Despite the Hardship...

SDIA Report of the SDIA-WSC Joint Visit to the Democratic Republic Of Congo, June 21 – July 5, 2008

by Virginia Thomas

On the road to Kimpemba.

As we travelled to the SD projects and met with Subud members in different centres, we were aware that life here is very hard, illness and death very present, food and goods too expensive. People are unemployed or underpaid, if paid at all, and they need to be very entrepreneurial to survive. Every day we heard from Subud members that someone close to them had just died—parents, children and pregnant women.

DRC ranks 167 of 177 countries on the UNDP Human Development Index. A combination of armed conflict and corruption has meant that many poor people do not have access to health and education services or clean water and sanitation. Many children do not attend school. What was once one of Sub-Saharan Africa's better education systems now caters for barely half the primary school age population and the literacy rate is only 62%. Medical services are of low quality and fees prevent most poor people from accessing them. Malaria and other preventable disease remain massive killers. According to the World Health Organisation, one out of every five children does not live to five years old. It is estimated that about 1.1 million people are living with HIV/AIDS, of which almost 60% are women, and that 100,000 deaths annually are caused by AIDS.

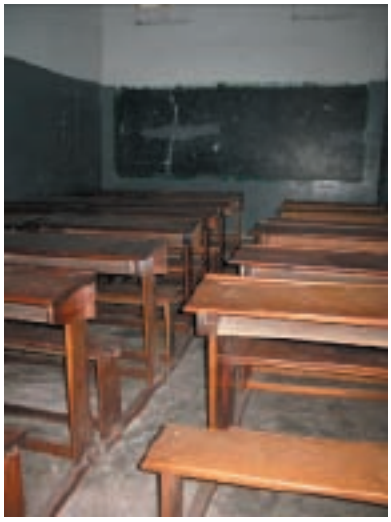
Charlotte Ndona and students from Lemba Imbu School.

Susila Dharma DRC

Susila Dharma DRC was created in 1999 as a legally registered NGO and Association whose voting members are the members of Subud DRC. All SD projects function under the legal umbrella of SD DRC. Its chair, Charlotte Ndona Muini, is a dynamic and committed educator and community leader helped by a small volunteer committee. Despite the hardship, bad roads, and a huge workload, Charlotte's dynamism and commitment are truly impressive, as is her analysis of the social issues facing her country:

Students of Lemba Imbu sing their greetings.

"Before Mobutu, we used to have a really well organised government that looked after roads and the basic needs of citizens. Now, it



New benches provided to Lemba Imbu School by World Vision.

is each one for himself and very few have the commitment to work for the benefit of others and society."

The international Subud team, composed also of International Helpers Heloise Jackson (UK) and Jorge Guerin (Spain), Zonal Representative Lateef Dada Bashua (Nigeria), and ISC Chair Garrett Thomson (USA), visited many but not all of the Susila Dharma projects in the country. There are a total of five schools, nine infirmaries and a handful of income generation and livelihood initiatives operating as SD projects. These projects vary greatly in terms of their size and level of organisation. A key objective of this visit for SDIA and SD RDC was to organise a three-day Project Management Capacity Building workshop to help SD project and Subud leaders to develop their project planning and management skills. According to Charlotte:

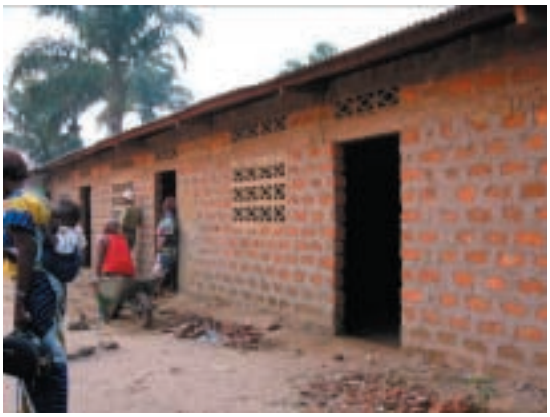
"Training is the key to what we need here—before money, before support, most of all if we are going to succeed we need training of our project leaders to make effective use of resources at their disposal."

Albadi School students and Rose Koka.

Education and Child Development

The five schools are Albadi Orphanage and School, Inkisi School, Lemba Imbu School, Nkembo School and the medical school at Kimpemba. We were unable to travel to Moanda on the coast to visit Nkembo School which now has about 650 students.

Lemba Imbu School, on the outskirts of Kinshasa in a district with the same name, currently has 450 students and would like to expand that number by building a new high school. Its classrooms are currently packed beyond capacity—school spaces in the area are inadequate to meet the demand. Charlotte and Santu who operate Lemba Imbu Schoolthe project have formed a partnership with World Vision who has given new desks and, school books, and are covering the basic school fees for 150 of the poorest children. During our visit, we met with the World Vision regional representative to explore a possible partnership for the construction of a new school building. Follow-up discussions will be held with World Vision Canada upon our return.



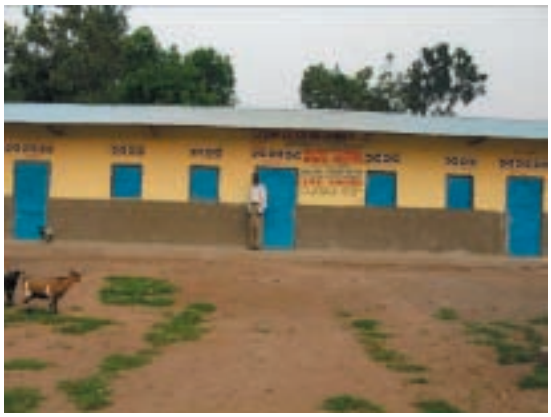
Albadi School, built with support from the SD Network.

We also visited Albadi and Inkisi Schools in Inkisi. Inkisi School has been in a state of decline since the death of Joseph Toussaint Ngamba, one the three founding members. It currently has 84 students and appears to be in need of strong leadership to raise the quality of education and regain the respect it formerly enjoyed from the community it serves.

Relatives of those who operate the Inkisi school also run an NGO called the Centre for Holistic Community Development (CDCI), which hthat would like to initiate as several projects they

would like to initiate in the Inkisi area. They are waiting for external support in order to begin activities, but we counselled them to begin their activities first because SDIA can only fundraise for something that is actually happening, not for ideas only.

Albadi School and Orphanage is run by the energetic couple of Albert Dilua Mbanzila and Rose Koka, who continue to build up the school and taken in orphans or "spirit children," children who are rejected or abandoned by their families because they are believed to be possessed or inhabited by an evil spirit. About ten children and youths reside at the school, where t They help with chores and agricultural work. Thanks to assistance provided by the SD Network and the Blond Trust, Albadi School and Orphanage has gone from 100 students in 2006 to almost 200 students in 2008. The project has been assisted with the construction of three new classrooms, an office and toilets in 2007, and will complete the construction, water supply and electrification in 2008.



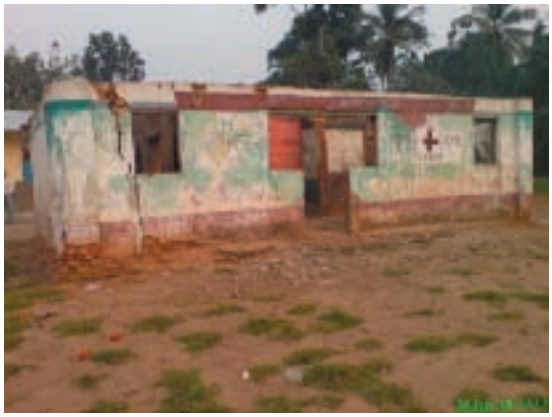
Newly constructed Kimpemba Medical School funded by Bambale Foundation.

Finally, with the International Helpers, we made the long and arduous journey to Kimpemba, about 80 kms from Inkisi, involving hours of travel over roads that are barely passable in dry season, and flooded in the rainy season. Although we planned to go on to Kimvumu, only 9 kms from Kimpemba, to meet with Subud members and visit a clinic there, our vehicle became stuck in the sand and we had to turn back.

Bambale Foundation staff and founders meet with Virginia.

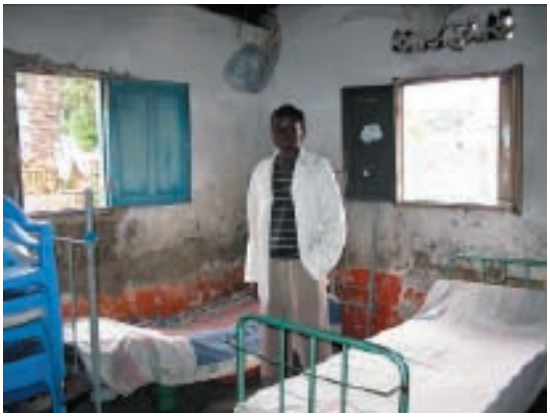
Here, we came to truly appreciate how precarious life is in rural DRC. For a dispersed rural population of over 20,000, there is one medical doctor who only recently arrived in Kimpemba and will be difficult to retain. On the road to Kimpemba, we passed a pregnant girl of 14 passed out from fever on a bicycle being pushed by two youths on the sandy road, still a day's walk from the closest hospital. We knew she could die before being anywhere near medical help. Obviously, we took her in the car with us, realising that our presence at that moment could mean the difference between life and death.

We were able to better appreciate the importance of the Kimpemba Medical School that trains nurses to practice medicine in this inaccessible part of Lower Congo province. Nurses are the only medical professionals most Congolese will ever come in contact with, so providing nursing training in rural areas directly contributes to improved access to health care, as well as skilled employment for rural youth. Fifty-six students are currently registered in this four-year nursing program.



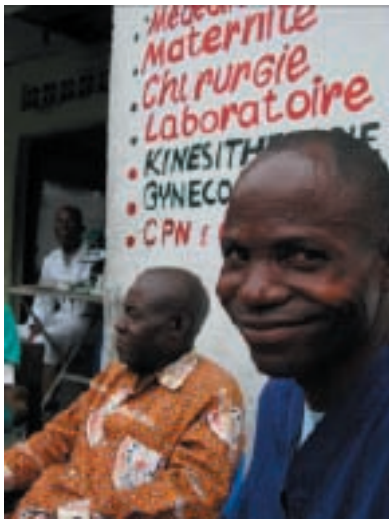
Crumbling structure of the Elegance Clinic.

The importance of the services provided by the Kimpemba Medical School has been recognised by the Dutch-based Bambale Foundation, who we met during our visit. Bambale Foundation has provided a loan to re-build the school's classrooms, and SDIA will explore a partnership with Bambale to help support



Nandora Vunguta Clinic, old building.

Maternity ward in the new Nandora Vunguta Clinic.



Zola Ferdinand, founder of Yenge Clinic, on right (on left, a community leader who works with him).

the reconstruction of the school's teaching clinic, the Elegance Health Centre.

A critical challenge for all SD schools in DRC is to maintain their infrastructure and pay teachers' salaries. Some teachers had not been paid for months, or had been only partially paid. Many in DRC engage in subsistence agriculture to survive and receive very little cash from professional employment. Even in schools that received SD funds for school salaries, it was clear that some teachers had not been fully paid. It is important to consider how the SD Network can encourage and support teachers to be paid for their work.

Health and Well-Being

Access to basic health care and prevention of malaria and HIV/AIDS are major challenges in the DRC. SD DRC, with the support of SDIA, SD Norway and the Blond Trust, purchased two buildings in 2007 to house the clinics run by Subud members Oscar Diakabana and Zola Ferdinand. Diakabana's Nandora Vunguta Clinic had not yet formally changed its premises, since local authorisations are pending, and continues to function out of the old building. It is clear that the new building represents a significant improvement over the current one as it will provide more and cleaner spaces. The Nandora Vunguta clinic has not yet begun to pay rent to SD DRC, but it is anticipated that it will soon be in a position to do so and therefore provide an income for SD DRC. The three-year lease has been set at $50 per month, which will support SD DRC's running costs. This is an improvement for the project in terms of rent and stability from eviction.

Yenge Polyclinic moved into its new SD-owned premises in October 2007 and began paying rent in January 2008. Yenge has built a thriving medical centre with close ties to the local community. The project leader, Zola Ferdinand, talked about his motivation for starting the Yenge Clinic and for choosing the site for the new SD-owned clinic:

> "I used to be an accountant, but it killed me to see people dying outside the hospitals, as doctors walked by, ignoring them because they couldn't afford to pay for care. I decided that I needed to do something, to start a different kind of medical center for and with the community, so I went back to study nursing, and have build Yenge Clinic as a community-based health centre that really serves the people."

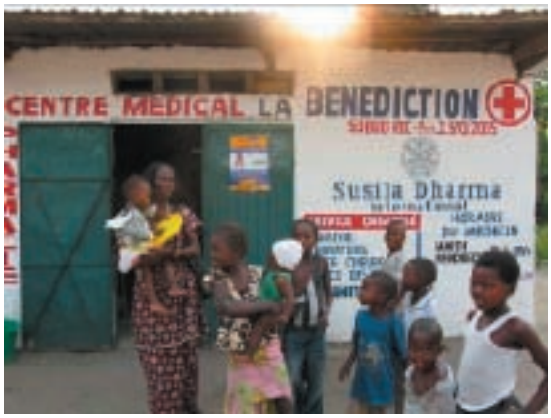
Collaborating with community leaders and a network of 10 community mothers who provide outreach to other families and prevention, Zola Ferdinand has created a different kind of medical service, one that provides maternity, pre-and post-natal care,

vaccinations and curative services in this poor neighbourhood in the Makiovele quarter of Kinshasa. At the time of our visit, Yenge Polyclinic was competing to become part of a World Bank pilot project to improve quality of and access to primary healthcare in the DRC. SDIA would like to support Yenge Polyclinic to share its healthcare model with other SD and non-SD clinics, and to improve and secure its premises by building a wall.

Close to Lemba Imbu School, Charlotte Ndona and her husband Santu run a small infirmary in a rented property. They hope to refurbish and build a small hospital on a property bought for this purpose with the support of SDIA and the Blond Trust. The property is currently rented to families who live there, because there are no funds available to make required changes to convert it into a health centre.

Staff and Community leaders of Yenge Cllinic.

At Lemba Imbu, we also saw what remains of the medicines sent by boat by SD France some years ago. Charlotte stressed that while affordable medicines are a priority and desperately needed, many of the medicines sent were past their expiry dates. She said that it is preferable to send funds rather than sending the medicines themselves because they often remain tied up at customs for a long time.



Lemba Imbu Clinic operates from a rented property.

Subud members also run other health centres and dispensaries that we were unable to visit: the Nkandu Clinic in Inkisi which has been in decline since the death of its founder, Dr. Luwawu ; the Maternity and Health Centre in Kimvumu run by Sylvain Kidimbu currently operating in a temporary building and hoping for help with the construction of a permanent structure ; the Maternity and Dispensary Kiyenga, in the Kiyenga of Wungu?? owned by Diluka who is trained as a paramedical ; and finally the Dissea Clinic in Boma, which functioned well in the past but since the death of the founder, Dr. N'singhi, has been taken over by his wife and daughter who have difficulty getting access to required medicines.

Just outside the Kimbemba Medical School is the crumbling structure of the Elegance Medical Clinic, which SDIA hopes to rebuild with the support of the SD Network and the Blond Trust.

Medicines shipped from SD France.

In DRC, there are a number of Subud members working in the health sector and number of strong projects worthy of support. While healthcare is a sector in desperate need of support in DRC, a key step for the SD network is to support the carrying out a professional assessment of all SD health centres and services to determine which have a genuine interest and commitment to improving their healthcare practices and providing quality, affordable services. Based on this assessment, the SD network should then provide training, capacity building and small scale support to those health projects with a strong commitment to quality and accessible care.

Approaching Kingantoko Center.

Pokoti showing the map of the Kingantoko land and development plans.

Albert explaining his agricultural project to Heloise.

Community Development and Sustainable Livelihoods

A number of Subud members are working to develop livelihood projects that are sustainable— for themselves and others. Most prominent is the Kingantoko Center, where Subud DRC owns 52 hectares of land in an area surrounded by small scale agricultural production. For many years, Subud DRC has been unsure how to develop these lands, since a Subud hall was built at the top of a hill, while spring water is to be found only at the bottom. Some Subud members have suggested an agricultural project that would permit Subud DRC to earn an income, while also helping local villagers who no longer have sufficient land to cultivate. But to date, there has been no clear agreement within Subud DRC that would permit them to create a community development and sustainable livelihoods project and utilise the significant resources in the form of this land they have at their disposal.

Some Subud members have therefore decided to initiate their own productive projects. Makape, a professional musician, has developed a project on rented land just next to Kingantoko to give pigs to local farmers to breed in exchange for a share the offspring. Albert Mbanzila has leased 7 hectares of land and hired a professional agronomist to undertake an impressive agricultural and fish-farming project outside Inkisi, the revenue of which he uses to support his family and Albadi School and Orphanage (see page 3).

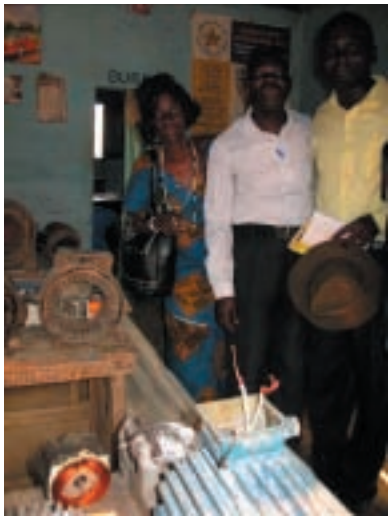
In Inkisi, we visited two livelihood projects that delivered a social benefit while providing an income to their owners. One was was a bakery that had received Subud Enterprise Services (SES) funding to purchase a commercial oven, but is now struggling due to the world food crisis and the rising price of flour.

The other is an engine re-wiring project, where out-of-work youth come to be trained in motor maintenance techniques. The project is looking for support in the form of tools and equipment for the youth to use and for expanding its workshop.

In DRC, where survival is as much a concern for those who run projects as those who participate in them, it is sometimes difficult to make distinctions between what are social or "SD projects", and those that are primarily enterprises and so should be assisted through SES, micro-credit, or other forms of support. It has been a cause of some confusion and conflict within Subud in DRC that some members' projects (namely those in the field of education and healthcare) get SD support, whereas others don't. There is a strong need to develop sustainable livelihoods projects for communities, and also for Subud members themselves.

For this reason, during our visit, we also explored with SES Chair Albert Mbanzila possibilities for micro-credit and savings

and loan schemes that would benefit all Subud members and potentially non-Subud members, not just those running SD projects. In Kinshasa we met with microfinance NGOs who said that the best model for DRC and West African countries was savings and loan cooperatives, in which those who are able to consistently save for 6 to 12 months are eligible for a small loan. Subud and SD DRC are not legally permitted to offer micro-credit or other loans. We are waiting for more information from SES DRC on how to organise a savings and loan project for Subud members that could help these and other initiatives grow and develop. SDIA and SD DRC could potentially support such an initiative if it is structured to have a sound development impact.



Charlotte, Sylvain, and Albert at the motor winding enterprise.

SDIA Capacity Building Initiative

Our visit and meetings with Subud DRC and SD DRC confirmed that projects and the Subud organisations have a need to build capacity, transparency, accountability and information sharing in terms of the management of resources that are sent to the DRC and the projects they are intended to support. We were greeted by many accusations of misuse of resources, and ISC and SDIA tried to communicate that we have a common policy. We need open and transparent budgeting, financial reporting approved by members, information sharing between SD DRC and the Subud organisation and auditing of all activities where there are accusations of misuse of funds.

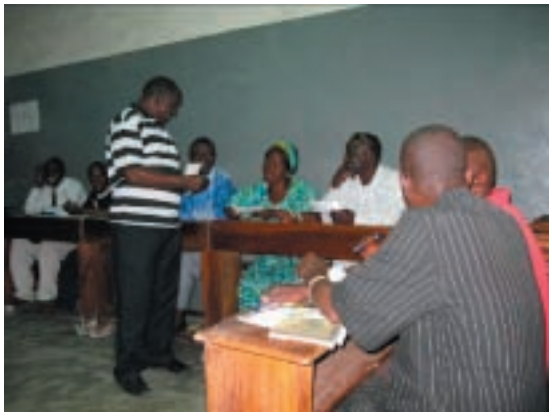
Young apprentices in the motor winding enterprise.

One of the key objectives of the SDIA visit to DRC was to help prepare for and carry out a Project Management Capacity Building Workshop for project leaders and other interested Subud members. With the support of the Blond Trust and in collaboration with SD DRC, we recruited two local trainers to deliver two capacity building workshops carried out over three days. One was on Project Planning using a Results-Based Management approach, and the other on Financial Management for SD projects.

These workshops were attended by 35 SD project leaders, their teams, as well as a few locals also involved in community development work. Twelve social, educational and health projects were represented. Trainers very effectively introduced participants to the principles of results-based management, including problem analysis, identification of anticipated impacts, results, activities, outcomes and indicators.

Working group on health project.

In order to apply the concepts and tool they were learning, project leaders were invited to break up into three groups and workshop three existing projects in education, healthcare and community development. Each group demonstrated their ability to carry out problem analysis, and develop a project proposal based on tangible results that they were seeking through project



Project management training workshops.

activities. A second workshop carried out by a specialist in NGO financial management clarified the basic principles of financial management, legal issues facing NGOs, how to create a budget and basic financial reporting.

The training was deemed very successful by participants, trainers, SD DRC and SDIA. A second follow-up training is scheduled for October to consolidate and apply knowledge gained by participants. Some lessons learned from this first workshop as part of SDIA's Capacity Building Initiative are that it is very positive to have local trainers delivering training materials developed by SDIA. We know our projects and their needs, but local trainers know the culture, local language (Lingala) and the national laws that apply to schools and development NGOs. Conditions in the DRC, the level of prior knowledge of participants and the complexity of materials, would have favoured a longer training. One criticism by participants concerned meals which took too long to prepare, when participants were tired and hungry. Otherwise, all participants favoured would like to continueing these capacity building activities, which were seen as necessary to help build the skills and success of projects and their leaders.

Conclusions and Recommendations

Despite hardship, Subud members in the DRC are deeply committed to their spiritual practice, maintaining active Subud organisations and engaging in social, educational and health projects urgently needed by their wider communities. The SD International Network can support these efforts in a number of ways. Some recommendations for future action are:

- Support SD DRC to continue delivery of Capacity Building activities, training and follow-up to help project leaders focus not only on maintaining and managing existing projects but also on achieving results at the community level that will enhance their credibility and ability to access non-Subud funding sources. In particular, build local expertise to develop good financial accounting, reporting practices and including auditing.
- Support SD educational projects to find funding to pay their staff regularly and adequately. With SD DRC, to explore the costs and benefits of registering SD schools with the Ministry of Education so that they may eventually be able to benefit from government funding.
- Support sharing of good practices and a needs assessment of SD health projects to ensure that they are in line with national standards and have a clear commitment to improving access to quality care even for those who cannot afford to pay for health services.
- Continue to encourage SES DRC to develop a viable model of micro-credit, using successful "savings and loan" model, as a means of assisting the enterprises of Subud members to grow and develop.