Training Capacity in Family Medicine 2015	6
Training Capacity in Other Disciplines	6
Residents With Out-Of-Country Training Sponsorship	7
Residents Seeking Support Post Residency	7

Financial and mentorship support for the residents came from Australia, USA, and Germany.

I.2.2 Training of Orthopedic Officers

Orthopedic Officers (O.O.) are trained at HEAL Africa to identify and treat congenital malformations with non-surgical interventions such as the **Ponseti method** in partner hospitals.

In 2015, **eight students finished their courses** in orthopedics, including one woman. These eight graduates then returned to work in their local hospitals.

IV.2. COMMUNITY PROJECTS

Community programs at HEAL Africa include a variety of projects which are structured into sectors categorized by the project beneficiaries. The sectors are:

1. *Watoto Sector*: Projects concerned with children as beneficiaries.
2. *Wamamar Secto*: Projects whose central aim is the empowerment of women.
3. *Wababa, Nehemiah Committees, and Churches Sector*: Activities that benefit men, churches, and community centers pursuing ministries of faith and working within Nehemiah Committees as reconciliatory actors.

IV.2.1 WAMAMA Sector

In 2015, HEAL Africa:

1. Prioritized the advancement of women's empowerment while simultaneously working with men to promote positive masculinity.
2. Initiated and reinforced activities with the intention of improving women's access to quality maternal healthcare.



IV.2.2. Reproductive Health

Over the course of 2015, HEAL Africa executed three community-based reproductive health projects in two provinces: South Kivu and Maniema. With the support of Christian Blind Mission International (CBM) and Eastern Congo Initiative (ECI), two projects reinforcing Safe Motherhood were executed in the health zone of Idjwi, in South Kivu. CBM International financed the southern sector of the health zone, and ECI financed the north.

The three projects intervened in reinforcing the capacity of health centers by supplying equipment, medicine, and other reproductive health services.

Thanks to the activities of the solidarity groups, community members are overcoming limits and cultural barriers. As such, we observe greater usage and access to reproductive health services offered by qualified personnel within the communities where the reproductive health projects intervened.

A. Training of Field Officers on Reproductive Health Themes

- (1) To reinforce professional capacity of healthcare providers:
 - 42 health agents, including 28 attending nurses and 14 birth attendants/midwives, benefitted from Emergency Obstetric and Neonatal Care training, as well as the integration of the “Handicap” concept in maternal and child care.
 - 41 Traditional Birth Attendants (TBA) were trained on reproductive health, reference systems, and early diagnosis of congenital malformations.
- (2) To reinforce community action in favor of reproductive health:
 - 50 solidarity group leaders were trained in reproductive health, Income Generating Activity (IGA) management/microcredit, and the themes of accountability and leadership.

B. Provision of medicines, equipment, and other medical supplies for reproductive health at Health Centers

- 47 health centers, including 28 in Maniema, were supplied with reproductive health and family planning medicines, as well as delivery and examination beds, delivery and caesarian kits, and sterilization materials.

C. Reinforcement of Women’s Empowerment to Access Reproductive Healthcare

- 151 maternity insurance solidarity groups were organized, 56 of which were in Maniema and 95 in South Kivu. Among these, 69 solidarity groups were financially supported with a total of \$14,500 USD.

With this investment, the women were able to create two accounts, **a credit account** and **a social account**. The funds in the credit account allowed for members to earn credit. The social account allowed for the group to insure the maternity costs of members.

As such, the costs of **265 childbirths, including 9 caesarians, were insured by 50%** (the other part consisting of the voucher) for the members of the solidarity groups, amounting to 11% of the delivery costs collected by the health center.

D. Empowerment of Solidarity Groups

In 2015, **69 solidarity groups became independent**, including those groups not supported in the 2015 program, thanks to their rotating credit activities, the work of the Village Savings and Loan Associations (VSLAs), and organized efforts in the framework of financial capacity reinforcement of the group.

Summary of Key Indicators for Reproductive Health in HEAL Africa’s Intervention Zones

Table 8: Statistics for the Reproductive Health Projects in 2015

Place	South Kivu		Maniema
Project	Safe Motherhood CBM	Safe Motherhood ECI	Safe Motherhood Join
Prenatal Consultation 4	33%	59.50%	90.90%
Couples Prenatal Consultation	0.33%	16.40%	17.4%,
Prenatal Consultation referred by TBA	25%	33.50%	29.90%
Childbirths Accomplished	33.20%	66%	65.30%
Childbirths Deliveries with Partogram	97.2%	98.80%	86.40%
Childbirth Deliveries Referred by TBA	28%	11.10%	18.00%
Family Planning: New Acceptors	17.40%	20.80%	11.60%

In 2015, we observed an improvement with regards to the key indicators of maternal and child health in the health zones supported by the Safe Motherhood projects. Such is the case with Prenatal Consultation 4, Male-Female Couples Prenatal Consultation, and deliveries with partograms, which surpassed the provincial and national average. Furthermore, it is important to note that Traditional Birth Attendants (TBA) who were assisting with home deliveries changed their roles and now serve as reference points to direct pregnant women towards qualified health centers.

IV.2.3. Sexual and Gender Based Violence

Since 2005, HEAL Africa has holistically accompanied individuals who have been affected by rape and other forms of gender based violence. **Recognized as a Center of Excellence by the World Bank**, HEAL Africa continues to play a leading role in responding to the scourge of sexual and gender based violence.

In 2015, thanks to the financial support of the World Bank (CFEF/FS RDC), USAID (Ushindi/IMA World Health), the European Union (Uhaki Safi/ASF), DFID/Tearfund, the Royal Dutch Embassy, Canadian International Development Agency (UNDP), UNICEF (CERF), and WelteHungerHilfe/FCP, **HEAL Africa implemented nine prevention and protection projects, which provided assistance to 3,271 victims of sexual and gender based violence in three provinces: four projects in North Kivu, two in Maniema, and one in Ituri.**

Community Mobilization

Among the strategies in the fight against Sexual and Gender Based Violence (SGBV), HEAL Africa ensures community mobilization. As such, each HEAL Africa project integrates public education through community training workshops yielding the following results in 2015:

Table 9: **Community Education on the Fight Against SGBV in 2015**

Indicators	North Kivu	Maniema	Total
Community Education Training	647	1,553	2,200
People Reached (Total)	124,392	94,212	218,604
Men	39,814	19,211	59,025
Boys	12,964	17,507	30,471
Women	45,103	32,903	78,006
Girls	26,511	24,591	51,102

A total of **218,604 people** were reached in our training sessions on **SGBV** in 2015, 40.9% of whom were men. This activity resulted in the identification of cases, reviewed in Table 9.

Identification and Care for Survivors of Sexual Violence

As an advocate for holistic healing, HEAL Africa both identifies survivors of sexual violence and then follows-up with appropriate care.

Table 10: **Distribution of Sexual and Gender Based Violence (SGBV) by Age and Sex of Victims**

Indicators	North Kivu	Maniema	Total
Identified Cases	6,331	1,294	7,625
Incident Cases	3,523	706	4,229
Rape Cases	2,808	588	3,396
Women	1,674	334	2,008
Men	120	0	120
Total Adults (+18 years)	1,794	334	2,128
Girls	998	253	1,251
Boys	16	1	17
Total Minors (-18 years)	1,014	254	1,268

Over the course of 2015, 7,625 cases of SGBV were identified, 4,229 (55.4%) of which were incident cases.

Fig.I. **Identification Cases of Sexual and Gender Based Violence in 2015**

Indicators	Nord Kivu	Maniema	Total	%
Total Cases Identified	6331	1294	7625	
Case Incidents	3523	706	4229	55.4%
Sexual Violence Cases	2808	588	3396	80.4%
Gender Based Violence Cases	429	332	761	17.9%
Other Cases Identified	73	13	86	2%

Fig.II. Breakdown of Sexual and Gender Based Violence by Age and Sex of Victims

Indicators	Nord Kivu	Maniema	Total	%
Women	1674	334	2008	59.1%
Men	120	0	120	3.5%
Total Adults (age 18+)	1794	334	2128	62.6%
Girls	998	253	1251	36.8%
Boys	16	1	17	0.5%
Total Minors (age -18)	1014	254	1268	37.3%

Of the 7,625 cases of SGBV identified, 80% were cases of sexual violence (Fig.1). Women and girls were the most affected by cases of sexual violence, as compared to men (59.1% women and 36.8% girls compared to 3.53% men and 0.50% boys). (Fig.2)

Table 11: Distribution of Rape Cases Treated at HEAL Africa in 2015

Indicators	Nord Kivu	Maniema	Total
Victims of Sexual Violence (VSV) Identified	6,331	1,294	7,625
Rape	2,808	588	3,396
VSV Identified within 72 hours	1,784	206	1,990
VSV who received PEP kit	1,774	103	1,877
Pregnancies Resulting from Rape	198	26	224
Psychosocial Assistance	2,961	537	3,498
Legal Assistance	737	58	795
Legal Convictions	31	19	50
Family Mediation	134	14	148
Civilian Perpetrators	1,390	413	1,803
Armed/Military Perpetrators	2,036	120	2,156

Out of 3,396 identified cases of rape, 1,990 (58.6%) were identified within 72 hours, 1,877 (94.32%) had access to a PEP kit. There were 224 pregnancies resulting from rape. There were a total of 795 legal cases accompanied, but only 50 (6.28%) convictions made.

K.B.’s Story

K. B., 26 years old, is married and is the mother of three children. Born in Pinga, she now lives in Buleusa/Walikale. When she was 6 months pregnant, during the war, militia entered her home and raped her throughout the night. “They raped me next to my children, and that pains me.” A passersby took K.B. to a health center in Bulesa, a journey of five days on foot. Her pregnancy had some complications, and she underwent surgery in August 2014. However, she was still losing urine even after this operation.



“Being transferred to the HEAL Africa Hospital in Goma, I received the appropriate care and I was healed. Now, I am doing physical therapy. When my husband saw me at the hospital, he did not say anything, he just kept looking at me after hearing what had happened to me. My husband is an agriculturalist and I am a teacher.

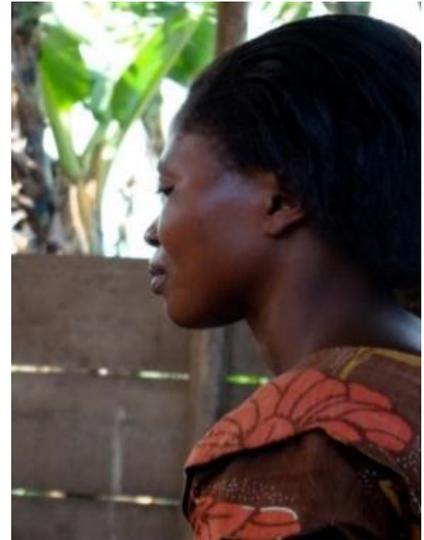
“I am very happy with my care at HEAL Africa and the treatment they gave me. My husband and family-in-law were all comforted by my transfer to HEAL Africa. May God open the doors for HEAL Africa’s donors so that they can treat others who come after me.”

IV.2.4. Fistula and Genital Prolapse Repair

Thanks to the support of World Bank, CBM, Direct Relief, EngenderHealth and Fistula Foundation, HEAL Africa offers specialized care adapted to women who have fistulas and genital prolapses consequent of rape or following childbirth in precarious conditions. With surgical intervention, women with gynecological fistulas regain their physical strength as well as their dignity.

These interventions take place at the HEAL Africa Hospital in Goma and in outreach efforts through mobile clinics in partner hospitals.

In 2015, a total of 831 repairs were done: 353 in Goma and 478 in outreach efforts.



A. M.'s Story



With unparalleled joy and with her baby Emmanuel in her arms, A.M. says she has witnessed a miracle, “I am finally a mother.”

At 19 years old, she was displaced by the war in the territory of Masisi. “I was 8 months and two weeks pregnant when we went a distance of 45 km on foot, fleeing from the conflict in our village. Given the distance we traveled, my baby died inside of me.” With tears in her eyes, she explains, “I went to the Rubaya medical center for surgery, but unfortunately, I developed a bladder fistula with symptoms I could not control.”

“This situation made me more and more sad, and I had no more hope for life. In 2014, I met with many counselors who encouraged me to seek treatment for the fistula at HEAL Africa in Goma, free of charge. After the operation at HEAL Africa, I was healed, but other women around me said that a woman who has had surgery for fistula repair had no chance of having a baby. I once again lost all hope. The counselors continued to comfort me, reassuring me that it was possible for me to conceive. And now here I am, eight months after getting pregnant... Really, it’s a miracle that I don’t know how to explain.”

A.M. came back to HEAL Africa when she was eight months pregnant, fearing any complications in her pregnancy. “I am now the happiest woman in the world, my child is named Emmanuel which means for me that God is with HEAL Africa. I thank HEAL Africa and their partners for the medical treatment and for my follow up care since 2014, all offered free of charge. I will never forget you.”

IV.2.5. Socioeconomic Empowerment of Women

In this domain, 4,486 members of the Village Savings and Loans Associations (VSLA) were regrouped into 224. (Men were permitted to participate with their wives, in an effort to foster Positive Masculinity, making up 29.6% of the total participants). These groups were followed closely by HEAL Africa in 2015, with the intention to empower women at the socioeconomic level within their communities.



A total of four projects used this approach for reintegration and socioeconomic empowerment: Ushindi, CFEF (PVSBG), Wamama Simameni, and Project Mothers of the Nations/SLF (Grandmothers).

Wamama Simameni Program(WASI), North Kivu

The WASI program revitalized its women’s activities in **14 out of 23 base communities (60.8%)** in North Kivu, and **7 out of 10 community bases (70%)** in Maniema.

There was a total of \$14,000 USD dedicated to livestock for the communities of Rwanguba and Jomba in the health zone of Rwanguba. There were 8 out of 10 solidarity groups based in North Kivu who received financial support for micro projects in livestock and agriculture. All groups benefitted from capacity reinforcement in micro project management, leadership, and gender.

This program supervised 351 other solidarity groups divided across the provinces of North Kivu and Maniema. The organized activities ensured needs in varying sectors were met, such as children’s education, improvement of nutrition, and savings for socioeconomic household needs.

The WASI bases of North Kivu organized training activities to learn vocational skills in several disciplines, and these trainings both ensured the financial empowerment of women and contributed to the economic development of communities and social reintegration of sexual violence survivors.

Healing Arts

To assist in rebuilding their lives after treatment, women are given the option to participate in skill building and income generating activities. The activities vary, from sewing, agriculture, etc.



This year, participants who enrolled in sewing lessons also tended to take the literacy course offered through HEAL Africa (61 people, or 73%). A total of 52 people among them (64%) have pursued additional training courses in baking, pottery, and banana arts.

IV.2.6. Fight Against HIV/AIDS

The financial and technical support of Global Strategies, UNICEF, Tearfund, and the Stephen Lewis Foundation allowed for the implementation of four HEAL Africa HIV/AIDS infection prevention and treatment projects over the course of 2015: Children Aid Program (CAP), Prevention of Mother to Child Transmission (PMTCT), IMPACT, and Mothers of the Nations. A total of **22,236 people** gained access to quality care and treatment services regarding HIV/AIDS through these programs.

Table 12: **Statistics on the Fight Against HIV in 2015**

Indicators	Total
Pregnant women seen in prenatal consultation	21,526
Pregnant women screened for HIV	99.93%
Pregnant women testing HIV positive	0.99%
Male partners screened for HIV	20.68%
Male partners testing HIV positive	1.86%
Children screened for PCR	102
Children testing positive in PCR Test	6.86%
Children with HIV positive mothers in PMTCT program tested for HIV at 18 months	171
Children with HIV positive mothers in PMTCT program tested positive HIV at 18 months	2
Screened children with positive HIV mothers out of PMTCT program follow-up	142
Screened children with positive HIV mothers out of PMTCT program follow-up at 18 months	35
Children infected cared for on ART (monthly average)	486
HIV positive children (aged more than 14 years) with occupations	36

A total of 21,526 pregnant women were seen in prenatal consultations in 2015. 21,513 (99.9%) of them were screened, of whom 213 were found HIV positive. All HIV positive women (100%) were admitted to the HEAL Africa PMTCT program.

A total of 276 (88.2%) of children born to HIV positive mothers were tested HIV negative at the end of 18 months of supervision and care in the CAP program.

Testimony of Madame F.:

“I had seven miscarriages before I learned from HEAL Africa that I was infected with HIV. I thought that I was cursed. It was a Mama who encouraged me to come for testing at HEAL Africa while I was pregnant with the child I now hold in my arms. When I found out I was sick, the nurses here put me on a treatment plan that I followed strictly. It was because of this that I was able to give birth without complications. After the delivery, I was given instructions that I again followed, and it was because of this that my child was tested and found to be HIV negative. His name is Ph.

Since then, I’ve even had another child by following the same instructions and conditions. I thank HEAL Africa and their nurses, and I pray that the Lord grant them even more for all of the good and faithful service they have done for us.”



IV.3. WATOTO

In total, five projects responded specifically to the needs of children in 2015:

- Academic training and Scholarship
- Mothers of the Nations
- Sunday School
- Pediatric care for HIV/AIDS (CAP)
- Care for congenital malformations

IV.3.1. Academic Training and Scholarship

A. Goma Student Fund (GSF)

With the help of its partners, HEAL Africa offers support to school aged children in formal training, through the Goma Student Fund at one of its community primary schools, in **Mugunga**.

In the 2014-2015 school year, the school oversaw a total of **220 students**. **A group of 35 students were candidates** for the final primary school TENAFP state exam (Test de Fin de Cycle Primaire). **Every student succeeded**.

Part of the school's effort to provide quality education is to immerse children in the value of work, responsibility, and natural resources around them. The children learn to care for animals and plant vegetable gardens. This year the school contributed to the protection of the environment by planting **30 trees**.

GSF faced financial challenges in 2015. The school was consequently unable to provide stipends to teachers and lacked resources to provide adequate rehabilitation and nutritional services to the most vulnerable children at the school. As a result, 17 children fainted from hunger in class during the school year.



Goma School children pose next to their garden and rabbit hutch

B. Tuungane School

This school is an educational center organized for the benefit of children taken out of school due to long-term treatment either for themselves or their parent (s) and loved ones. Two schooling levels are available, preschool and primary school. The data for the school is presented in the table below.



Table 13: **Children Supported at Tuungane School**

Indicators	2013			2014			2015		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Preschool	35	16	51	14	19	33	21	14	35
Primary School	31	72	103	25	51	76	24	51	75
Total	66	88	154	39	70	109	45	65	110

The ratio of girls mentored at the school was higher (59%) than boys (41%). Of the total children served, 31.8 % were enrolled in the preschool level, while 68.1% were enrolled at the primary school level.

C. Mothers of the Nations

Thanks to the Mother of Nations project (Grandmothers project), HEAL Africa was able to support **80 children** orphaned from HIV/AIDS. These children, often living with their grandmothers, were provided with schooling and financial assistance for host families through the support of income generating activities. Among the children supported and enrolled in a school program, **69 (86.2%)** passed their respective levels of academic curriculums.

IV.3.2. Pediatric Treatment of HIV

For more than a decade, HEAL Africa’s Children AID Program (CAP) has cared in a holistic manner for children infected or exposed to HIV for over a decade through:

- Psychosocial counseling
- Medical and physical follow up
- Disclosure of serological status
- Home visits
- Treatment for acute malnutrition and supplementation
- Vocational training

IV.3.3. Congenital Malformation Treatment

HEAL Africa has intervened in the care for various types of congenital malformations for more than a decade in both the HEAL Africa Hospital and in medical outreach.

Orthopedic Care

This year 417 (26.3%) cases of orthopedic congenital malformations were corrected out of 1,587 cases identified in 2015.

Table 14: **Correction of Congenital Malformations in 2015 within the Irish Aid Project**

Intervention	CASE	Identified	Corrected	%
Orthopedic	Corrected Clubfoot	178	55	30.90%
	Equinus Foot Deformity	107	8	7.48%
	Heel Varus	21	4	19.05%
	Cerebral Palsy (Physiotherapy)	89	17	19.10%
	Pied tallus	14	2	14.29%
	Fracture and Dislocation	192	5	2.60%
	Valgus Knee	150	49	32.67%
	Erb-Duchenne Palsy	47	19	40.43%
	Genou Valgum	150	49	32.67%
	Joint Flexum	335	32	9.55%
	Lipoma	157	30	19.11%
	Total People Living With Disabilities	1,440	270	18.75%

Due to available funding, only 270 (18.75%) congenital malformation cases were treated.

Other Types of Congenital Malformations

Throughout 2015, HEAL Africa identified and treated different types of congenital malformations such as **cleft lip and palate**, **Spina Bifida**, and **Hydrocephalus**.

Table 15: Other Malformations Treated in 2015

Type of Malformation Identified	Identified	Treated
Hydrocephalus	23	23
Spina bifida	14	14
Cleft lip and palate	136	136
TOTAL	173	173



Of the 173 patients treated with congenital malformations the majority, 136 (78.6%) were cleft lip and palate cases.

IV.4. NEHEMIAH COMMITTEES, MEN, AND CHURCHES

IV.4.1. Nehemiah Committees

A Nehemiah Committee is a team of community and church leaders who possess influence over a particular area. It is inspired from the Bible’s Book of Nehemiah, concerning the rebuilding of Jerusalem by Nehemiah, after it had been destroyed. Using the concept and while upholding Congolese tradition,

HEAL Africa follows a practice of meeting in a small house to discuss key issues or to resolve problems that affect the community.

Each Nehemiah Committee consists of 12 people composed of local leaders. It allows communities of different beliefs and denominations to come together and work towards a common goal. The concept has been critical to peace building between tribes and reintegration of community members who have been marginalized.

“You see the trouble we are in: Jerusalem lies in ruins, and its gates have been burned with fire. Come, let us rebuild the wall of Jerusalem, and we will no longer in be disgrace.” Nehemiah 2:17

The formation of Nehemiah Committees is a result of Eastern DRC’s conflicts and wars. The population was forced to leave their villages. Because much of Eastern DRC’s conflicts are rooted in good governance and abuse of power, involving local and community leaders and training them to become agents of change is essential.

2015 Program Operations

HEAL Africa established a total of 133 Nehemiah Committees in the communities it serves in DRC.

Positive Masculinity

During 2015, HEAL Africa collaborated with several partner projects (CFEF, AAA, Living Peace, and Safe Motherhood) to implement the positive masculinity approach benefitting a total of 63 groups of men.

Follow up participant evaluations revealed 88.6% of participants’ spouses reported positive changes in behavior in their daily lives during the discussion groups, including changes in domestic violence, emotional violence, and economic violence.



IV.4.2. Community-Based Rehabilitation (CBR)

To improve the rehabilitation of disabled persons within local communities, HEAL Africa established a community-based rehabilitation pilot project. In 2015, the following activities were realized:

- **200 radio shows** transmitted in the health zone of Kirotshe
- **2,757 public awareness sessions** addressed the message of restoring the rights and social integration of persons living with disability. This message reached approximately 38,836 people in the community.
- **11 training sessions** on the care and reintegration of people living with disabilities in the communities of **266 community leaders**, of whom 105 were health officers and 161 were community leaders.

With the help of CBM International, there are active discussions planning for an extension phase in the health zone of Mweso. A new project using the same approach was also launched in the last trimester of 2015 in the territories of Nyiragongo and Rutshuru. This latest project is unique in that it applies CBR among disabled persons living in Internally Displaced Peoples (IDP) camps.

IV.4.3. Spiritual Ministry at HEAL Africa

HEAL Africa's spiritual ministry is intertwined in the daily realization of its mission to serve people and the kingdom of God through its actions in the community, as well as offer holistic healing to patients ensured by the spiritual ministry of our chaplains. The year was characterized by several activities:

- The baptism of **16 believers**, who opted to become disciples of Jesus Christ, as stipulated in the book of Matthew 28:19
- The **marriage** of a HEAL Africa agent
- The **rehabilitation and extension** of HEAL Africa's chapel

A. Uamsho Choir

Throughout the year, the Uamsho choir served during organized church services in the chapel. The group was also active in other activities such as their initiating a VSLA group, which economically empowered many members of the choir. Reports indicate that a total of **46 members** directly benefitted from the capacity building provided by the VSLA, which was realized through entirely self-

managed practice. The car washing initiative was reinforced throughout the course of the year by endowing it with a power-washing pump, which is managed by 12 members of Uamsho.

B. HEAL Africa Chaplaincy

In 2015, the ministry accomplished a range of activities, including:

- Organized a ministerial committee joining the fight against poverty
- Organized a spiritual retreat for Buhimba officials within the framework of detraumatization
- Participated in a workshop on Christian education in Nairobi concerning the care for children in Sunday School
- Initiated family mediation between two families in conflict about a patient, whose case was already at the PSPEF
- Initiated advocacy, support, counseling, and assistance for vulnerable patients
- Supervised a total of six choirs throughout the year

D. Clinical Pastoral Training (CPT)

In 2015, the priority of Clinical Pastoral Training was based on the following activities:

- A mission to Beni by a representative of the HEAL Africa chaplaincy to make contact with the managers of the Christian Bilingual University of Congo (UCBC-Congo)
- Establishment of feasibility study commissions for the **Chaplaincy School**
- 10 commission meetings were held over the course of the year out of 12 initially planned
- Conception of the agreement between HEAL Africa and CPT
- Welcome of a visit from **Pastor Jean Claude SCHWAB**.

The plan for the establishment for a training school is ongoing and is a component of planning for 2016.

C. Sunday School

On Sundays, children from undergoing treatment and street children outside the gates of HEAL Africa are invited to participate in Sunday School at the HEAL Africa. The children are from vulnerable families living in the peripheral communities surrounding Goma such as **Katindo** and **Beriri**. The aim is to provide social and spiritual exposure, with the hope of conversion to the Christian faith.

The Sunday School was highly active, with **451 children** regularly attending the program throughout the course of 2015. Children were exposed to Biblical teaching activities, choir, dance prayer, and catechism.

V. RESOURCES

V.1. Human Resources

In 2015, **HEAL Africa employed 310 people** together in the tertiary hospital and the surrounding community projects.

Of these 310 people, **271 are under contract**, of whom 96 (or 35.4%) are female. The remaining **39 employees are consultants**, of whom 14 (or 35.9%) are female.

*The HEAL Africa Hospital operates with a total of **165 contract personnel**, of which 41% are women and 59% are men. There are also **8 consultants**, of which **3** are female.*



They are divided as following:

- 26 doctors (13 specialists and 13 residents)
- 72 nurses at levels A1 and A2, as well as Orthopedic Officers
- 23 technicians (Laboratory and Medical Imaging, Ophthalmology, Physiotherapy and Dentistry)
- 30 paramedical personnel and adjunct medical technicians
- 14 administrators

The community projects employ 106 people, of whom 27 (or 25.47%) are women. Within the community projects, there are 31 consultants, of whom 35.48% are female.

Some of the community project staff are based in Goma at the HEAL Africa DRC central administrative headquarters, while others are deployed to varying rural communities in eastern DRC, spanning across the provinces of North Kivu, South Kivu, and Maniema.

V.2. Material Support

Throughout 2015, HEAL Africa received several significant donations from its partners.

- **Two containers:** one which contained laboratory equipment, materials, and consumables from **Sonic Healthcare AUSTRALIA, dental equipment from SS White,** and various hospital equipment from **Medical Teams International USA.**
- More equipment and materials were received throughout the year, namely: gastroscope, colonoscope, aspirators, stretchers, monitoring, automatic ventilator, CTG for parturient observation, oxygen concentrator, rolling chairs and several other consumables such as clean gloves, rubber bands, plaster strips, syringes, independent needles, lidocaine, sterile gloves, etc.

V.3. Financial Support

HEAL Africa was able to meet its objectives during the 2015 year thanks to the financial support of its partners, funders, donors, as well as the physical assistance of good-willed people. Many of the projects undertaken by HEAL Africa in 2015 were made possible by this generosity, with particular support given to the project development sector, which was more than 80% of our activities. The details elaborating on the financial support of HEAL Africa's partners are in the 2015 financial report, available in the finance department of HEAL Africa.

VI. SCIENTIFIC RESEARCH AND PUBLICATIONS

Two research studies were conducted and published by several HEAL Africa staff, among others:

Bake, E. E., Kwiratuwe, S. M., Kalisya, L. M., & Trudeau, M. O. (2015). Surgical follow-up rates at HEAL Africa Hospital in Eastern Democratic Republic of Congo. *Canadian Journal of Surgery*, 58(3), doi: 10.1503/cjs.008715

Bake, E. E., Kwiratuwe, S. M., Kalisya, L. M., & Trudeau, M. O. (2015). Proof of concept methodology: feasibility of postoperative follow-up using cellular phones at HEAL Africa Hospital in the Eastern Democratic Republic of Congo. *Canadian Journal of Surgery*, 58(3), doi: 10.1503/cjs.008715

Benfield, N., Young-Lin, N., Kimona, C., Lalisya, L. M., & Kisindja, R. M. (2015). Fistula after attended delivery and the challenge of obstetric care capacity in the eastern Democratic Republic of Congo. *International Journal of Gynecology and Obstetrics*, 130, 157-160. <http://dx.doi.org/10.1016/j.ijgo.2015.02.032>

Kalisya, L. M., Nyavandu, K., Machumu, B., Kwiratuwe, S., & Rej, P. H. (2015). Patterns of Congenital Malformations and Barriers to Care in Eastern Democratic Republic of Congo. *PLoS ONE*, 10(7): e0132362. doi:10.1371/journal.pone.0132362

Paluku, J.L. & Carter, T.E. (2015). Obstetric vesico-vaginal fistulae seen in the Northern Democratic Republic of Congo: a descriptive study. *African Health Sciences*, 15(4), 1104-11. <http://dx.doi.org/10.4314/ahs.v15i4.8>

Young-Lin, N., Namugunga, E. N., Lussy, J., & Benfield, N. (2015). Healthcare providers' perspectives on the social reintegration of patients after surgical fistula repair in the eastern Democratic Republic of Congo. *International Journal of Gynecology and Obstetrics*, 130, 161-164. <http://dx.doi.org/10.1016/j.ijgo.2015.03.023>

VII. MILESTONES, HIGHLIGHTS AND KEY VISITS OF 2015

2015 was marked with several milestones as well as visits to HEAL Africa by partners who came to observe our activities on the ground. Some of the most outstanding this year were:

VII.1. Construction of the Medical Imaging Building and Rehabilitation of the Tabernacle

This year, the HEAL Africa Hospital launched several construction projects, including that of the building which will house the Medical Imaging Department. The CT Scan will be installed in this building, which will aid in the diagnosis of patients in eastern DRC.

Previously, patients were sent to Rwanda for a simple scan before treatment at HEAL Africa.

With the support of its personnel, HEAL Africa also began the renovation and expansion of the Tabernacle. This sacred space is where the sick at the hospital, HEAL Africa personnel, and residents of the surrounding areas gather to worship, praise, and hear the word of God. Plans for completion of the renovation is scheduled for 2016.

VII.2. Campaign for Specialized Healthcare

Like last year, 2015 was also marked by several campaigns for specialized healthcare at the HEAL Africa Hospital, principally sponsored by visitors coming mostly from Australia and the United States of America.

This year, the HEAL Africa hospital was blessed with the visit of **Dr. Karen Cartwright**, a pediatric surgeon from California, who came to Goma to train resident doctors. During her stay at the HEAL Africa Hospital, Dr. Karen Cartwright focused on the continued training of resident doctors and preformed 30 pediatric surgery cases.

These were a great opportunity for Medical Residents to learn.

Several Australian teams visited under the coordination of **Dr. Neil Wetzig of AusHEAL**. These teams included surgeons (maxillofacial and general), a physiotherapist, a radiologist, a sonographer, a cardiologist, an emergency doctor, an anesthesiologist, a dentist, nurses, administrators, educators, engineers, and information technology (IT) specialists.



They treated patients free of charge at the HEAL Africa Hospital, assisted the Administration and technical teams, and brought equipment that was left with the hospital upon their departure.

We also thank the Laboratory Technicians from SONIC HEALTHCARE from Australia under the direction of **Mr. Richard Jones**.

During their stay, several ongoing training workshops were held for the HEAL Africa medical personnel as well as other doctors and medical students in the area.



Second Colon and Uterine Cancer Screening Campaign

HEAL Africa successfully organized its second mass campaign for colon and uterine cancer screening for women in Goma. We are thankful for the technical support of Dr. Miriam Lee from Australia in the success of the campaign through which **411 women in Goma were screened** from the 3rd to the 7th of August 2015. In the first screening campaign, **233 clients were screened** from the 21st to the 24th of August 2013.



VII.3. Accreditation of the HEAL Africa Hospital by COSECSA and Registration by the G4 Alliance

The *College of Surgeons of East, Central and Southern Africa* (COSECSA) team visited the hospital in November 2015 with the aim of accrediting HEAL Africa as a training hospital for doctors in surgery. The accreditation letter was signed on December 8, 2015.

Since November 10, 2015, HEAL Africa was registered as a member of the **G4 Alliance** (The Global Alliance for Surgical, Obstetric, Trauma, and Anesthesia Care), which is an international platform of organizations and hospitals who advocate and fight for the accessibility of surgery across the world.



VII.4. HEAL Africa DRC Visit to Australia and the United States

Two big trips were made by the HEAL Africa DRC team's CEO and Legal Representative, Dr. Justin Paluku, and HEAL Africa co-founder, Dr. Jo Lusi, to different partners of Australia (May – June 2015) and the United States of America (September – October 2015).



These visits were a great opportunity to meet partners living in these two countries. It provided an opportunity to strengthen partnership ties with sister organizations, **AusHEAL**, in Australia and **HEAL Africa USA** in the United States. The visits also gave the opportunity to meet with longtime friends and partners such as **Macky and Paul Groen, Ruth and Jim Gallop**, and **Joyce Van Der Molen**.

VII.5. Key Visits To HEAL Africa Goma

Each February members of the General Assembly from AusHEAL, HEAL Africa USA, Rwanda, Kenya, and Goma gather together at HEAL Africa Goma to reflect and strategize. In addition to the members of the General Assembly, HEAL Africa USA, and AusHEAL who arrive every February for the General Assembly, HEAL Africa welcomed several people and delegations from all over the world in 2015.

Several big delegations and important personalities visited HEAL Africa in 2015. We are grateful for the commitment and contributions of the following groups and individuals. Among these, we note:

- **Dr. Neil and Mrs. Gwen Wetzig** who spent three months at HEAL Africa DRC. Dr. Neil, an Australian surgeon, focused on training young resident doctors and surgeons at HEAL Africa Hospital, while Mrs. Gwen WETZIG both worked with HEAL Africa’s finance department and acted as the primary coordinator for the AusHEAL teams.
- Dr. David Hilmers, American Internal Medicine and Pediatric specialist, who came with MTI (Medical Teams International), contributed by training our Resident Doctors.
- The World Bank delegation led by La **Madame SRI MULYANI INDRAMATI**, *Managing Director and Chief Operating Officer at the World Bank*, on May 12, 2015.
- **Dr. Sarah SEWALL**, the United States *Under Secretary of State for Civilian Security, Democracy, and Human Rights* on October 22, 2015.
- The USAID-Kinshasa delegation
- The ECI-USA delegation
- The NORAD delegation
- The United States Embassy Kinshasa delegation
- The MEDICARE Foundation
- The MONUSCO delegation
- The LOYOLA UNIVERSITY team from the United States
- The SONIC HEALTHCARE AUSTRALIA team
- The Wife of DRC Prime Minister, Augustin Matata Ponyo
- The WorldShare Australia team



We thank all the visitors and delegates who came to HEAL Africa and left words of encouragement in HEAL Africa’s guestbook, located in the Public Relation’s office.

CONCLUSION

HEAL Africa, through its different achievements, considers its vision and mission as its work horse in DR Congo. Central to HEAL Africa's achievements is the organization's vision and mission. Our strategic plan aims to balance our organizational values with careful reference and consideration to the political framework of the DRC, which covers national policies on sexual violence, reproductive health, PMTCT, and HIV/AIDS. With these competing priorities, we are confident that HEAL Africa has been able to improve the quality of its interventions during the period covered by this report. We are thankful that the realization of HEAL Africa's activities and results remain the prerogative of synergy and collaboration with different actors (government, donors, technical partners, civil society, local communities, and varying beneficiaries).

That being said, HEAL Africa is grateful and sincerely thankful to all who contributed to the realization of its vision, mission, and objectives throughout the entire year. We are thankful for all people who gave not only their money but their time to reinforce HEAL Africa's work in eastern DR Congo. Even the contribution of a single dollar to help HEAL Africa reach its objectives is deeply appreciated. Please accept our most sincere expression of gratitude.

HEAL Africa PARTNERS

SGBV

1. UNICEF
2. Tearfund
3. WorldShare Australia
4. Pooled Fund
5. AusHEAL
6. Royal Dutch Embassy
7. UNDP
8. IMA World Health /USAID
9. Promundo
10. Weltehungershilfe

Others

1. Medical Teams International (MTI)
2. Smile Train
3. World Food Program

Reproductive Health

1. CBM
2. Join Good Forces
3. European Union
4. Eastern Congo Initiative
5. EngenderHealth
6. World Bank
7. DRC Social Fund
8. Direct Relief
9. EngenderHealth
10. Fistula Foundation

Spiritual Ministry

1. Winchester Baptist Church
2. WorldShare UK
3. WorldShare Australia

HIV

1. Tearfund
2. Global Strategies
3. UNICEF
4. Stephen Lewis Foundation
5. PATA

Community Based Reintegration and Rehabilitation

1. CBM
2. World Vision
3. Irish Aid
4. HEAL Africa USA
5. SS White, Jim Gallop
6. UNDP

ABBREVIATIONS

ART	Antiretroviral Treatment
CBR	Community-Based Rehabilitation
CAP	Children AIDS Program
DRC	Democratic Republic of the Congo
ECC	Eglise du Christ au Congo
FARDC	Armed Forces of the Democratic Republic of the Congo
GSF	Goma Student Fund
HA	HEAL Africa
IDP	Internally Displaced Persons
IGA	Income Generating Activities
MMR	Maternité à Moindre Risque- Safe Motherhood
NGO	Non-Governmental Organization
OO	Orthopedic Officer
PAM	Programme Alimentaire Mondial--- World Food Program
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PF	Planning Familial --- Family Planning
PITC	Provider- Initiated Testing and Counseling
PMTCT	Prevention of Mother to Child Transmission
PVH	Personne Vivant avec Handicap- Person living with disability
RDC	République Démocratique du Congo
SFCG	Search For Common Ground
SGBV	Sexual and Gender Based Violence
SVS	Survivante de Violences Sexuelles---- Survivors of Sexual Violence
TBA	Traditional Birth Attendant
VAD	Visite à Domicile----- Home Visit
HIV	Human Immunodeficiency Virus
VSLA	Village Savings and Loan Association
VSV	Victims of Sexual Violence
ZS	Zone de Santé- Health Zone