2025

ANNUAL REPORT

HOPE - HEAL - RESTORE

HEAL AFRICA

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WORD FROM THE CEO

Dear Partners,

The people of Goma entered the year 2025 with enthusiasm and hope until everything changed abruptly. The most difficult moments arrived before the end of January 2025. During the night of Sunday, January 26, AFC/M23 troops took control of the city of Goma. The immediate consequences of this armed conflict included the closure of banks, the shutdown of Goma International Airport, and the disruption of the socio-economic system in and around Goma.

In this complex and uncertain context, HEAL Africa emerged as both a solution and a place of refuge for many:

- Children left without or any means of contact with their families were received, treated, sheltered, fed, and protected for months before being reunited with their families. More than 60 children benefited from this protection.
- Women and men who had lost hope and were in deep distress were welcomed, treated, fed, and accommodated free of charge for several days. More than 1,000 people received this support.

HEAL Africa's holistic humanitarian response aimed at strengthening community resilience extended beyond Goma to surrounding areas in North Kivu, as well as to other communities in South Kivu Province. Hundreds of people received direct assistance, including medical, psychological, economic, and spiritual support, provided by HEAL Africa.

Dear partners,

Without the prompt and committed way you responded to our requests and needs, the impact of this crisis would have been far greater. Your support enabled us to mitigate its effects and restore hope to countless families.

Despite all that has been accomplished during this difficult period, significant challenges remain. There are still children, women, and men who urgently need medical, surgical, and psychological care but cannot yet access it. Families who have shown extraordinary resilience continue to struggle to meet their basic needs. They require psychological support and, where possible, assistance with essential items. Thousands of vulnerable children continue to need psychosocial support and nutritional assistance.

We remain confident in your continued commitment to advancing comprehensive community healing in eastern DRC. We pray that the Lord will grant you His grace and open new doors, enabling access to the resources needed to continue serving our people.

ACRONYMS AND ABBREVIATIONS

ABIM	: American Baptist International Ministries
ADF	: Allied Democratic Forces
AFC	: Alliance Fleuve Congo
ANC	: Antenatal Care
ARVs	: Antiretrovirals
AVSD	: Action des Volontaires pour la Solidarité et le Développement
CAP	: Children Aid Program
CAU	: Community Animation Unit
CD	: Community Dialogue
CECT	: Clinical Emergency Care Training
CI	: Cellule Infrastructures
CISM	: Integrated Multi-sector Service Center
COSA	: Health Committee
COSECSA	: College of Surgeons of East, Central and Southern Africa
CUTCM	: Consortium Universitaire pour le Troisième Cycle en Médecine (University Consortium for Post Graduate Medical Education)
DISC	: Diploma in SOTA Care
EBA	: Enfants Bien Aimés (Beloved Children)
ECODIM	: Ecole de Dimanche (Sunday School)
EHC	: Healthcare Establishments
EONC	: Emergency Obstetric and Neonatal Care
FOSIP	: Femmes organisées dans le système intégré du progrès
FP	: Family Planning
FVC	: Fully Vaccinated Child
GBV	: Gender-Based Violence
GRH	: General Referral Hospital
GSF	: Goma Student Fund
HE	: Healthcare Establishment
HC	: Health Center
HEAL	: Health, Education, community Action and Leadership development
HFDRC	: Humanitarian Fund of the Democratic Republic of Congo
HRC	: Health Referral Center
IDPs	: Internally Displaced Persons
IGA	: Income Generating Activity
IM	: International Ministries
IMAM	: Integrated Management of Acute Malnutrition
INTU	: Intensive Nutritional Treatment Unit
INU	: Internal Nutritional Unit
NC	: Nehemiah Committee
NC	: New Case
NGO	: Non-governmental organization
NSU	: Nutritional Supplementation Unit
OC	: Old Case
ONU	: Outpatient Nutritional Unit
ORL	: Oto-rhino-laryngologic
OSC	: One Stop Center
PBW	: Pregnant and breastfeeding women

PEP	: Post-exposure Prophylaxis
PMTCT	: Prevention of Mother-To-Child Transmission
PNC	: Postnatal care
PNSR	: National Reproductive Health Program
PPE	: Personal Protective Equipment
PRVBG	: Prévention et Réponse aux Violences Basées sur le Genre (Prevention and Response to Gender-Based Violence)
PSC	: Preschool Consultation
RHC	: Reference Health Center
S-3G	: Stability, Gender, Community Guarantee, Single Window, and Essential Medicines Supply Chain Management
SAE	: Sexual Abuse and Exploitation
SAM	: Severe Acute Malnutrition
SASA	: Start, Awareness, Support, Action
SDGs	: Sustainable Development Goals
SEA	: Sexual Exploitation and Abuse
SHF	: Sonic Health Foundation
SOTA	: Surgery, Obstetrics, Traumatology and Anesthesia
STI	: Sexually Transmitted Infection
SVS	: Sexual Violence Survivor
THP	: Total Hip Prosthesis
TKP	: Total Knee Prosthesis
TPIC	: Testing and provider-initiated counseling
SGBV	: Sexual and Gender-Based Violence
VOC	: Vulnerable Orphan Child
VSLA	: Village Savings and Loan Association
WASI	: Wamama Simameni
HZ	: Health Zone

INTRODUCTION

HEAL Africa is a Congolese national organization working in the fields of health/nutrition, protection, and education/research.

In 2025, it operated in the provinces of Equateur, North Ubangi, Congo-Central, North Kivu, and South Kivu. The last two provinces were affected by an intense humanitarian crisis marked by large-scale population movements. According to OCHA's report of December 31, 2025[1], the number of internally displaced persons (IDPs) in North Kivu was estimated at 1.84 million, with 2.27 million returnees. In South Kivu, OCHA's report of November 30, 2025[2], estimated 1.31 million displaced persons and 911,000 returnees.

HEAL Africa operated in an unstable sociopolitical environment marked by insecurity due to ongoing conflict between government forces and the AFC/M23 movement on one side, and the ADF on the other, as well as the closure of microfinance institutions and the airport. This tense context negatively affected the implementation of life-saving interventions by further limiting vulnerable populations' access to basic healthcare services.

Despite significant challenges related to resource mobilization, available funding enabled the continuation of interventions and the provision of care to vulnerable patients, particularly in the territories of Masisi, Nyiragongo, Rutshuru, Lubero, Beni, Kalehe, Uvira, Mwenga, Idjwi, and in the cities of Beni, Goma, Butembo, and Bukavu. Some of these areas are currently occupied and under the control of AFC/M23.

At HEAL Africa Hospital, routine curative and preventive activities were maintained. Overall attendance declined. However, certain departments recorded an increase in vulnerable patients, including pediatrics (malnutrition cases), gynecology and obstetrics (gender-based violence cases and deliveries), as well as general surgery and orthopedics (war-related trauma cases.)

Community-based project activities, structured across three sectors (Wababa, Wamama, and Watoto), were significantly affected by the dismantling of IDP camps following the occupation of certain areas by AFC/M23, which triggered large-scale population returns to their areas of origin.

Despite this unstable security context and the resulting operational challenges, HEAL Africa continued its interventions by adapting to the evolving displacement dynamics. Activities were reoriented towards return areas and host communities, thereby ensuring continuity of assistance and beneficiaries' access to essential services. Notably, the *Watoto* sector recorded encouraging progress in its activities supporting children in the *Enfants Bien Aimés (EBA)* program.

The training and research sector experienced a decline in the number of doctors trained across the various programs organized annually at HEAL Africa, as well as reduced participation in international conferences compared to previous years. Nevertheless, scientific publications were produced. Despite this slowdown, the quality of education and academic excellence remained at the core of our priorities.

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1 **RD Congo : Situation humanitaire dans la province du Nord-Kivu,** Rapport de situation #1 *16 janvier 2026, OCHA, 22/01/2026*

2 **RD Congo : Situation humanitaire dans la province du Sud-Kivu**
Rapport de situation # 11 *15 décembre 2025*

KEY ACHIEVEMENTS IN 2025

A. HEAL AFRICA HOSPITAL AND HEALTH CENTER

- Provided medical, surgical, and nutritional care to 1,504 individuals affected by the war during the capture of Goma, including 1,032 wounded patients
- Rehabilitated and restored the hospital's main operating theater
- Repaired and returned to service the two ambulances damaged during emergency response operations in the Goma conflict.

B. COMMUNITY PROJECTS

- Introduced bubble CPAP (b-CPAP) technology in the neonatology unit of HEAL Africa Hospital and in five additional health facilities across the region.
- Rescued more than 60 children whose lives were in immediate danger during the January 2025 Goma conflict. All were progressively reunited with their families.
- Advanced the localization of humanitarian aid by strengthening the capacities of two local NGOs (FOSIP and AVSD) both of which received funding from the Humanitarian Fund in DRC.
- Through the NORAD project, HEAL Africa rehabilitated and equipped 6 schools in the Mutwanga Health Zone, an area previously affected by armed activity by ADF rebels.

C. TRAINING AND RESEARCH

- Dr. Mbida Bienvenu completed his pediatric surgery training under the COSECSA program, becoming the first specialist in this field in North Kivu Province.

CHALLENGES FACED IN 2025

- The influx of war-wounded patients following the assault of Goma placed significant pressure on HEAL Africa Hospital's resources.
- The closure of banks made access to cash difficult for the implementation of activities.
- The closure of Goma International Airport increased transportation challenges and raised operational costs.
- Increased population vulnerability led to higher costs for the care of vulnerable patients.
- Suspension of water and electricity subsidies further strained operational capacities.

PRAYER REQUESTS

- Pray for lasting peace and stability in eastern DRC.
- Pray for the continued strength and sustainability of HEAL Africa's activities across all its areas of intervention.

I. AMANI HEAL Africa HEALTH CENTER

I.1. PREVENTIVE CONSULTATIONS

The Health Center provided the following preventive services:

- **Antenatal Care** (ANC): **3**,**642** pregnant women attended consultations.
- **Postnatal Care** (PNC): **676** women were seen.
- **Preschool consultations**: **10,560** consultations were conducted and **596** children completed their vaccination schedule.
- **Integrated Management of Acute Malnutrition** (IMAM): **480** individuals (pregnant/ breastfeeding women (PBW) and children 6 to 59 months) were treated in the Supplementary Feeding Unit (SFU).
- **Family Planning** (FP): **1,314** women adopted family planning methods.
- **Diabetes Follow-up**: **413** diabetic patients received health education (**323** new cases and 90 follow-up cases.)
- **Malaria Prevention**: **1,398** insecticide-treated mosquito nets were distributed to pregnant and breastfeeding women (PBW).

I.2. CURATIVE CONSULTATIONS

- **Outpatient Care**: **3,412** consultations for curative care conducted
- **Observation Cases**: **30** patients (16 women, 14 men) placed under observation at the Health Center
- **Referrals**: **84** patients (31 men and 53 women) were referred to HEAL Africa Hospital for advanced care.
- **Child Malnutrition**: **260** children (0–5 years) were treated in the Outpatient Therapeutic Feeding Unit (OTFU); 321 in the Inpatient Therapeutic Feeding Unit (ITFU).
- **Maternity Services**: **66** deliveries assisted
- **Malaria Control**: 1,511 rapid diagnostic tests conducted; **740** were positive (**48.97%**).
- **Tuberculosis Care**: **108** patients diagnosed: **53** cases **49.07%** with pulmonary tuberculosis and **55** cases with extrapulmonary tuberculosis (**50.9%**).

II. HEAL AFRICA HOSPITAL

In 2025 the hospital received **45,482** patients (**26,362** females and **19,120** males). Among them, **12,968 (28.5%)** were new patients while **32,514 (71.5%)** were returning patients. Of the total number of patients, **4,662** were children under five years of age **(10.3%),** and **6,819** were admitted to emergency services **(14.9%)**. Among the female patients, **5,130** were pregnant **(11%).**

Care was delivered across four departments, with a total bed capacity of **256** and an average occupancy rate of **54%** throughout the year.

During the capture of Goma by M23/AFC, HEAL Africa was heavily impacted. Both ambulances were damaged during rescue operations, and the hospital received **1,032** war-wounded patients, including **517** within the first four days. This influx overwhelmed the hospital, far exceeding its capacity and placing considerable strain on its material, financial, and human resources.

Comprehensive medical, surgical, and nutritional care was provided to 1,032 injured patients, including 753 (72.9%) men (101 aged 0–17 and 652 aged 18+) and 279 (27.1%) women (110 aged 0–17 and 169 aged 18+).

Table 1. Distribution of War-Wounded Patients Treated at HEAL Africa Hospital

Age Group	Male	Female	Total
0–11 months	7	12	19
1–5 years	12	33	45
6–17 years	82	65	147
18 years+	652	169	738
Total	**753**	**279**	**1032**

Influx of wounded patients during the first four days of the Goma battle

Damaged ambulances during rescue operations in Goma

II.1. INTERNAL MEDICINE

The Internal Medicine department provided care to 7,944 outpatients and 2,063 hospitalized patients. The most frequently treated conditions included: ear, nose, and throat (ENT) infections, clinical AIDS, acute respiratory infections, acute renal failure (ARF), dermatological conditions, typhoid fever, cardiovascular diseases, liver cirrhosis, and stroke, etc.

II.2. PEDIATRICS

In the Pediatrics department, 4,662 patients were treated on an outpatient basis and 2,292 children were hospitalized. The most common conditions managed included: neonatal disorders, asthmatic bronchitis, ENT infections, meningitis, sickle cell disease and malnutrition, among others.

II.3. GYNECOLOGY – OBSTETRICS

In addition to general women's health services, the department specializes in reconstructive surgery for fistula and other gynecological complications. These procedures were performed through outreach activities in Beni as well as at HEAL Africa Hospital in Goma.

3.1. MATERNITY UNIT

In 2025, the maternity unit admitted 2,269 patients, of whom 1,140 gave birth through various delivery methods.

Table 2: Deliveries conducted in the HEAL Africa maternity

Indicator	Number	%
Normal Spontaneous delivery	509	44.6%
dystocic/obstructed delivery	15	1.3%
Vaginal delivery with previous uterine scar	11	1.1%
Emergency cesarean section	428	37.5%
Scheduled cesarean section	177	15.5%
Total deliveries	1140	100%

Comment**:** The majority of deliveries were spontaneous vaginal deliveries (44.6%), followed by emergency cesarean sections (37.5%).

3.2. RECONSTRUCTIVE SURGERY FOR FISTULA AND OTHER GYNECOLOGICAL COMPLICATIONS

A total of **2,554 patients** underwent reconstructive surgery, including **1,399** specialized procedures.

Table 3: Special surgical procedures conducted at HEAL Africa.

Specialized Procedures		Goma	Outreach	Total
Ob-Gyn	**Gynecology – Obstetrics**			
	Vaginal hysterectomy	242	53	295
	Urogenital fistula repair	502	27	529
	Rectovaginal fistula repair	21	0	21
	Perineal tear repair	422	15	437
	Repair of other complications	112	5	117
Total		**1,299**	**100**	**1,399**

Comment**:** Urogenital fistula repairs were the most frequent procedures in 2025.

3.3. SURVIVORS OF SEXUAL VIOLENCE

A total of 3,756 survivors of rape (3,747 women and 11 men) received complete holistic care based on their needs. Of these, 1,791 (48%) were admitted within 72 hours following the assault and all received post-exposure prophylaxis (PEP) kits.

Seventeen percent (630) were children under the age of 18. A total of 290 pregnancies resulting from rape were recorded. The 11 male survivors experienced sexual violence in contexts such as kidnapping and forced alcohol consumption followed by assault by other men.

II.4. SURGERY AND ORTHOPEDICS

A total of **2,017** surgical procedures were performed in general surgery and orthopedic trauma care along with **5,728** complementary procedures (plastering, fixation, wound dressing, debridement, etc.). These interventions were conducted both in Goma and through outreach activities.

Of the 2,017 procedures, **625** were specialized interventions, including **190** in general surgery and **435** in orthopedics.

Regarding clubfoot management, **1,170** children under the age of 2 were treated using the **PONSETI method** across 16 supported clinics.

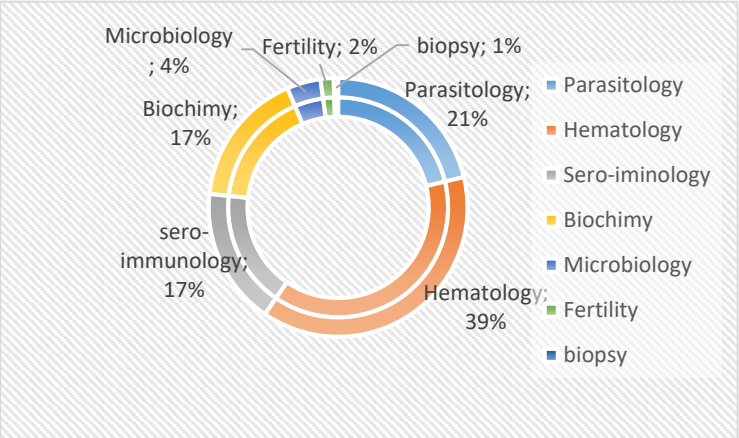
Table 4: Special surgical procedures performed in General Surgery and Orthopedics

Department	Type of Intervention	Goma	Outreach	Total
General Surgery	Thyroidectomy	3	0	3
	Cleft lip repair	52	112	164
	Spina bifida repair	2	0	2
	Craniotomy	14	0	14
	Hypospadias repair	0	0	0
	Mastectomy	2	0	2
	Repair of anal imperforation	1	0	1
	Cholecystectomy	2	0	2
	Acute abdominal emergency surgery	2	0	2
Subtotal		**78**	**112**	**190**
Orthopedic Trauma	Osteosynthesis / SIGN	144	0	144
	Osteosynthesis / Other	284	0	284
	Total hip replacement (THR)	0	0	0
	Total knee replacement (TKR)	0	0	0
	Tenotomy	7	0	7
Subtotal		435	0	435
Grand Total		**513**	**112**	**625**

II.5. PARAMEDICAL SERVICES

5.1. LABORATORY

A total of **106,314** samples were analyzed in the laboratory during the year 2025.



Hematology tests were the most predominant (38%), followed by parasitology (21%), then biochemistry and sero-immunology.

Figure 1: Laboratory tests performed

5.2. MEDICAL IMAGING EXAMINATIONS

In 2025, a total of **20,582** medical imaging examinations were conducted:

Table 5: Medical imaging examinations performed in 2025

Examination	2025	Percentage (%)
Radiology	9,253	45.0%
Ultrasound	9,912	48.2%
ECG	763	3.7%
Echocardiography	362	1.7%
CT scan	228	1.1%
Endoscopy	64	0.3%
TOTAL	**20,582**	**100%**

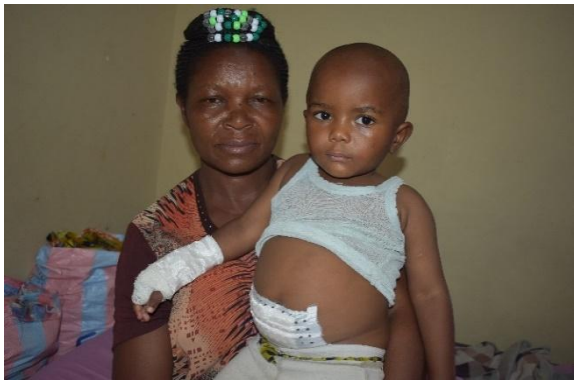
II.6. SPECIALIZED SERVICES

Table 6: Patients attended to different specialized units:

Unit	Year 2025	Percentage (%)
Ophthalmology	1,150	37%
Dentistry	935	30%
Physiotherapy	,031	33%
TOTAL	3,116	100%

Success Story (War-Injured Patient)

Life in Goma changed in an instant for Graciane, a mother of seven. One ordinary day at home with her children in the Birere neighborhood a sudden explosion shattered the calm. *"It was like a nightmare,"* she recalls.



The blast caused unimaginable tragedy. Two of her children were killed instantly while four others were injured and transported to HEAL Africa Hospital. *"I was so worried about them,"* she said.

Among the wounded was her son, Dany KALUME, just 2 years and 4 months old. He was rushed to HEAL Africa Hospital's operating room for urgent, complex surgery. Against the odds, Dany survived. *"Thanks to the dedication of the medical staff at HEAL Africa Hospital, my child Dany is still alive, here with me,"* Graciane said with deep gratitude.

She now calls on authorities and partners to continue supporting HEAL Africa hospital in its

vital role for the people of Goma and the DRC. During this extremely difficult period the hospital remains a lifeline when so many face unimaginable suffering.

Graciane is not unique. Her story mirrors the pain of countless families affected by violence in the region. She prays for an end to the violence and for the well-being of all. *"I want a better future for my children and for everyone who is suffering,"* she concluded.

III. COMMUNITY PROJECTS

III.1. WATOTO SECTOR

1.1. HEALTH CARE

a. Care for Newborns

The Neonatal Intensive Care Unit recorded **468** newborns this year**.** Among them:

100 with respiratory distress
49 pre-term infants
42 with asphyxia
277 with neonatal infections.

With the acquisition of Vayu Bubble CPAP equipment, 35 newborns were treated using these machines. Of these, 32 (91.42%) survived. This survival rate is significant as it exceeds the WHO estimate of 61–74%[3].[WC1]

"HEAL Africa and MGH/Harvard an Easter Story of New Life and Hope in Goma"

The Democratic Republic of Congo (DRC) has one of the highest perinatal mortality rates (babies who die in the first week of life) in the world[4], in part due to the distance expectant mothers have to travel to find a hospital, and just as significant, the inability of many hospitals in this part of the world to provide essential support to newborns in respiratory distress, the number one cause of death of newborns here in eastern DRC.

[3] https://iris.who.int/server/api/core/bitstreams/74b12494-f213-4b5b-9533-18442147e1fb/content, information du 23/01/2025

[4] Kahiririaa, M.J., Namyalo, J., Mubarak, N. et al. Perinatal mortality and its predictors in Beni City, Democratic Republic of Congo: a cross-sectional study. matern health, neonatol and perinatol 10, 14 (2024). https://doi.org/10.1186/s40748-024-00184-6

Through HEAL Africa partners, Global Strategies and International Ministries, we learned about a group called 'Vayu Global Initiative' in the United States (Massachusetts) who through their collaborators at Mass General Hospital and Harvard University, had developed a practical and low-cost CPAP (Continuous Positive Airway Pressure) ventilator system' to save babies dying from respiratory distress. We reached out to them several weeks ago, not long after the devastating attack on the city of Goma which left thousands of dead and our hospital overwhelmed, not the best time to ask anyone to come to eastern Congo…but it didn't seem to sway the team. What seemed impossible for us at the time, wasn't for God.

"Sure, I think we can do that", responded Dr Thomas Burke, the Director of the MGH/Harvard program in Boston. "In fact, two of our doctors are on assignment in East Africa; let me see if they are able to cross into the Congo and get this set up for you and by the way, we can probably give you 8-10 of these new ventilators if HEAL Africa can in turn train other referral centers in your areas to use them."

The VAYU and Global Strategies teams arrived last week just before Easter and spent six days with our doctors and nurses: three days of training, a day to set up the equipment, and two days of monitoring. On Easter Monday as they were getting ready to depart Congo and travel back to Kenya, a premature baby was delivered at HEAL Africa with challenges breathing. As the baby's color was fading (and the visiting team members were packing their suitcases) the HEAL Africa delivery nurses rushed the child into the neonatal intensive care unit and put her on the new 'breathing machine.' The response was immediate…color and tone improved, respiratory rate came down, and the baby's oxygen level markedly improved.

A now healthy baby …and a technology that will be shared and used in one of the poorest and fragile settings in the world. God made use of relationships, connectivity, and commitment to bring a child from the throws of death back to life. A post-resurrection Easter Monday miracle…one of many we witness, acknowledge and give praise to in this part of the world!

You are the God who works wonders! Psalm 77:14

b. Pediatric HIV care in the Children Aid Program (CAP)

The CAP program supported **626** children, adolescents, and young people, of whom **561** were HIV-positive, all receiving antiretroviral therapy (ART, 100%). Among the 561 patients, 225 underwent viral load monitoring (40.10%), and 214 (95.11%) achieved viral suppression. Overall, 456 out of 485 adolescents and young people over 12 years old (94.02%) know their HIV status.

Table 7: Activities conducted under the CAP program with regard to WHO 95/95/95 targets

Indicators	Number	Rate	95/95/95	Gap
Patients cared for	626			
HIV-positive patients	561	90%		
Patients on ART	561	100%	100%	0.00%
Patients on ART with viral load tested	225	40.10%		
Patients on ART who achieved viral load suppression	214	95.11%	95%	0.00%
Patients on ART who did not achieve viral load suppression	11	4.89%		
Patients on ART without viral load test	336	59.89%		
Patients on ART aged >12 years	485	86.45%		
Patients on ART >12 years knowing their status	456	94.02%	95%	0.98%

Comment: 100% of patients received ART, 95.11% achieved viral suppression, and 94.02% of patients over 12 years old know their HIV status.

c. Prevention of Mother-to-Child Transmission (PMTCT)

HEAL Africa followed 142 exposed children (66 new and 76 existing). In total, 24 infants reached 18 months, and 20 returned for testing (83.3%). All tested HIV-negative (0% transmission). PCR testing at birth was negative in 6 infants (0% transmission at birth).

d. Provider-Initiated Testing and Counseling (PITC)

Among 38 children aged 0-9 years seen in the pediatric department through PITC, 13 (34.2%) were HIV-positive. In the same program, 7 out of 20 adolescents aged 10–19 years tested positive (35.0%).

e. Integrated Management of Acute Malnutrition (IMAM/PCIMA)

Across the three nutritional care units, 1,061 malnourished patients were cared for: 260 in Outpatient Therapeutic Feeding Unit, 480 in Supplementary Feeding Unit, and 321 in Inpatient Therapeutic Feeding Unit.

Table 8: Severe acute malnutrition patients cared for in 2025

Indicator	**UNS**				**UNTA**		**UNTI**		**Total**	
Sex	Girl	Boy	Pregnant women	Breastfeeding women	Girl	Boy	Girl	Boy	Girl	Boy
# SAM cases identified and screened (UNS)	165	158	62	95	0	0	0	0	322	158
# SAM cases followed outpatient (UNTA)	0	0	0	0	138	122	0	0	138	122
# SAM cases admitted inpatient (UNTI)	0	0	0	0	0	0	170	151	170	151
# Discharged cases	165	158	62	95	113	109	153	135	588	402
# Recovered cases	162	154	65	96	55	81	172	124	550	359
# Deaths	0	0	0	0	0	0	2	4	2	4
# Abandons	7	6	1	2	7	3	0	0	17	9
# HIV+ tested admitted cases	0	0	0	1	0	1	1	1	2	2
# HIV- tested admitted cases	0	0	0	0	0	0	169	150	169	150
Recovery rate									93,31%	
Mortality rate									0,61%	
Default rate									2,63%	
HIV+ rate									0,8%	

Comments: The recovery rate of 93.31% is higher than the PRONANUT acceptable average of 75%, and the mortality rate of 0.61% is below the acceptable standard of 5%.

1.2. PROTECTION AND RESPONSE TO GENDER-BASED VIOLENCE

a. Medical care for SGBV cases

In the area of SGBV protection and response, HEAL Africa supported 5,444 children and adolescents through 7 projects located across 34 Health Zones: 28 in North Kivu (covering 51 Health Centers, 16 Referral Health Centers, and 26 hospitals) and 6 in South Kivu (covering 29 Health Centers, 2 Referral Health Centers, and 5 hospitals).

Table 9: Gender-based violence cases among minors managed in 2025

Sex	M	F	Total	%
Identified Cases	263	5,181	5,444	–
Cases identified within 72 hours	25	3,309	3,334	61.2%
Cases that received PEP kit	13	3,263	3,276	98%
Pregnancies resulting from rape	0	235	235	4.5%
Psychological care	263	5,181	5,444	100%
Survivors receiving legal advice	24	100	124	2.27%

Comment: Of the 3,334 survivors identified within 72 hours, 3,276 received PEP kits (98%).

b. Children and adolescents' friendly spaces

The child-friendly spaces provide guidance and support to various categories of children and adolescents each year. This year, 352 children were supported. Therapeutic approaches such as NET therapy, capoeira, dance, and active listening were used to best support the children.

Table 10: Children supported in the child-friendly spaces during the year 2025

Categories	0–5 yrs		6–12 yrs		13–17 yrs		Total
	Girl	Boy	Girl	Boy	Girl	Boy	
SVV children	0	1	7	1	43	0	52
Children born from rape	0	2	5	3	16	1	27
Children in difficult situations	0	13	11	67	123	59	273
TOTAL	0	16	23	71	182	60	352

Comments: Children in difficult situations accounted for more than half of our cohort.

1.3. EDUCATION DOMAIN

In the field of education, **395 children and adolescents** from various categories benefited from educational support through different approaches:

a. Reintegrating out-of-school children (Tuungane School)

This program enrolled 73 out-of-school children (21 girls and 52 boys), among whom:

- 41 (26 girls and 15 boys) were supported following the standard curriculum. Among them, 6 (14%) dropped out during the year. Of the 35 children who completed the year, 3 scored below average, while 32 achieved a success rate of 92.5%.
- 32 children (21 boys and 11 girls) whose parents were hospitalized did not complete the year. They rejoined their original schools after their parents' hospital discharge.

b. Schooling for children in disadvantaged situations

Goma Student Fund (GSF): 322 pupils, including 165 girls (51.24%) and 157 boys (48.76%), completed the 2023–2024 school year. Their overall success rate was 90.06% (290 out of 322 students passed). All 37 final-year students (100%) obtained their primary school completion certificates.

Success story – Watoto Sector

A mother's joy: The safe birth of twins

At 33 years old, this mother of nine from Bujovu carries the daily weight of survival. She sells fruit to provide for her family, while her husband, formerly a baggage handler at the airport, has struggled to find stable work since the airport closed. *"Our life changed because of this war. Even my street vending hardly produces,"* she explains.

Every day was already a struggle, but her pregnancy added to the burden. Nevertheless, she persevered in her work so her family would have food and a roof over their heads.

On Thursday, July 24, while going about her usual activities, she suddenly felt unwell. Without hesitation, she walked the nearly 5 kilometers to HEAL Africa Hospital. *"When I arrived, I was warmly received and immediately examined,"* she recalls.

The medical team quickly discovered that her babies were not moving. Recognizing the emergency, they immediately prepared her for surgery. Within hours, she was in the operating room.

The procedure saved her life. Two healthy, lively baby boys were born. With tears in her eyes, both relieved and joyful, she declared: *"HEAL Africa saved my babies by acting immediately when they found they weren't moving. They didn't care who I was or my financial situation."*

The family, already heavily burdened by the hardships of war, could not have afforded the medical costs. HEAL Africa provided care for free, with dignity and compassion. *"We didn't have enough money, as we were trying to save, but basic needs like food and rent are still a challenge. May God bless HEAL Africa for treating me free of charge with so much care. I have little to offer, except my sincere gratitude. I am so happy to go home with my healthy twins."*

For this mother, what could have been a tragedy became a celebration of life. Her story reminds us of the hope and healing that HEAL Africa and its partners make possible, even in the most difficult moments.

III.2. WAMAMA SECTOR

2.1. GENDER-BASED VIOLENCE PREVENTION

As part of SGBV prevention, HEAL Africa, in collaboration with the provincial health divisions of North Kivu, South Kivu and Tanganyika, worked with community structures (CODESA, CAC, RECO, RECOPE, CN, WAMAMA SIMAMENI) to disseminate awareness messages using multiple channels (media, mass sensitization, door-to-door campaigns, flyers, posters, etc.) through the **SASA** approach (Start, Awareness, Support, and Action) as well as narrative theater.

Table 11: Results of community mobilization conducted in 2025

People reached by awareness messages	North Kivu	South Kivu	Total
Men	27,319	149	27,468
Women	37,615	197	37,812
Boys	23,085	125	23,210
Girls	32,992	131	33,123
TOTAL			127,550

Comment: A total of 127,550 people were reached with awareness messages aimed at behavior change.

1.2. HOLISTIC RESPONSE TO SEXUAL AND GENDER-BASED VIOLENCE

In the holistic care of SGBV, the OSC (One Stop Center) / CISM (Integrated Multisectoral Services Center) approaches and case management were implemented in 31 general hospitals, 18 referral health centers, and 80 health centers. A total of **27,038** SGBV cases (180 men, 21,414 women, 263 boys under 18, and 5,181 girls under 18) accessed services according to their expressed needs.

Table 12: Sexual and gender-based violence cases managed in 2025

Indicators	North Kivu	South Kivu	Total	%
# SGBV cases	23,588	3,450	27,038	
Girls	4,224	957	5,181	19%
Boys	250	13	263	0.97%
Women	18,959	2,455	21,414	79.19%
Men	155	25	180	0.66%
Rape	19,545	2,367	21,912	81%
Forced marriage	968	87	1,055	3.9%
Sexual assault	1,791	469	2,260	8.4%
Physical assault	757	234	991	3.7%
Resources deprivation	259	195	454	1.7%
Psychological violence	268	98	366	1.4%
Psychosocial assistance	23,588	3,450	27,038	100%
# cases supported by clinical psychologists	19,339	3,277	22,616	83.6%
# Survivors admitted within 72 hours	15,585	1,169	16,754	76.5%
# Survivors receiving PEP kits	15,444	1,112	16,556	90.8%
# Rape cases tested for STIs	11,073	2,482	13,555	61.9%
# STI cases managed	8,326	592	8,918	65.8%
# Pregnancies from rape	828	355	1,183	5.5%
# Deliveries from pregnancies due to rape	219	14	233	19.7%
# Legal clinic / advice complaints received	387	113	500	1.8%
# Cases initiated	15	1	16	6%
# Judgments rendered	2	2	4	25%
# Intimate partner	180	0	180	0.6%
# Uniformed personnel (police, military)	6,641	892	7,533	26.78%
Civil / unidentified perpetrators	11,329	2,297	13,626	48.4%
Armed perpetrators	6,530	261	6,791	24.1%

Comments:

- A total of 27,038 SGBV survivors benefited from quality services according to their needs, with 90.8% receiving PEP kits within 72 hours following the assault.
- Overall, 500 survivors (1.8%) received legal counseling at legal clinics.

Table 13: Management of sexual exploitation and abuse (SEA) cases in 2025

Indicators	Number
Number of SEA victims assisted by HEAL Africa	79
Girls under 18	62
Women over 18	17
Number of allegations reported	45
Number of complaints processed and concluded	0
Children born from SEA	0
Investigators trained at HEAL Africa	0

Comment: The majority of sexual exploitation and abuse victims are children under 18.

1.3. PREVENTION AND RESPONSE TO MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT)

Out of a total of 3,642 women seen at their first antenatal care (ANC1), 1,492 (96.2%) were tested for HIV, among whom 9 (0.7%) tested positive.

Table 14: PMTCT cases management

Indicators	Number	%
Number of pregnant women seen at ANC	3,642	–
Number of pregnant women seen at ANC1	1,492	41.0%
Number of pregnant women tested for HIV	1,283	86.0%
Number of pregnant women HIV+ (new cases)	9	0.7%
Male partners tested for HIV	59	4.6%
Male partners HIV+	3	5.1%
Number of pregnant women HIV+ (new cases) started on ART	9	100%
Male partners HIV+ started on ART	3	100%
Number of women on ART (Option B+) AC	317	–
Number of women on ART (Option B+) AC and NC	326	–
Number of women who had viral load tested	153	46.9%
Number of women who have achieved viral load suppression	148	96.7%

Comment: 86% of pregnant women were tested for HIV during their first ANC visit. All 9 women who tested HIV positive were started on ART (100%).

Success Story:

Helen: The story of a brave woman starving for healing

At 45, Helen Mundaka's life was marked by pain and hopelessness. Originally from Karawa village in North Bangi province, Helen was once a hardworking mother and farmer supporting her family by growing maize and cassava. Her life changed with the birth of her fourth child.

With no health facility nearby, complications began at home. The nearest hospital was over 50 kilometers away, so her family carried her on a wooden stretcher, walking for hours in desperation.

Upon arrival, her baby had died in the womb. The prolonged labor left Helen with severe injuries, causing paralysis and constant leakage. *"I could not walk,"* she recalls. *"Urine and feces leaked. I lived in shame."* Local treatments brought no improvement. Over the following months, Helen became increasingly isolated. She was abandoned by her husband. *"He told me I was worthless."*

Hope arrived through a simple radio announcement. A neighbor who heard the broadcast shared that doctors from HEAL Africa hospital would visit Karawa to treat women suffering from fistulas. Helen went immediately. After examination, the doctors explained that her

condition required specialized surgery in Goma. What followed was an extraordinary journey of resilience.

Helen traveled across provinces seeking healing: by motorcycle from Karawa to Gemena, by flight from Gemena to Kinshasa, and finally by plane to Goma. The journey took nearly three weeks, not just a physical journey, but one of hope. *"When my burden became too heavy,"* Helen says, *"HEAL Africa carried it for me."*

At HEAL Africa Hospital, Helen received comprehensive care including surgery, safe accommodation, nutritious meals, hygiene products, and psychosocial support. Her dignity was restored alongside her health. During her recovery, conflict broke out in Goma. Fear gripped the city, yet medical teams stayed with their patients, ensuring continuity of care and comfort even in crisis. *"Waking up without pain or embarrassment gave me immense joy,"* she said. *"It tells me that my life has been restored."*

During convalescence, Helen also attended literacy classes, learning to read and write for the first time. She returned home by the same long journey but, this time, restored. *"I came with nothing,"* she said softly. *"Now I return home with dignity, hope, and a future."*

Helen's story reflects the profound impact of access to quality maternal care. For women like her, healing is more than physical recovery; it is the restoration of dignity, confidence, and the chance to start anew.

2.4. CONGOLESE WOMEN'S EMPOWERMENT PROGRAM

a. Village Savings and Loan Associations (AVEC)

As part of women's empowerment, HEAL Africa established 52 VSLA groups and **supported 1,493 resilient women and girls** in the community with income-generating activities (IGAs). To strengthen savings within the AVEC groups, 502 beneficiaries had access to credit.

A total of **6,772 beneficiaries received socio-economic reintegration kits** after completing vocational training in various fields (tailoring, pastry-making, culinary arts, charcoal briquette production, knitting, hairdressing and beauty), as well as training in business skills and microenterprise management.

Table 15: Number of learners by vocational training area

Risk Mitigation of GBV and SEA / Vocational Training	
Training field	**Total**
Charcoal Briquette Production	526
Tailoring	2,494
Knitting	72
Basketry[AC2]	5
Pastry	1,139
Hairdressing	1,183
Basket Weaving	693
Literacy	660
Grand Total	6,772

Table 16: VSLA Parameters in HEAL Africa-supported sites in 2025

Indicators	Total (CDF)	Value in USD
Total VSLA groups	52	
Average share value	1,000	0.43
Total members	1,493	
Number of purchased shares	20,603	
Total value of purchased shares	29,349,000	12,760.43
Number of credits granted to members	502	
Value of credits granted	26,246,500	11,411.52
Number of people assisted	236	
Solidarity fund	1,574,500	684.57
Average value of shares purchased per member	22,160	9.6

Comment: This table shows that each VSLA member purchased an average share value of 1,000 CDF (0.43 USD).

III.3. WABABA SECTOR: NÉHÉMIE, MEN, AND CHURCH

3.1. NEHEMIAH PROGRAM

Within the framework of the NEHEMIAH and SALT approaches, our interventions targeted the Idjwi territories to strengthen the capacities of the 7 Nehemie Committees, each composed of 18 members. Training covered various topics: conflict management techniques, peace building, SGBV/SEA prevention, forms of violence, peaceful coexistence, and financial education.

Thanks to the trained Nehemiah Committees, **287 conflicts** were identified and managed through mediation led by trained committee members.

3.2. SPIRITUAL MINISTRY

In 2025:

- **9,811 patients**, including 7,934 adults and 1,877 children, were supported by counselors using the CPT approach at HEAL Africa hospital and within the community.
- **31 people** accepted Jesus Christ as Lord and Savior and were baptized (15 during the Easter period and 16 during the Christmas period).
- **750 children** regularly attended Sunday school (ECODIM). During vacation periods (African Children's Day, Easter, and Christmas), average attendance rose to approximately 1,245 children.
- **146 children** in difficult situations joined the **"Beloved Children"** program; 73 children were reintegrated into their parental homes.
- **50 Sunday school teachers** were trained in using educational tools to teach the Bible to children.

III.4. LOCALIZATION OF HUMANITARIAN ACTION

In 2025, HEAL Africa supported 15 local organizations, including 9 women's organizations (WLOs), 4 organizations of people with disabilities (OPDs), and 2 others working to promote women's rights. As part of its commitment to localizing humanitarian action, HEAL Africa assessed their institutional capacities and implemented a tailored support plan.

These organizations benefited from capacity building in key areas essential to their effectiveness, including financial management, human resource management, monitoring, evaluation, learning and development, compliance, and risk management.

N°	NGO	Full name
Nord-Kivu		
1	WT	Women Today
2	AVSD	Action des Volontaires pour la Solidarité et le Développement
3	SADI	Solidarité pour les Actions de Développement Intégral
4	AHDI	Actions Humanitaires pour le Développement Intégral
5	DFFPC	Dressons nos Fronts Femmes Paysannes Congolaises
6	SOPEHD Asbl	Solidarité des Parents d'Enfants Vivant avec Handicap et Débilité
7	AUDICONGO Asbl	Action Unies pour le Développement Intégral en RD Congo
8	SPN Asbl	Save the People in Need
9	CYW Asbl	Change Your World
Sud-Kivu		
10	HOL Asbl	Hope Of Life
11	FOSIP Asbl	Femmes Organisées Dans le Système Intégré du Progrès
12	AGSAMH Asbl	Association des Groupes Solidaires d'Assurance Maternité et de la Prévention d'Handicap
13	UFPADI	Union des Femmes et Peuples Autochtones Intégré
14	COSAMED	Conseil sur la Santé et l'Académie de Médecine
15	AFRIYAN	African Youth and Adolescents Network on Population and Development

Through this support, these local actors are now better equipped to defend women's rights, promote the inclusion of people with disabilities, and actively contribute to the development of their communities. This capacity-building dynamic has translated into concrete results in terms of direct access to humanitarian funding.

Indeed, among the local organizations supported during this period, two successfully mobilized funds from the DRC Humanitarian Fund following competitive processes:

• FOSIP: recipient of a reserve allocation in the Nundu Health Zone;

• AVSD: recipient of funding from a standard allocation in the Masisi Health Zone.

These results illustrate the effectiveness of the localization approach implemented by HEAL Africa, which not only fosters the strengthening of local capacities but also increases national organizations' access to humanitarian funding mechanisms.

IV. TRAINING AND RESEARCH (HEAL Africa Training Services)

IV.1. TRAINING

1. COSECSA PROGRAM

The department had four residents during this period: two Level 1 residents continued their initial training according to the scheduled curriculum, while two Level 2 residents successfully completed their year. They have begun an international specialization phase in neurosurgery in Kenya and plastic surgery in Rwanda.

2. SOTA PROGRAM

The SOTA program maintained operational efficiency by hosting 16 doctors this year. They were organized into four training cohorts (4 groups of 4), allowing personalized mentoring and rigorous mastery of the skills taught.

3. FAMILY MEDICINE

The Family Medicine program included 9 residents, all of whom completed their second year and passed competency exams.

4. UNIVERSITY CONSORTIUM FOR POSTGRADUATE MEDICAL TRAINING (CUTCM)

In collaboration with Goma University (**UNIGOM)**, HEAL Africa continued training 42 medical specialists (in internal medicine, pediatrics, gynecology, general surgery): 13 in the first year, 11 in the second year, 6 in the third year, and 12 in the fourth year.

5. ORTHOPEDIC NURSING TRAINING

A total of 69 students received orthopedic training: 17 in Year 1, 16 in Year 2, 17 in Year 3, and 19 graduating students.

6. EMERGENCY CARE TRAINING

Clinical emergency training involved 41 providers, organized into five cohorts of 9, 8, 7, 8, and 9 participants, respectively. Participants came from Nord-Kivu, Maniema, Tshuapa, Équateur, Haut-Lomami, Ituri, and Haut-Uele provinces.

7. CHAPLAINCY SCHOOL

53 individuals were trained during two CPT sessions: 37 from HEAL Africa staff and 16 church members (pastors, counselors, and chaplains).

8. MEDICAL STUDENTS SUPERVISION

44 medical students were supervised across various hospital departments: 20 from UNIGOM and 24 from ULPGL (12 completed in July 2025 and 12 started in August 2025).

9. MEDICAL IMAGING TRAINING

133 providers were trained in medical imaging: 6 specialist physicians, 22 general practitioners, 24 medical students, 7 nurses, and 74 students.

10. CONTINUOUS TRAINING FOR HEAL Africa HOSPITAL STAFF

In 2025, 18 HEAL Africa staff were trained in various areas:

- Use of the new **Vayu bubble-CPAP machine** in neonatology: 5 nurses, 1 physician, and 1 technician trained by the Vayu Global Health team in Gisenyi, Rwanda
- Emergency Obstetric and Neonatal Care: 2 physicians and 1 nurse trained in Beni by the PNSR
- Speech therapy: 1 nurse trained in Brazzaville, Republic of Congo
- Capnography: 1 nurse anesthetist trained in Lubumbashi
- Critical care and ultrasound in the ICU: 1 nurse trained in Kigali
- Advanced techniques in local anesthesia surgery without a bandage (WALANT technique): 2 physicians trained in Bujumbura, November 2025
- Personal development and Training of Trainers (ToT): 2 HEAL Africa specialist physicians and Dr. Neil Wetzig participated in this session organized by PAACS-COSECSA in Kenya, September 2025.

11. MEDICAL SPECIALIZATION

Four HEAL Africa hospital physicians are pursuing specialization abroad:

- Dr. Albin Serugendo continues a cardiology fellowship at Karen Hospital in Nairobi, Kenya.
- Dr. Cédric Tsongo continues his Master's training in Anesthesiology and Critical Care at Muhimbili University, Dar es Salaam, Tanzania.
- Dr. Meschack Musubao pursues a urology fellowship at Mulago Hospital, Kampala, Uganda.
- Dr. Colin Kambale pursues medical imaging specialization at Kampala International University, Uganda.

12. CLINICAL MENTORSHIP IN NEONATOLOGY

The neonatology department trained **8 healthcare providers** from 4 health zones (Goma and Beni). Each provider received a **newborn resuscitation kit** after 3 months of training, including an Ambu bag, oxygen cannula, thermometer, cap, and booties.

13. TRAINING IN ANESTHESIA AND RESSUSCITATION

During 2025, **11 candidates** completed anesthesia and critical care training: 10 nurses and 1 physician.

IV.2. PARTNERSHIPS, RESEARCH, CONFERENCES, AND PUBLICATIONS

2.1. Partnership with universities

In 2025, HEAL Africa maintained active partnerships with national and international universities, including University of Goma, ULPGL University (*Université Libre des Pays des Grands-Lacs*), University of Massachusetts, Brown University, Dalhousie University, and

University of Florida. Researchers from HEAL Africa and these universities collaborated on scientific research projects.

2.2. Research

The artemisinin resistance research project, conducted in collaboration with Brown University (USA), is currently in the data analysis phase. The analysis is being carried out jointly by researchers from Brown University and HEAL Africa.

2.3. Conferences Organized by HEAL Africa in 2025

- **May 23, 2025:** International Day for the Elimination of Obstetric Fistula, celebrated at HEAL Africa in collaboration with UNFPA, Fistula Foundation, and PNSR. Theme: Her health, her rights - Building a future without fistula
  Key Speakers: **Professor Justin Paluku L. and Dr. Esther Kitambala**.
- **November 14, 2025:** World Diabetes Day
  The celebration included participation from MONUSCO specialist doctors who presented on topics related to diabetes.
  Theme: Diabetes and workplace wellbeing
  Key Speaker: **Dr. Eugénie Kamabu M.**

International Day to End Obstetric Fistula May 23,2025

International Diabetes Day (Nov. 14, 2025)

2.4. Participation in international conferences

a. Scientific presentations

Several HEAL Africa specialist physicians presented scientific papers at international conferences, including:

- **"**Caring Intensively", at the World Congress of Critical Care in Vancouver, Canada, from September 17–19, 2025, presented by **Dr. Mumbere Kigayi Jean Pierre.**
- "Gunshot injuries treated with SIGN nails at HEAL Africa hospital", presented by **Dr. John Musubao Katsuva** at the conference "Treatment of Difficult Fractures Around the World", Washington D.C., USA, September 9–11, 2025.
- "Caring Intensively" at the World Congress of Critical Care in Dubai, September 8–10, 2025, presented by **Dr. Mumbere Kigayi Jean Pierre**.

b. Participation of HEAL Africa Staff in International Conferences

- Dr. Jacques Fadhili, Dr. Justin Tsandiraki, Dr. Stanislas Batundi, Dr. Heritier Shankulu, and Dr. Neil Wetzig attended the annual COSECSA Conference held in Bujumbura, Burundi, from December 4–5, 2025.
- Dr. Mumbere Kigayi JP (Anesthesiologist-ressuscitator physician) and Mr. Jonas Ngaruye (Intensive Care Nurse) participated in the International Intensive Care Conference in Dubai, May 8–10, 2025.
- Dr. Kigayi participated in the international conference "Critical Care Research Training Program", organized by the Critical Care Research Academy and the World Federation of Intensive and Critical Care, conducted online and certified in Dubai from September 2023 to February 2025.
- Dr. Kigayi also participated in the international conference "« Enhacing safety and quality of anesthesia and surgical comprehensive cleft lip and palate care through research innovation and local capacity empowerment", organized by Smile Train in Kigali, Rwanda, May 22–23, 2025.

IV.3. Scientific Publications

- **Paluku JL**, Sikakulya FK, **Furaha CM**, et al., LUSSY score predictive of failure of surgical closure of obstetric rectovaginal fistula in the Democratic Republic of the Congo. Reprod Health. 2025 Mar 12;22(1):37.
- **Kamabu EM, Paluku JL**, Howlett WP, et al., Impact of diabetes mellitus on 30-day mortality among acute stroke patients in northern Tanzania. PLoS One. 2025 Apr 17;20(4):e0321988.
- **Paluku JL**, **Aksanti BK, Furaha CM**, et al. Knowledge of obstetric fistula and its associated factors among reproductive-age women in North Kivu Province (Democratic Republic of the Congo): A community-based cross-sectional study. Womens Health (Lond). 2025 Jan-Dec 21:17455057251396257.
- **Jacques Bake Fadhili** et al. Improving Patient Safety Culture in Conflict-Affected Zones: A Cross-Sectional Survey of North Kivu Surgical Personnel in the Democratic Republic of the Congo. World Journal of Surgery, 2025-05.
- **Jacques Bake Fadhili** et al., Factors associated with mortality in surgical patients admitted to a low-resource mixed intensive care unit: a cross-sectional study. BMC Surgery, 2025-07-03.
- **Jacques Bake Fadhili** et al., Mortality of trauma patients in conflict-affected region: a retrospective observational study of ICU admissions and surgical management. BMC Surgery, 2025-08-01.
- **Jacques Bake Fadhili** et al., Unintentionally retained surgical gauze presenting as chronic infected fistula to the surgical wound: a report of two cases. Patient Safety in Surgery, 2025-11-29.
- **Jean-Pierre Mumbere Kigayi** et al., Associated Factors and Outcomes of Cardiopulmonary Resuscitation of Intrahospital Cardiorespiratory Arrests in Adults of North-Kivu in a Resource-Limited Setting: A Cohort Study. DOI: 10.4236/health.2025.1712099 Dec. 30, 2025.
- Nzanzu Kikuhe J, Mbindule Kalere E, Mbusa Makata C, **Kakule Kabuyaya M.** Management of a giant antrochoanal polyp in a resource-limited setting from the Democratic Republic of Congo and advocacy for global health equity: a case report. J Med Case Rep. 2025.
- **Kasereka Kahuko Deyem,** Lele Mutombo Fabrice**, Kabuyaya Kakule Médard,** Kasereka Masumbuko Claude, Alumeti Munyali. Risk Factors and Predictive Model for Surgical Site Infections After Abdominal Surgery at HEAL Africa Tertiary Hospital

in Goma, Democratic Republic of Congo. East and Central African Journal of Surgery. 2025, 30(4):20-29.

- **Kabuyaya Médard Kakule**, Mukuku Olivier, Ona Longombe Ahuka, Mekonen Eshete, Van Ye Todd M., Millican Paul, Wembonyama Stanis Okitotsho, Akinja Severin Uwonda. Personal and Cultural Perceptions About Orofacial Clefts in the Democratic Republic of Congo. Cleft Palate Craniofac J. 2025 Apr 13; Online ahead of print.

V. RESOURCES

V.1. Human resources

During 2025, HEAL Africa operated with a workforce of **548 staff**, including **291 (53.1%) men** and **257 (46.9%) women**.

At the hospital, there were **252 contracted and consultancy staff**, including **120 (47.6%) men** and **132 (52.4%) women**, distributed as follows:

- 27 physicians, including 23 specialists and 4 general practitioners
- 25 administratifs staffs
- 123 nurses
- 23 technicians (laboratory and medical imaging)
- 54 paramedical and support staff.

In community projects, **296 staff** served during 2025, of whom **125 (42%) were women** and **171 (58%) were men**.

The HEAL Africa Training Services (HATS) department operated with a single staff member, drawn from hospital personnel.

V.2. Donations / Material resources and equipment

The table below summarizes the donations received by HEAL Africa from various partners in 2025:

Table 17 : Some specific donations received in 2025

Date	Items	Donors / Source
01/09/2025 – 17/12/2025	PPE (Personal Protective Equipment), rapid malaria tests (TDR), PEP kits, rectangular MILDA, and medications	Goma Health Zone
02/04/2025	Medications, neonatal and physiotherapy equipment	ABIM
02/07/2025	Medications	Friends of Nadine Lusi
27/02/2025	Medications	MONUSCO (Bangladesh Contingent)
25/03/2025	Food for patients injured in the war	Médecins Sans Frontières
24/03/2025	Medications, imaging and laboratory equipment	ALIMA
28/03/2025	Medications	SIMCO s.a.r.l
21/04/2025	Pediatric resuscitation equipment (C-PAP)	Vayu Global Health
14/05/2025	Various neonatal equipment	Kinder Brauchen Frieden
02/06/2025 & 17/06/2025	Medications, surgical kits, delivery kits, infection prevention equipment	DPS/NK
18/06/2025	Office supplies, beds, and mattresses for patients	Johanniter
10/06/2025	Some neonatal resuscitation equipment	Kathy Mellor
29/06/2025	Equipment for trauma and orthopedic surgery	SIGN Fracture Care International
03/07/2025 & 09/10/2025	PEP and dignity kits, PPE, medical equipment for consultation rooms	STAR-EST
10/07/2025 & 20/10/2025	Solar energy kits for operating room, headlamps, vital signs monitors	Smile Train
11/07/2025	Oxygen production plant and medications	AusHEAL
29/07/2025	Medications	Gates Foundation / IMA
30/07/2025	Medications	Paluku Lusi / UK
17/09/2025	PPE	World Health Organization

V.3. Financial Resources

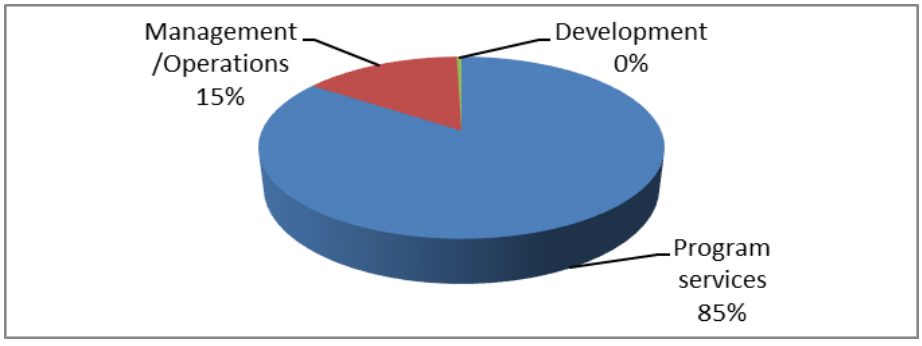


Figure 2: Distribution of HEAL Africa's financial resources in 2025

V. ACHIEVEMENTS OF SPECIFIC PROJECTS

VI.1. Achievements of WorldShare-supported Projects

With the financial support of its partners, including WorldShare Australia, HEAL Africa provided assistance to many individuals in extreme vulnerability through the following projects:

1. UAMUSHO Project:

Uamusho supported over 120 members during 2025, including:

- 18 members completed their training in tailoring at HEALING Arts.
- 22 members received support for secondary school education.
- 75 members actively participated in the mindset-change program.
- 105 members received psychosocial support during this period.
- 9 Uamusho members passed away during 2025.

2. ECCO (Equipping Church Leaders for Counseling Outreach):

The ECCO project equips HEAL Africa's partner community leaders, including pastors, school chaplains, hospital and prison chaplains, religious leaders, church officials, and local community chiefs through capacity-building training on SALT, CPT, and MARC approaches.

During 2025, ECCO strengthened the capacities of 50 leaders from 16 different communities and churches in the Mugunga, CCLK, Buhimba, Lac Vert, Bulengo, and surrounding areas. Trained leaders are conducting SALT visits in their respective communities.

Training of community and religious leaders on SALT, CPT and MARC approaches

3. MERCY FUND Project:

The Mercy Fund supports vulnerable patients admitted to HEAL Africa Hospital. In 2025, 53 vulnerable patients were treated free of charge with the support of Mercy Fund WS.

4. MUGUNGA School & Sponsorship Project :

- 32 out of 32 final-year primary school students successfully completed the 6th grade, and received their certificates (100% pass rate).
- 375 back-to-school kits were distributed to 357 students and teachers of Mugunga School.
- 15 teachers and staff were trained to identify children with post-traumatic stress for appropriate referral and care.
- 357 students received monthly meals through the school canteen.
- 311 out of 357 enrolled students completed the 2025 school year; 46 students dropped out due to war and population displacement in eastern DRC.

Distribution of school bags to Mugunga School students.

5. SPONSORSHIP

The Sponsorship Project provided economic support to 32 families of sponsored children to strengthen their income-generating activities and better meet the educational needs of the children under their care.

Session on strengthening income-generating activities

6. "Building Peaceful Communities" Project – ENTRUST

During 2025, a year marked by repeated conflicts across the eastern region of the DRC, the "Building Peaceful Communities" project continued its activities in the Idjwi territory and achieved the following results:

- **126 community leaders** of Idjwi trained in conservation agriculture practices to combat food insecurity.

- **7 Nehemiah Committees**, each composed of 18 members, supported to restart their income-generating activities after the 2025 conflict.
- **137 microloans** granted to members of the Nehemiah Committees in Idjwi.
- **287 conflicts** identified, managed, and transformed through mediation led by trained Nehemiah Committee members.

Training on conservation agriculture practices to combat food insecurity in Idjwi

VI.2. "FOLLOW-UP TRAINED CHAPLAINS" Project: SALT

The fifth phase of the "Follow-Up Trained Chaplains: SALT" project, implemented by HEAL Africa with financial support from ECHO via WorldShare UK, strengthens the capacities of chaplains, pastors, other ecclesiastical leaders, and healthcare professionals in supporting people in distress.

In 2025, the SALT project trained 125 leaders in supporting people in distress using HEAL Africa's SALT, CPT, and MARC approaches, including:

- 30 pastors and chaplains (schools, prisons, churches, hospitals) in Beni.
- 30 pastors and chaplains (hospitals, prisons, schools, police) in Butembo.
- 30 pastors and chaplains (schools, hospitals, prisons, churches) in Kitsimba.
- 35 healthcare professionals (doctors, nurses, psychologists, chaplains, pastors, etc.) from hospitals in Goma.

Training of community leaders and healthcare professionals in supporting people in distress

VI.3. PROJECTS FUNDED BY AMERICAN BAPTIST CHURCHES (ABIM)

International Ministries, the foreign mission board of the American Baptist Churches (ABIM), established a formal partnership with HEAL Africa in March 2020 as "collaborators for God's Kingdom in the Democratic Republic of Congo, as well as in the United States and beyond." With the support of ABIM missionaries Ann and William Clemmer, the following activities were carried out and supported in 2025:

• Goma Relief: ABIM/OGHS and Gates Foundation

- Purchase of medicines
- Repair of two ambulances
- Fuel purchase for a hospital generator
- Coverage of surgical fees for trauma victims
- Coverage of psychological treatment for trauma victims
- Coverage of treatment for survivors of sexual violence
- Coverage of natural childbirth and cesarean deliveries for deprived women.
- 

Sending supplies over the border to HEAL Africa


Children taking refuge in EcoDim classroom

• Tuungane School

- Annual contribution to program and staff support
- School supplies, backpacks, uniforms, teacher materials, and field trips.

• Sunday School

- Teachers' training, supplies, books, and programs; hand washing soap and cleaning products
- Easter program and radio visits
- African Children's Day program
- Christmas program (+ shoes for 1,370 children)
- Vacation Bible School for champion children
- School fees for 43 students, from primary to university.

• EBA (Beloved Children)

- Daily meals were provided for 60 children
- Emergency shelter as of January 2025 was provided for 58 children day and night (57 of these reunited with families)

- Over the course of the year a total of 146 children were part of the EBA program with 73 reunited with families.
- Reintegration packages were provided, including mattresses, blankets, rice, beans, and other essentials.

• Hospital

- Medical care and payment of bills for needy patients
- Mass General/Vayu: installation of pediatric respirators and staff training.

• Women of Value

- Seeds and training for small garden plots
- VSLA (Village Savings and Loan Associations) and parenting training sessions
- Supplies for new exercise classes
- Educational materials for literacy classes.

• Infrastructure

- Installation of two new 5,000-liter rainwater collection tanks
- Contribution to the chapel septic system.

• Other

- Support for a master's degree program (one pastoral staff member)
- Trauma-healing sessions for children and parents
- Purchase of Bibles and printing of chaplaincy books plus 100 copies of the book on HIV/AIDS).

VII. ACTIVITIES FUNDED BY AusHEAL

The four fundamental pillars of AusHEAL remain: Health, Education, Advocacy, and Logistics, with five key initiatives in the DRC:

1. Teaching and training;
2. Annual visits by multidisciplinary teams;
3. Scholarships for specialized training ;
4. Short-term development grants ; and
5. Logistical support.

The unexpected occupation of AFC/M23 in North Kivu province (specifically in Goma) disrupted AusHEAL's plans. The most positive and encouraging feature of 2025 was the way HEAL Africa specialists conducted training activities without the short- or long-term presence of AusHEAL team members in Goma (due to insecurity).

The main AusHEAL activities in 2025 were as follows:

a) Continuation of the SOTA Diploma in Clinical Care (DISC)

- The HEAL Africa team continued the SOTA Diploma program despite the cancellation of the first course due to insecurity.
- A total of 53 rural doctors were trained, with documented improvements in knowledge and skills through the course.

b) COSECSA Program

- The program continued operations after initial disruptions caused by the security situation.
- Two candidates for the 2025 MCS exam (Dr. Stanislas Batundi and Dr. Heritier Shankulu) passed successfully.

- Since the program's start in 2016, 20 trainees have participated, 10 passed the MCS exams (Part One), 6 are pursuing FCS training in other countries, and 4 completed specialized FCS training, with 3 fully qualified surgical specialists now working at HEAL Africa Hospital.
- **Succession planning:** Negotiations with the Pan-African Academy of Christian Surgeons (PAACS) to access leadership of HEAL Africa's COSECSA program progressed in 2025. Two surgeons supported by AusHEAL attended a leadership course in Kenya, and four surgeons and trainees attended the COSECSA Scientific Congress in Burundi.

c) AusHEAL-funded associated training

- Eight intensive 3-day courses were conducted: four in "Basic Surgical Skills" and four in "Principles and Practices of Trauma Care."

d) Scholarships for specialized training

- Four strategic scholarships were maintained: one in cardiology, one in urology, and one in anesthesiology, with a new scholarship awarded in administration.

e) Short-term development grants

- A 3-month cardiac ultrasound training delivered at the end of 2024 was completed in January 2025.

f) Logistical support

- Two new point-of-care ultrasounds connected to iPads were purchased and provided.
- A replacement probe was provided for an existing ultrasound previously acquired by AusHEAL for use in the operating room for nerve block anesthesia.
- A second oxygen plant was funded and delivered to Goma but remains to be installed.

g) Advocacy

- AusHEAL advocated with the Australian Department of Foreign Affairs regarding the situation in Eastern Congo after the occupation, leading to a declaration by Foreign Minister Penny Wong.
- Continued advocacy for HEAL Africa in Australia and internationally through conferences, presentations, and social media.
- **Global Alliance for Surgical, Obstetric, Trauma, and Anesthesia Care (The G4 Alliance):** Neil Wetzig represents HEAL Africa at the G4 Alliance.
- AusHEAL maintained a strong working relationship with the Australian Embassy in DRC, confirmed through their contact with Neil during the invasion in late January 2025.

h) Support Visits and Staff Engagement

- Neil and Gwen Wetzig were able to spend time in Gisenyi, Rwanda, in November, where approximately 40 HEAL Africa hospital staff crossed the border from Goma to meet them.
- Neil and Gwen provided AusHEAL support, listened to staff experiences during insecurity, and offered emotional support.

i) Special Humanitarian Financial Support

- The AusHEAL Board approved an initial humanitarian donation to support patient care, purchase fuel for the hospital generator when power was cut, and maintain essential water supply.
- Subsequently, a donor provided a donation for a specific humanitarian purpose.

VIII. ACTIVITIES FUNDED BY SONIC HEALTHCARE FOUNDATION

The partnership between the Sonic Healthcare Foundation and HEAL Africa Hospital in Goma, Democratic Republic of the Congo, dates back to 2008, following the first on-site visit. Since then, our collaboration and commitment have been consistent. Every year, containers of medical equipment and supplies are shipped to Goma. Over the past 15 years, we have witnessed significant development in the laboratory and radiology services.

The donation of a CT scanner, one of the few machines available in the region, has greatly expanded the scope and capacity of the hospital's radiology services.

The past year was marked by exceptional challenges. The escalation of conflict in Goma put immense pressure on the hospital and its staff. Patient numbers increased sharply, and clinicians continued to provide care under extremely difficult and often dangerous conditions. The rise in war-wounded cases created more complex and urgent diagnostic needs for the laboratory and radiology services.

Additionally, the isolation of surrounding regions made the resupply of reagents and consumables extremely difficult, and sometimes impossible. Despite these circumstances, the Sonic Healthcare Foundation maintained its unwavering support.

Radiology:

Support for the hospital's radiology department was significantly strengthened in 2025. Dr. Sosthene Tsongo and Dr. Muller Mundenga both completed a one-year training program on the fundamentals of radiology, provided by Radiology Across Borders, an Australian foundation partnered with Sonic Healthcare Foundation. After the training, both clinicians received an International Certificate. To facilitate their participation in this online program, they were provided with new laptops.

This comprehensive course is designed to strengthen the radiology skills of clinicians from emerging countries, thereby improving healthcare delivery in their communities. This additional training played a key role in supporting Dr. Sosthene Tsongo in the continuing education of radiology technicians, physicians, and fellow clinicians through regular teaching sessions at HEAL Africa.

To further enrich this training program, and thanks to the generous support of an external donor, the radiology department was equipped with a projector, a laptop, and a radiograph viewer to facilitate structured training sessions.

The Sonic Healthcare Foundation also supports Dr. Colin Kambale from HEAL Africa Hospital in his radiology studies at Kampala University. This support is comprehensive, covering tuition, subsidiary university costs, and living expenses. Upon completion of his studies, Dr. Kambale will provide essential support to Dr. Tsongo, currently the only radiologist at HEAL Africa.

Furthermore, the Sonic Healthcare Foundation donated two new Canon Aplio 500 ultrasound machines and two DryPix printers to the department. This equipment represents a significant improvement in the diagnostic capacity of HEAL Africa's radiology services.

Laboratory:

Starting as a modest laboratory with three technicians in 2008, the department expanded to twelve staff members by 2025. New services, including microbiology, histopathology, and immunology, were established, benefiting from modern equipment, a reliable supply of reagents, and ongoing training. The laboratory participates in international quality assurance programs, reflecting its growing expertise and strong commitment to high-quality patient care.

These developments have been led by Richard Jones, head of the microbiology laboratory at Douglass Hanly Moir Pathology in New South Wales, Australia. Support for laboratory services remains essential. Reagents and consumables continue to be provided through trusted partners, medical suppliers in neighboring countries, with whom long-term relationships have been maintained. Reagents come almost exclusively from African partners, eliminating the need for supply from Sydney and allowing the laboratory to achieve financial independence in the near future.

Regular maintenance and technical visits ensure the optimal functioning of the laboratory. This ongoing technical support protects analyzers and equipment from harsh environmental conditions, including those worsened by conflict and power and water outages.

IX. KEY VISITS IN 2025

Delegation from Hope Walks, supervised by Andrew MYES, on January 23, 2025

Delegation from UNFPA, supervised by EHOKO ARAKAKI, on October 16, 2025

X. CONCLUSION

The year 2025 was marked by remarkable institutional resilience in the face of a major humanitarian and security crisis. Despite an unstable environment, significant financial and logistical constraints, and widespread disruptions related to population displacements, HEAL Africa successfully maintained continuity of its services and adapted its intervention strategies to the realities on the ground.

Despite the unstable economic situation and the closure of banks, HEAL Africa and its partners provided free care to a large number of vulnerable patients and war-wounded individuals. Demonstrating flexibility, the organization also deployed its staff into communities, saving lives and bringing healthcare closer to beneficiaries, especially women and children, through targeted outreach interventions.

Thus, HEAL Africa reaffirmed its commitment to serving the nation by providing essential services to vulnerable communities in a spirit of accountability and sustainability.

ANNEXES

HEAL Africa Partners in 2025

VIH/SIDA :

1. Global Strategies
2. Fond Mondial

SGBV

1. UNICEF
2. UNFPA
3. Cordaid
4. Save the Children International
5. Banque Mondiale (Cellule Infrastructures, STAR Est)
6. IMA World Health / USAID
7. Physician Human Rigth (PHR)

Santé de la Reproduction

1. Worldshare UK
2. Fistula Foundation
3. Direct Relief

Réinsertion, relèvement communautaire et

Réadaptation à la base communautaire :

1. Entrust Foundation
2. UNICEF
3. Worldshare Australie
4. Worldshare UK
5. Cordaid
6. Save the Children International
7. ABIM

Ministère Spirituel :

1. International Ministries/ABIM (USA)
2. Worldshare UK
3. WorldShare Australie

Administration et Finances :

1. HEAL Africa USA

Hôpital

1. ABIM
2. ALIMA
3. Americares
4. HEAL Africa USA
5. Preik Family Foundation
6. HPIC
7. Gates Foundation
8. IMA
9. Kinder Brauchen Frieden
10. SONIC Healthcare Foundation
11. AusHEAL
12. HOPE Walks
13. Vayu global health /Global Stratégies
14. Smile Train
15. Physician Human Rigth (PHR)
16. The Johanniter
17. MONUSCO
18. Zone de Santé de Goma

Formation et Recherche :

1. AusHEAL
2. Worldshare UK
3. HEAL Africa USA
4. Worldshare Australie
5. KidsOR/Smile Train
6. University of Florida (UF)
7. Université de Brown
8. Université de Dalhousie

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