



Dynamique des Jeunes Leaders pour la Paix et le Respect des Droits Humains

**DYJEPREDHU asbl**

Dynamics of Young Leaders for Peace and Respect for Humans Rights

**CHANGEMENT TRANSFORMATION IMPACT**

# Improve healthcare by opening medical clinic

April 2026

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# PROJECT TECHNICAL PROPOSAL

## I. Project Summary

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1. Title of the project: Project to Integrated School Feeding and Quality Education for Vulnerable Children in the province of North – Kivu and South Kivu / DR Congo

2. Contact details :

• Name of the organization: Dynamic of Young Leaders for Peace and Respect for Human Rights, “DYJEPREDHU asbl” in acronym

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3. Organization Mission Statement :

1. Option Classique

"Offrir des soins de santé complets et compatissants à notre communauté grâce à l'excellence clinique, l'innovation technologique et un engagement indéfectible envers le bien-être de chaque patient."

2. Option Moderne

"Transformer l'expérience de santé en plaçant le patient au cœur de chaque décision, en simplifiant l'accès aux soins et en favorisant une culture de prévention et de respect mutuel."

3. Option Visionnaire

"Bâtir une communauté plus saine en éliminant les barrières aux soins de qualité et en devenant le partenaire de confiance de nos patients pour une vie longue et épanouie."

- *regions*).

### Beneficiaries:

#### 1. Les termes les plus courants

**Patients and their families, The local community , Underserved populations , Individuals and families**

- Project start date: 15/10/2026
- Period covered by the Project: 12 months renewable if necessary.
- Duration: six growing seasons, i.e. 3 years

**Secondary Beneficiaries:**

**Location:** North Kivu (Goma and surrounding rural areas), DRC

**Target Beneficiaries:** 500 vulnerable children (ages 6–12) and 20 teachers

**Duration:** 12 Months

- **Caregivers and Child-Headed Households:** Families and older siblings struggling to provide nutritional and educational support to younger children.
- **Local Schools:** Educational institutions in conflict-affected zones that require resources to integrate vulnerable students.
- Funding and other contributions:

Total cost of the project: **US \$100,000**

- **Bank account: Dynamique des Jeunes Leaders pour la Paix et le Respect des Droits Humains, DYJEPREDHU asbl**

**Trust Merchant Bank S.A. (TMB)**  
**Goma Agency -DRC**  
**No. 1272-28000-23526760001-87**  
**Following code: TRMSCD3L**

## **PROJECT SUMMARY : DYJEPREDHU ASBL MEDICAL CLINIC**

### **1. Project Overview**

The **DYJEPREDHU ASBL Medical Clinic** is a community-driven healthcare initiative designed to provide high-quality, affordable, and accessible medical services. As an ASBL (Non-Profit Organization), the clinic aims to bridge the gap in healthcare disparities by serving vulnerable populations and improving the overall health indicators of the region.

### **2. Vision and Mission**

- **Vision:** To become a leading center of excellence for community health, ensuring that no individual is denied quality care due to socio-economic barriers.
- **Mission:** To deliver compassionate, evidence-based medical services, promote preventive healthcare, and empower the community through health education and sustainable medical practices.

### **3. Core Objectives**

- **Access:** Establish a functional, 24/7 medical facility within the heart of the community.
- **Quality:** Recruit qualified medical professionals and equip the clinic with modern diagnostic and therapeutic technology.
- **Affordability:** Implement a social pricing model to ensure services remain accessible to low-income families.
- **Prevention:** Launch outreach programs focusing on maternal health, nutrition, and infectious disease control (e.g., Malaria, HIV/AIDS, Water-borne diseases).

### **4. Key Services**

To meet the most urgent local needs, the clinic will offer:

- **General Consultations:** Routine check-ups and chronic disease management.
- **Maternal & Child Health:** Antenatal care, safe delivery services, and pediatric immunizations.
- **Laboratory & Diagnostics:** Essential blood tests, malaria screening, and basic imaging.
- **Pharmacy:** A community pharmacy providing essential medicines at regulated prices.
- **Emergency Care:** Stabilization and referral services for critical cases.

### **5. Sustainability and Governance**

Operated by **DYJEPREDHU ASBL**, the clinic's sustainability model relies on:

- **Social Enterprise Model:** Reinvesting service fees back into clinic operations and community programs.
- **Strategic Partnerships:** Collaborating with Ministry of Health, international NGOs, and private donors.
- **Community Involvement:** Engaging local leaders to ensure the clinic's services align with real-world community needs.

## 6. Expected Impact

- Significant reduction in maternal and infant mortality rates in the target area.
- Improved early detection and management of communicable and non-communicable diseases.
- Enhanced health literacy and hygiene practices within the community.

## CHALLENGE

The primary problem addressed by the **DYJEPREDHU ASBL** medical clinic is the **systemic collapse of healthcare access** in the eastern Democratic Republic of the Congo (DRC), a region crippled by protracted conflict, extreme poverty, and fragile infrastructure.

### 1. Critical Health Infrastructure Collapse

- **Facility Shortages & Looting:** Decades of armed violence have led to the destruction or looting of numerous medical facilities. In conflict-affected areas, up to **60% of health facilities** are partially or completely non-functional.
- **Resource Depletion:** Approximately **85% of health centers** in North and South Kivu face severe shortages of essential medicines, including malaria treatments, vaccines, and emergency kits.
- **Personnel Flight:** Violent attacks on medical staff have caused an exodus, with nearly **40% of qualified healthcare workers** fleeing high-risk zones. Currently, there are only **0.28 medical professionals per 10,000 individuals**, far below the global target of 22.8.

### 2. Escalating Mortality Rates

- **Maternal & Neonatal Crisis:** The DRC has one of the highest maternal mortality rates globally, with roughly **547 deaths per 100,000 live births**. In North Kivu, there has been a reported **four-fold increase in stillbirths** as mothers lose access to antenatal care.

- **Preventable Childhood Deaths:** Visitations for children under five dropped by **50% in early 2025** compared to the previous year. Measles and cholera outbreaks are surging, with children under five accounting for **80% of measles cases**.

### 3. Socio-Economic and Geographic Barriers

- **Financial Exclusion:** There is no functional subsidized healthcare system or universal insurance. For vulnerable families, even minimal medical fees are an insurmountable barrier, often forcing them to choose between food and medicine.
- **Isolation and Insecurity:** Roadblocks, front lines, and damaged roads make it physically impossible for many patients to reach hospitals during emergencies.

### 4. Public Health Emergencies

- **Unchecked Epidemics:** Low vaccination coverage (which fell from 67,000 to 29,000 in early 2025) has made the region a hotbed for **Mpox, cholera, and measles**.
- **Gender-Based Violence (GBV):** The region is one of the most dangerous globally for women, with over **35,000 reported SGBV cases** in recent periods, yet specialized medical and psychosocial support remains critically underfunded.

By establishing the **DYJEPREDHU ASBL** Medical clinic, the project aims to restore these missing "lifelines" by providing a safe, staffed, and affordable point of care directly within the community.

## SOLUTION

The solution proposed by **DYJEPREDHU ASBL** is a **Community-Centered Integrated Health Model**. It moves beyond traditional clinical care by combining emergency medical response with long-term health system strengthening.

Here is the in-depth breakdown of the solution:

#### 1. Decentralized Healthcare Access (The "Last Mile" Strategy)

- **Fixed Infrastructure:** Establishing a permanent, secure clinic in high-need areas to serve as a reliable medical "hub."
- **Mobile Outreach Units:** For displaced populations or those in extreme isolation, the clinic will deploy mobile teams to provide vaccinations, prenatal consultations, and malaria screening directly in the field.

- **24/7 Emergency Response:** Providing a round-the-clock service for trauma and obstetric emergencies, which are the leading causes of preventable death in the region.

## **2. The Social Enterprise Financial Model**

- **Sliding-Scale Fee Structure:** Implementing a "tiered" pricing system where those who can pay a small fee subsidize care for the ultra-poor.
- **Vulnerability Mapping:** In collaboration with local leaders, the ASBL identifies families in absolute indigence to grant them "Health Access Cards" for free essential care.
- **External Subsidy Integration:** Strategic use of grants and donations to keep the cost of life-saving medicines (antibiotics, anti-malarials) at near-zero for the patient.

## **3. Strengthening the Clinical "Package of Activities"**

- **Maternal & Neonatal Excellence:** Setting up a dedicated birthing unit with skilled midwives to ensure clean, safe deliveries and post-natal follow-up.
- **Infectious Disease Surveillance:** Integrating a rapid-response diagnostic laboratory to act as an early-warning system for the local health zone.
- **SGBV Holistic Care:** Providing a "One-Stop" center for survivors of Sexual and Gender-Based Violence, offering immediate medical treatment (PEP kits), psychological counseling, and legal referrals.

## **4. Supply Chain Resilience and Technology**

- **Essential Medicine Buffer Stock:** Creating a 3-to-6-month reserve of critical drugs to bypass the frequent supply chain disruptions caused by regional insecurity.
- **Solar-Powered Cold Chain:** Utilizing solar energy to maintain refrigerators for vaccines and temperature-sensitive medicines, ensuring the clinic remains functional even during total power grid failure.
- **Digitized Patient Records:** Implementing simple, offline-capable digital health records to track patient history, which is vital for displaced persons moving between areas.

## **5. Community Governance and Trust-Building**

- **Local Staffing:** Prioritizing the hiring of local medical professionals to ensure cultural competence and linguistic alignment (Swahili, Lingala, etc.).
- **Health Committees:** Forming a "Clinic Oversight Committee" composed of community elders and women's group leaders to ensure transparency and physical security for the facility.

### **Expected Outcomes of the Solution:**

- **60% reduction** in travel time for emergency care within the target zone.
- **Stabilized mortality rates** for pregnant women and children under five.
- **Increased community resilience** against recurring epidemics through proactive vaccination and hygiene education.

### **LONG TERM IMPACT**

The long-term impact of the **DYJEPREDHU Medical Clinic** is designed to transcend basic service delivery, aiming for a fundamental **systemic transformation** of the regional health landscape. As an ASBL (Non-Profit), its success is measured by the permanent shift from "reactive crisis management" to "proactive health sovereignty."

Here is an in-depth analysis of the long-term impact:

#### **1. Structural Reduction of the Disease Burden**

- **Morbidity & Mortality Compression:** Over 10+ years, the clinic aims to virtually eliminate deaths from preventable causes (malaria, diarrhea, respiratory infections). By institutionalizing early diagnosis, the clinic moves the community toward a state where diseases are managed before they become life-threatening.
- **Immunological Resilience:** High, consistent vaccination coverage (95%+) will create "herd immunity" in the health zone, effectively insulating the community from recurring outbreaks of measles, polio, and meningitis.

#### **2. Economic Empowerment and Poverty Alleviation**

- **Productivity Gains:** A healthier workforce directly correlates with local GDP growth. By reducing the number of "sick days" for farmers and laborers, the clinic stabilizes the local supply chain and family income.
- **The "Safety Net" Effect:** By removing the risk of catastrophic health expenditures—which is the #1 cause of families falling into extreme poverty in the DRC the clinic acts as an economic stabilizer, allowing households to divert savings toward education and micro-investment.

#### **3. Human Capital & "Brain Gain"**

- **Professionalization of Local Staff:** By providing a stable, high-tech environment in a rural or semi-urban setting, DYJEPREDHU reverses the "brain drain." It creates a center of excellence where local nurses and doctors can specialize in tropical medicine or maternal health without leaving the country.
- **Health Literacy Evolution:** Long-term community outreach transforms the population into "informed health consumers." When people understand the *why* of hygiene and nutrition, the reliance on the clinic for minor issues decreases, allowing the facility to focus on complex cases.

#### 4. Integration of "One Health" and Environmental Resilience

- **Climate-Smart Healthcare:** By utilizing solar energy and sustainable medical waste management, the clinic sets a regional standard for "Green Medicine." This ensures that the healthcare facility does not contribute to the environmental degradation that often causes disease (e.g., water contamination).
- **Sentinel Surveillance:** The clinic will eventually serve as a vital node in the global health security network, detecting zoonotic diseases at the source, potentially preventing national or global pandemics.

#### 5. Social Cohesion and Peace-Building

- **Equity as a Stabilizer:** In regions often divided by conflict, the DYJEPREDHU Clinic stands as a neutral, "sanctified" space of care. By providing equitable access to all regardless of ethnic, religious, or political background the clinic reinforces the social contract and contributes to regional peace and stability.

#### Impact Matrix: The 10-Year Horizon

Strategic Pillar	Success Indicator (Long-Term)
Health Equity	Zero patients turned away due to inability to pay; 100% maternal care coverage.
Operational	100% energy and water autonomy; zero reliance on unstable national grids.
Knowledge	Publication of local health trends to influence national DRC health policy.
Legacy	Transformation from a "project" to a "Community Institution" owned by the people.

#### PROJECT CONTEXT AND JUSTIFICATION

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## **1. Problem Statement, Context, and Proposed Solution**

For two decades, the city of Goma and the North Kivu province in general have been plagued by wars. During these years, it has hosted thousands of Rwandan refugees since 1994, particularly in the Mugunga, Lac Vert, and Ndosho neighborhoods. Kyeshero has ultimately suffered the horrors of repeated wars. These atrocities in eastern DRC have led to the displacement of populations. All these recurring events have left victims, among whom the situation is likely rooted in the observation of limited access to basic and quality healthcare for the vulnerable populations of Mugunga. It is possible that the region suffers from under-equipped medical infrastructure, a shortage of qualified medical personnel, and difficulties in accessing healthcare services, particularly for disadvantaged rural communities.

The population of Mugunga and the surrounding area faces considerable challenges in accessing basic and quality healthcare. The lack of adequate medical infrastructure forces residents to travel long distances to receive medical care, often of substandard quality. This situation leads to delays in treatment, an increase in untreated illnesses, and preventable mortality. There is an urgent need to improve the health and well-being of vulnerable populations by providing adequate access to healthcare. The construction of a well-equipped hospital aims to address these gaps by providing essential medical services, such as preventive care, curative treatments, maternal and child health services, and community health education programs.

Furthermore, this project is also justified by the need to strengthen the resilience of the local health system by investing in training infrastructure for local medical personnel. Finally, the project aims to create a lasting impact on community health and contribute to reducing inequalities in access to primary healthcare.

The problem in the East, more specifically in the province of North Kivu, which is heavily threatened by violence, and particularly in the Mugunga neighborhood, is the lack of access to basic and quality healthcare for vulnerable populations. This is due to inadequate medical infrastructure, a shortage of qualified medical personnel, and difficulties in accessing health services, especially for remote rural communities and disadvantaged groups. This situation creates health disparities and compromises the overall well-being of the local population.

The proposed solution involves building a modern hospital equipped with appropriate medical equipment and training local medical staff to provide healthcare tailored to the community's needs. Simultaneously, awareness programs will be implemented to inform the population about the importance of preventive healthcare and encourage healthy behaviors. This approach aims to improve access to healthcare, strengthen the capacity of local medical personnel, and actively engage the community in promoting the health and well-being of the population.

## **1.1. Brief Project Description**

### **A. Project Objectives, Expected Results, and Planned Activities**

#### **A.1. General Objective**

This project aims to guarantee improved access to quality basic healthcare for the vulnerable population of Mugunga by establishing adequate medical infrastructure and strengthening the capacity of local medical personnel. In doing so, the project seeks to reduce health disparities, improve the overall health of beneficiaries, and lay the foundations for a more robust and sustainable healthcare system for the community.

Improve access to primary healthcare: Provide accessible and affordable healthcare services for the entire population.

- Reduce mortality and morbidity: Ensure preventive and curative care to decrease infant and maternal mortality rates, as well as chronic and infectious diseases.
- Strengthen the local healthcare system: Train and employ local healthcare professionals to create a sustainable healthcare system.

#### **A.2. Specific Objectives**

- Construct a well-equipped hospital to provide specialized basic healthcare to the vulnerable population of Mugunga and its surrounding areas.
- Train and recruit qualified medical personnel, including doctors, nurses, and laboratory technicians, to ensure the delivery of quality healthcare
- Implement health awareness and education programs for all to strengthen knowledge and healthy practices within the community

- Ensure equitable access to healthcare services for the community by establishing mobile health initiatives or facilitating transportation to the hospital
- Establish partnerships with other health sector actors, such as non-governmental organizations and government agencies, to support the development and sustainability of the hospital.

By achieving these specific objectives, the project aims to significantly improve access to healthcare for vulnerable populations in Mugunga, while simultaneously strengthening the resilience of the local healthcare system.

### A.3. **Strategic Objectives :**

1. Increase access to healthcare: Reduce the distances residents travel to access basic and specialized medical service
2. Improve the quality of care: Provide modern and well-equipped infrastructure to deliver quality healthcar
3. Strengthen local capacity: Train local medical and paramedical staff to ensure effective and continuous patient care
4. Reduce mortality and morbidity: Decrease mortality and morbidity rates from common diseases through early and appropriate medical interventions.
5. Promote health equity: Ensure that the most vulnerable and disadvantaged populations have equal access to healthcare.
6. Encourage community development: Stimulate the social and economic development of the region by improving the overall health of the population.

### A.4. **Expected Results.**

The locality of Mugunga, located in Goma, Democratic Republic of Congo (DRC), and its surrounding areas. The region faces significant healthcare challenges, exacerbated by the lack of adequate infrastructure. The hospital construction project aims to address these deficiencies and improve the quality of life for residents.

#### 1. Improved Access to Healthcare

- **Reduced Travel Distance:** The majority of the population will be able to access healthcare without having to travel long distances, thus reducing treatment times and medical complications.
- **Increased Consultation Rate:** With a nearby hospital, medical consultations will increase, allowing for early detection and rapid treatment of illnesses.
- **Increased access to basic and specialized healthcare** for the vulnerable population of Mugunga, thereby reducing geo-economic barriers to health.

## 2. Improved Health Indicators

- **Reduction in Infant and Maternal Mortality:** The availability of quality obstetric and pediatric services will help reduce infant and maternal mortality rates.
- **Reduction in Infectious and Chronic Diseases:** With improved access to preventive and curative care, a significant reduction in diseases such as malaria, tuberculosis, and non-communicable diseases like diabetes and hypertension is expected.
- **Improved community health indicators,** such as reduced infant mortality rates, increased vaccination rates, and better management of endemic and pandemic diseases.

## 3. Strengthening Local Capacity

- **Medical Staff Training:** The project will include training for local medical staff, thereby improving their skills and the quality of care provided.
- **Job Creation:** The construction and operation of the hospital will create jobs for residents, thus stimulating the local economy.
- **Capacity building for local medical staff,** leading to more efficient healthcare delivery tailored to the specific needs of the population.

## 4. Improving the Quality of Care

- **High-Quality Healthcare Services:** The hospital will provide high-quality healthcare services, including emergency care, surgical care, laboratory services, and radiology, thereby increasing patient confidence in the local healthcare system.
- **Immunization Program:** The introduction and increased vaccination rates will protect the population against vaccine-preventable diseases.

- Greater awareness and adoption of healthy behaviors within the community will contribute to better disease prevention and a healthier lifestyle.

## 5. Positive Economic and Social Impact

- **Reduced Healthcare Costs for Families:** By providing affordable and accessible healthcare services, families will spend less on transportation and healthcare, increasing their purchasing power for other essential needs.
- **Improved Social Well-being:** Better access to healthcare will improve overall quality of life, reducing stress and anxiety related to untreated illnesses.

## 6. Health Awareness and Education

- **Awareness Campaigns:** Health education campaigns will increase awareness and prevention of diseases, thereby improving public health practices in the community.
- **The creation of local jobs** through the construction and operation of the hospital will stimulate the local economy.
- In summary, the expected results aim to significantly improve the quality of life and overall well-being of vulnerable populations in Mugunga through improved access to healthcare.

### **A.5. Expected Impact**

- **Population Health:** Significant improvement in health indicators (reduction in mortality and morbidity rates).
- **Economic:** Job creation and stimulation of the local economy.
- **Social:** Reduction of inequalities in access to healthcare.

### **A.6. Project Activities**

1. **Feasibility Study:** Assessment of the community's healthcare needs, analysis of available resources, and study of the technical, financial, and logistical aspects related to the construction of the hospital.
2. **Design and Construction of the Hospital:** Development of architectural plans, acquisition of construction materials, recruitment of local contractors, and supervision of the hospital's construction.

3. Acquisition of Medical Equipment: Identification of the equipment necessary for the hospital's operation, search for reliable suppliers, and acquisition of equipment that meets the required quality standards.
4. Recruitment and training of medical staff: Identifying medical staffing needs, recruiting qualified healthcare professionals, and implementing continuing education programs to strengthen staff capacity.
5. Health awareness and education: Organizing awareness campaigns on the importance of preventive healthcare, providing training on hygiene and good health practices, and implementing educational programs on nutrition and common diseases.
6. Implementation of health information systems: Developing computerized systems for managing medical records, monitoring community health indicators, and evaluating the impact of interventions.
7. These activities aim to establish the solid foundations necessary to ensure the effective operation of the hospital and guarantee a positive impact on access to healthcare for the vulnerable population of Mugunga.

## **A. Beneficiaries**

### **B.1. Direct Beneficiaries:**

1. Residents of Mugunga and surrounding communities will have improved access to basic and specialized healthcare due to the hospital's proximity.
2. Patients requiring appropriate medical care, including consultations, diagnoses, treatments, and surgical procedures, will benefit from the services provided by the hospital.
3. Local medical staff recruited and trained to work at the hospital will benefit from stable employment and convenient socio-professional development opportunities.
4. Patients' families will experience a reduction in the financial burden of healthcare and an improvement in the health and well-being of their loved ones.
5. Local communities will indirectly benefit from positive public health effects, such as a reduction in communicable diseases, improved health education, and increased economic productivity due to a healthier population.

By focusing its efforts on these direct beneficiaries, the project aims to bring tangible and lasting changes to the lives of vulnerable populations in Mugunga in terms of access to healthcare.

## **B.2. Indirect Beneficiaries:**

1. Local traders and small businesses that could benefit from the increased economic activity resulting from the construction and operation of the hospital.
2. Schools and educational institutions that could see improved health for students and staff due to increased access to healthcare.
3. Local authorities and government agencies that could benefit from a reduced healthcare burden for vulnerable populations, as well as improved community health indicators.
4. Non-governmental organizations (NGOs) and humanitarian agencies operating in the region that could find a reliable partner for implementing public health initiatives and disease prevention programs.
5. Potential investors in the region that could be attracted by a healthier and more stable environment to support local economic development.

By considering these indirect beneficiaries, the project could have a broader impact on the social, economic and political fabric of the region, thus contributing to an overall improvement in the well-being of the communities surrounding Mugunga.

## **II. Implementation Modalities and Timeline:**

1. Feasibility Study (Estimated Duration: 3 months): This phase would include data collection, consultations with stakeholders, analysis of community needs, and preparation of a detailed project feasibility report.
2. Design and Planning (Estimated Duration: 6 months): During this period, the architectural and technical plans for the hospital would be finalized, building permits would be obtained, and tenders for construction and the supply of medical equipment would be issued.
3. Construction of the Hospital (Estimated Duration: 12 months): Once the contracts are awarded, the actual construction of the hospital would begin, with regular monitoring and verification steps to ensure that quality standards are met.

4. Acquisition and Installation of Medical Equipment (Estimated Duration: 3 months): During this period, the necessary medical equipment would be acquired from selected suppliers and installed in the hospital.
5. Recruitment and training of medical staff (Estimated duration: 3 months): Qualified medical staff will be recruited, followed by a training period to ensure appropriate patient care.
6. Health awareness and education (Estimated duration: ongoing activities): Health awareness programs will be implemented before the hospital opens, with ongoing educational activities throughout its operation.
7. Implementation of health information systems (Estimated duration: ongoing activities): The computerized system for managing medical records and monitoring health indicators will be implemented progressively to support the hospital's operations.
8. En respectant ce calendrier général, le projet peut atteindre ses objectifs dans un délai raisonnable tout en assurant une mise en œuvre efficace et durable.

By adhering to this general timetable, the project can achieve its objectives within a reasonable timeframe while ensuring effective and sustainable implementation.

## **2.1. Intervention Sites:**

However, in addition to the hospital construction site, it would be important to consider other potential intervention sites to maximize the project's impact. These sites could include:

1. Surrounding Communities: Health awareness programs and mobile clinics could be established in nearby villages and neighborhoods to expand access to primary healthcare.
2. Schools: Preventive and educational health initiatives will be conducted in schools in the region to promote healthy behaviors among children and youth in the community.
3. Community Centers: In partnership with local authorities, health awareness activities could be organized in existing community centers to reach a larger number of residents.
4. Existing Clinics and Health Posts: Collaborations with existing health facilities to strengthen their capacity and improve care coordination will be among the intervention sites.

By taking into account these different intervention sites, the project could have a broader and more significant impact on the health and well-being of vulnerable populations in the Mugunga community.

## **2.2. Project Implementation Methods or Strategy**

Here are some key methods and strategies that will be implemented:

- **Community Participation:** Actively involve the local community in all phases of the project, from planning to implementation, to ensure that real needs are addressed and that the hospital meets local expectations and realities.
- **Local Partnerships:** Establish strong partnerships with local authorities, community organizations, and opinion leaders to benefit from increased support, better integration into the local social fabric, and greater effectiveness in raising awareness and engaging the population.
- **Integrated Approach:** Integrate complementary services such as health promotion, health education, disease prevention, nutrition, and psychosocial support into the hospital's activities to provide a holistic approach to healthcare.
- **Environmental Sustainability:** Integrate sustainable practices into the construction and operation of the hospital, such as the use of renewable energy, medical waste management, and the promotion of environmentally friendly practices to contribute to the preservation of the local ecosystem.
- **Monitoring and Evaluation:** Implement a robust monitoring and evaluation system to measure the project's impact on access to healthcare, patient satisfaction, improvement of health indicators, and the effectiveness of implemented interventions.

By combining these approaches and strategies within the project, it will be possible to create a hospital not only as a physical infrastructure, but also as an active participant in the sustainable improvement of the health and well-being of vulnerable populations in Mugunga

## Executive Budget Summary

<b>Category</b>	<b>Allocation (USD)</b>	<b>Share (%)</b>	<b>Strategic Impact</b>
<b>I. Facility Infrastructure &amp; Renovation</b>	\$28,000	28%	Hygiene & patient flow optimization
<b>II. Medical Equipment &amp; Diagnostics</b>	\$38,000	38%	Quality of care & rapid testing
<b>III. Pharmacy &amp; Initial Medical Supplies</b>	\$14,000	14%	Treatment availability

<b>IV. Digitalization Operations</b>	<b>IT, &amp;</b>	\$11,000	11%	Data security & patient tracking
<b>V. Legal Community Outreach</b>	<b>Licensing, &amp;</b>	\$6,000	6%	Compliance & public trust
<b>VI. Contingency Fund</b>	<b>Emergency</b>	\$3,000	3%	Financial resilience
<b>TOTAL PROJECT BUDGET</b>		<b>\$100,000</b>	<b>100%</b>	

## 2. In-Depth Detailed Breakdown

### I. Facility Infrastructure & Renovation (\$28,000)

Creating a sterile and welcoming environment is the foundation of community trust.

- **Lease & Security Deposit (\$7,500):** First 3 months of rent plus a security deposit for a central, accessible location.
- **Medical-Grade Renovations (\$15,500):** Antimicrobial flooring, specialized paint, plumbing for sinks in every exam room, and partitions for 3 consultation offices.
- **Solar Backup Power System (\$5,000):** Ensuring 24/7 electricity for vaccine fridges and diagnostic tools (critical for community health).

### II. Medical Equipment & Diagnostics (\$38,000)

Investing in tools that allow for 80% of primary care cases to be treated on-site.

- **Examination Rooms (\$12,000):** 3 Hydraulic exam tables, medical stools, high-intensity LED exam lights, and privacy screens.
- **Point-of-Care Laboratory (\$14,000):** Hematology analyzer, centrifuge, microscope, and rapid test kits (Malaria, HIV, Diabetes, Pregnancy).
- **Diagnostic Tools (\$8,000):** 12-lead ECG machine, pulse oximeters, digital thermometers, and pediatric scales.
- **Cold Chain Management (\$4,000):** WHO-certified solar medical refrigerator for vaccines and insulin storage.

### III. Pharmacy & Initial Medical Supplies (\$14,000)

Ensuring the clinic is ready to treat patients from day one.

- **Essential Medicines Stock (\$9,000):** 3-month supply of antibiotics, painkillers, antimalarials, and chronic disease medication (hypertension/diabetes).
- **Clinical Consumables (\$5,000):** Sterile gloves, syringes, IV kits, wound dressings, and PPE (masks/sanitizers).

#### IV. IT, Digitalization & Operations (\$11,000)

Modernizing healthcare delivery through technology.

- **Electronic Medical Records (EMR) (\$4,500):** Software license for patient records, billing, and pharmacy inventory management.
- **Hardware Package (\$5,500):** 3 Laptops (reception + doctors), 1 laser printer for prescriptions, and a secure local server.
- **Telecommunications (\$1,000):** High-speed internet setup and VoIP phone system for appointments.

#### V. Licensing, Legal & Community Outreach (\$6,000)

- **Accreditation & Permits (\$4,000):** Ministry of Health registration, business licenses, and professional liability insurance.
- **Community Awareness Campaign (\$2,000):** Local radio spots, brochures on preventive health, and a "Free Health Screening" day for the grand opening.

#### VI. Emergency Contingency Fund (\$3,000)

- **Reserved Capital:** Kept in a liquid account to cover any unforeseen equipment repairs or supply chain disruptions during the first 90 days.

#### Strategic Benefit of this \$100k Budget:

By focusing on **Solar Power** and **On-site Diagnostics**, your clinic will stand out from local competitors who often suffer from power outages or send patients elsewhere for lab tests. This creates a "One-Stop-Shop" experience for the community.

Done in Goma, April 8, 2026

For DYJEPREDHU asbl

  
Christian AHADI BEN MASONGA  
EXECUTIF DIRECTOR, HUMAN RIGHTS ACTIVISTI

