



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

Protect Healthcare for Women's and Children in DRC

May 2026

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PROJECT TECHNICAL PROPOSALS

I. Project Summary

1. Title of the project: Protect Healthcare for Women's and Children in DRC

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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- Referees:

Mr Christian AHADI BEN MASONGA (Executif Director)

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Mr. RIZIKI BARAKA Isaac (Financial Administrator)

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3. Organization Mission Statement

"To save lives, alleviate suffering, and advance health equity in the Democratic Republic of the Congo by delivering high-quality maternal, newborn, and pediatric care, strengthening community-led health systems, and ensuring that vulnerable women and children in conflict-affected regions have universal access to safe, free, and dignified healthcare."

Vision and Core Pillars (Optional Additions)

To make your organization's profile complete for donors, you can pair the mission statement with these elements:

Our Vision

A resilient Democratic Republic of the Congo where every woman experiences a safe pregnancy, every child survives past their fifth birthday, and all communities thrive with access to a self-sustaining and equitable health system.

Our Core Pillars

- **Direct Healthcare Delivery:** Bringing life-saving medical services directly to isolated and displaced populations through mobile units and equipped frontline facilities.
- **Local Capacity Building:** Empowering local Congolese healthcare professionals especially midwives and community workers with advanced clinical skills.
- **Systemic Sustainability:** Collaborating with the Ministry of Health and local health zones to build long-term infrastructure and remove financial barriers to care.

Project Beneficiaries

6.1. Direct Beneficiaries

Direct beneficiaries are individuals who will interact directly with the project activities and receive immediate, tangible services:

- **Pregnant and Lactating Women:** An estimated 1,200 women will receive free, comprehensive prenatal care, assisted safe deliveries, and postpartum check-ups.
- **Newborns and Children Under Five:** Approximately 2,500 infants and young children will receive routine immunizations, pediatric consultations, and treatment for severe acute malnutrition (SAM) or childhood illnesses (malaria, pneumonia, diarrhea).
- **Local Healthcare Professionals:** 15 midwives and nurses from frontline facilities will receive intensive clinical training in emergency obstetric and neonatal care (EmONC).
- **Community Health Workers (RECOs):** 5 community mobilizers will receive stipends, training, and tools to conduct health education and household nutritional screenings.

6.2. Indirect Beneficiaries

Indirect beneficiaries are individuals who will benefit from the broader systemic improvements, community outreach, and reduced disease burden:

- **Head of Households and Family Members:** Approximately 15,000 family members will benefit financially from the elimination of out-of-pocket medical bills and emotionally from the survival and well-being of their mothers and children.
- **The Wider Community:** An estimated 20,000 community members will be reached through public health awareness campaigns, radio broadcasts, and town-hall meetings focusing on hygiene, nutrition, and gender-based violence response.
- **Local Health Zones:** The Ministry of Health staff and local health authorities will benefit from reinforced medical supply chains, updated data collection systems, and strengthened clinical infrastructure.

Total cost of the project: US \$ 45,000

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

Goma Agency -DRC

No. 1272-28000-23526760001-87

Following code: TRMSCD3L

Context and Justification of the Project

1.1. Context of the Project

The Democratic Republic of the Congo (DRC) continues to face one of the world's most prolonged and complex humanitarian crises. Decades of armed conflict, political instability, and massive internal displacement have severely fractured the country's social infrastructure, particularly within the healthcare sector. The eastern provinces, notably North Kivu, South Kivu, and Ituri, suffer from chronic insecurity, where medical facilities are frequently looted, damaged, or forced to close. This fragile environment leaves millions of civilians without access to basic services, with women and children bearing the heaviest burden of the crisis.

1.2. Justification of the Project

The necessity of this project is rooted in the alarming maternal and child mortality rates across the DRC. According to international health assessments, preventable complications during pregnancy and childbirth remain a leading cause of death among Congolese women. Similarly, children under five face extreme risks from acute malnutrition, malaria, respiratory infections, and waterborne diseases, compounded by a lack of routine immunization programs.

The primary barriers to adequate healthcare include:

- **Financial Obstacles:** High out-of-pocket medical expenses prevent impoverished families from seeking timely clinical care.
- **Geographical Isolation:** Displaced populations and remote rural communities are physically cut off from functional referral hospitals.
- **Supply Chain Breakdown:** Local health centers experience chronic shortages of essential medicines, clean delivery kits, and nutritional supplements.
By deploying mobile health units, equipping frontline facilities, and training local midwives, this project directly addresses these critical gaps. Investing in the health of women and children is not only an immediate humanitarian imperative to save lives, but also a foundational step toward the long-term stabilization and socio-economic recovery of the region.

2. Project Objectives

2.1. Overall Objective

The overall objective of this project is to reduce maternal, neonatal, and child mortality and morbidity in conflict-affected and vulnerable communities across the DRC by improving access to high-quality, inclusive, and resilient healthcare services for women, adolescent girls, and children under five.

2.2. Specific Objectives

- **Specific Objective 1 (Access to Care):** To enhance immediate access to comprehensive emergency obstetric, newborn, and pediatric care for displaced and isolated populations through the deployment of mobile health clinics and the elimination of financial barriers.
- **Specific Objective 2 (Capacity Building):** To strengthen the capacity of local health zones by training and equipping midwives, nurses, and community health workers in emergency obstetric care, neonatal resuscitation, and the management of severe acute malnutrition.
- **Specific Objective 3 (Supply Chain):** To ensure a continuous supply of lifesaving commodities, including Interagency Reproductive Health kits, pediatric medicines, nutritional supplements, and clean delivery equipment, to frontline medical facilities.
- **Specific Objective 4 (Protection & Prevention):** To increase community awareness regarding reproductive health rights, sexual and gender-based violence (SGBV) response, early prenatal visits, and routine infant immunization through targeted community outreach.

3. Project Mission and Values

3.1. Project Mission

Our mission is to save lives and protect the dignity of vulnerable women, newborns, and children in the Democratic Republic of the Congo. We achieve this by breaking down financial and geographical barriers to healthcare, strengthening local medical infrastructure, and providing compassionate, high-quality maternal and pediatric services in conflict-affected communities.

3.2. Core Values

- **Humanity and Compassion:** We treat every patient with the utmost dignity, empathy, and respect, ensuring that vulnerable mothers and children receive supportive and trauma-informed care.
- **Equity and Inclusivity:** We guarantee free, impartial access to healthcare for all individuals, regardless of their ethnicity, religion, political affiliation, or legal status.
- **Local Empowerment and Resilience:** We partner closely with Congolese medical professionals and local communities to build sustainable skills, ensuring the health system remains strong long after the project ends.
- **Accountability and Integrity:** We manage all financial, medical, and human resources transparently and responsibly to maximize the direct impact of our work on the ground.
- **Do No Harm and Protection:** We prioritize the safety of our patients and staff, ensuring that health centers remain safe spaces and that survivors of violence receive confidential, protective care.

4. Project Activity Calendar (12-Month Timeline)

Project Phase & Activities	Q1 (Months 1-3)	Q2 (Months 4-6)	Q3 (Months 7-9)	Q4 (Months 10-12)
Phase 1: Project Launch & Assessment				
• Recruit project staff and establish field offices	X			
• Conduct baseline assessments in target health zones	X			
• Sign Memorandums of Understanding (MoUs) with local authorities	X			
Phase 2: Service Delivery & Procurement				
• Procure and distribute medical kits, nutrition inputs, and medicines	X	X	X	X
• Deploy mobile health clinics to remote and IDP camps		X	X	X
• Provide free maternal, newborn, and child healthcare services		X	X	X
Phase 3: Capacity Building & Community Outreach				
• Train local midwives and nurses in emergency obstetric care		X	X	
• Train community health workers (RECO) on malnutrition screening		X		
• Launch community awareness campaigns on prenatal care and hygiene		X	X	X
Phase 4: Monitoring, Evaluation & Closure				
• Conduct routine monthly data collection and supervision visits	X	X	X	X
• Organize mid-term project evaluation			X	
• Complete final project evaluation and endline survey				X
• Submit final narrative and financial reports to donors				X

5. Detailed Project Budget (USD)

Budget Category & Line Items	Unit Breakdown	Total Cost (USD)
1. Personnel & Staff Costs		
• Project Coordinator	1 person × 12 months @ \$600/month	\$7,200
• Local Nurses / Midwives	2 staff × 12 months @ \$400/month	\$9,600
• Community Health Mobilizers (RECOs)	5 people × 12 months @ \$50/month stipend	\$3,000
<i>Category Subtotal</i>		\$19,800
2. Medical Supplies & Procurement		
• Interagency Reproductive Health (RH) Kits	Bulk procurement (Clean delivery packs)	\$5,000
• Essential Pediatric Medicines & Nutrition	RUTF (Therapeutic food), malaria meds, antibiotics	\$4,400
• Basic Clinical Equipment	Medical scales, BP cuffs, sterilization tools	\$1,600
<i>Category Subtotal</i>		\$11,000
3. Travel, Logistics & Operations		
• Mobile Clinic Fuel & Maintenance	Vehicle operating costs for 12 months @ \$300/mo	\$3,600
• Field Travel & Staff Per Diems	Local transport for remote supervisory visits	\$2,000
<i>Category Subtotal</i>		\$5,600
4. Capacity Building & Outreach		
• Clinical Midwifery Workshops	Training 15 local healthcare workers (venue & tools)	\$2,500
• Community Awareness Campaigns	Radio spots, flyers, and town-hall health meetings	\$1,500
<i>Category Subtotal</i>		\$4,000
5. Operational Support & Monitoring		
• Office Utilities & Communications	Internet, phone lines, and office space shares	\$1,800
• Monitoring & Evaluation (M&E)	Data collection, field audits, and final reporting	\$1,300

• Contingency Reserve	Emergency funds for local price fluctuations	\$1,500
<i>Category Subtotal</i>		\$4,600
GRAND TOTAL		\$45,000

Done in Goma, May 22, 2026

For DYJEPREDHU asbl




Christian AHADI BEN MASONGA
 EXECUTIF DIRECTOR, HUMAN RIGHTS ACTIVISTI