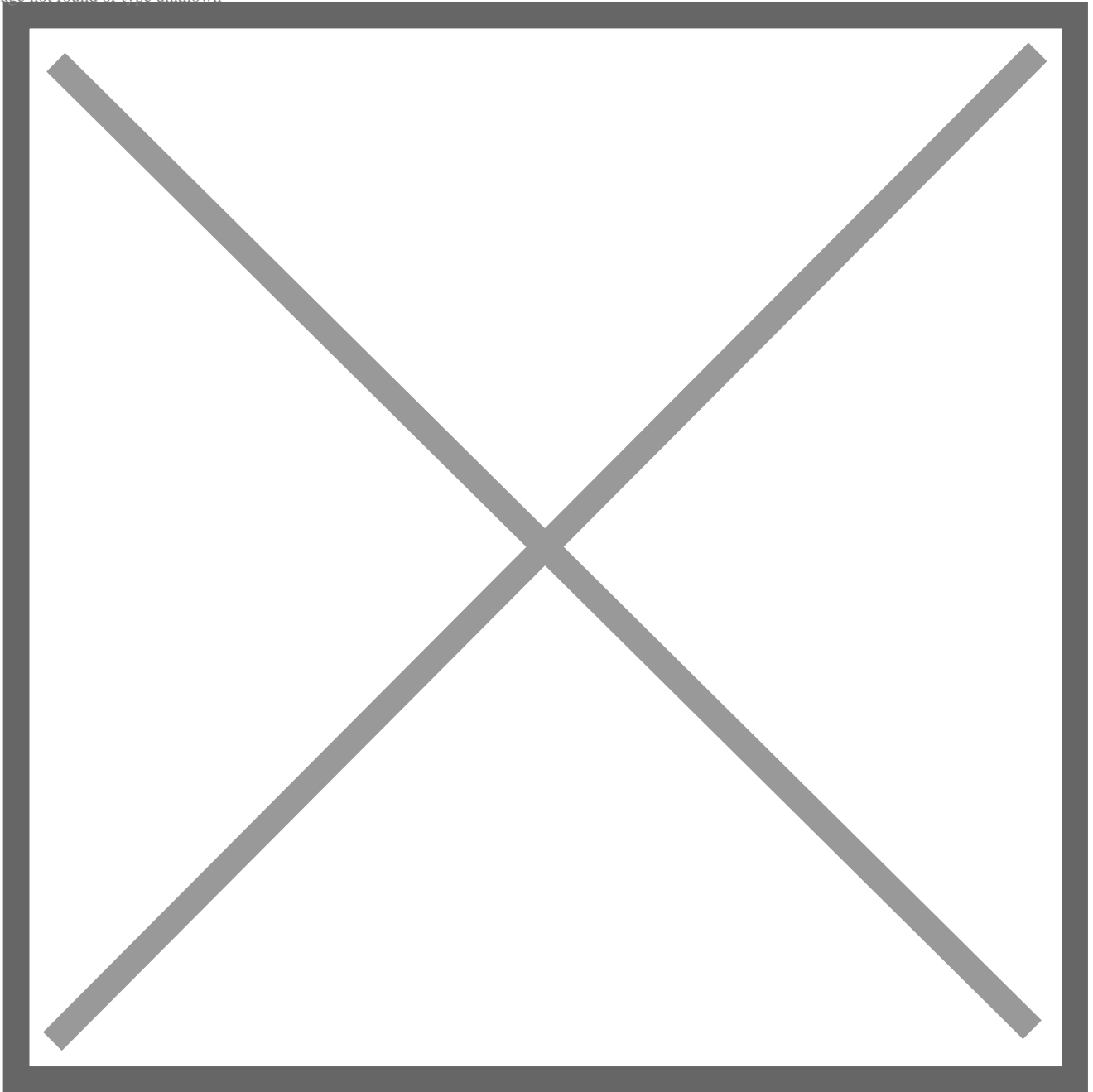


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**ADRA Democratic Republic of the Congo  
(DRC)**

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## BANINGELA BALEDI CHRISOSTOME

Baningela Baledi Chrisostome, son of Pastor Baledi Lambert and Lusamba Julie, is a doctor of Oral Medicine (2005). He obtained a master's in Public Health and Health Economics (2017). He has been working as a dentist at the Kinshasa Adventist Clinic (2006 -), and worked in several departments at his local church. He is married to Tshisebi Jeannette, and they have 6 children.

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## Introduction

The Adventist Development and Relief Agency (ADRA) is a non-governmental organization established by the Seventh-day Adventist Church in the United States in 1956.<sup>1</sup> In 1982 an ADRA office was created in Kinshasa, Democratic Republic of Congo (DRC), with four branches in the cities of Mbandaka, Lubumbashi, Goma, and Kindu. Each branch office managed several field offices, known as project execution offices. As of 2021, ADRA DRC had 462 full-time and part-time employees, many of whom come from outside the DRC.

In the DRC, ADRA focuses on the areas of primary health care, nutrition, food security, education, and disaster response. For more than ten years the agency has piloted development projects in various provinces of the DRC including South Kivu and North Ubangi. ADRA DRC frequently works in partnership with ADRA International.

Although ADRA's mission is to serve all people in need, its work focuses particularly on the most vulnerable—women, children, refugees, displaced and returned people, the elderly, and persons with disabilities. Its programs seek to save lives and improve quality of life, regardless of racial, ethnic, political, or religious affiliation, while respecting human dignity.<sup>2</sup> ADRA's mission can be summed up in five points:

Actively support communities in need through a range of humanitarian and development activities planned and implemented in a participatory and collaborative manner with the beneficiary community;

Provide assistance in emergency or chronic crisis situations by involving those who are affected to find long-term solutions;

Work through community associations with those in need to achieve positive and lasting change in communities;

Promote and expand women's inclusion and participation in the development process;

Support and assist communities in need so that they can develop their capacity to maintain and manage natural resources and their environment. The assistance provided by ADRA to the needy is possible due to multiple funding mechanisms.<sup>3</sup>

ADRA's vision ensures a better quality of service and transparency in the management mechanism, bringing positive and lasting change to the people and communities it serves. Thanks to the ADRA network and other potential partners, ADRA DRC seeks to broaden its field of action with a view to establishing cross-border programs.

## ADRA DRC Initiatives

Throughout its history, ADRA DRC has focused on programs that support groups of people in difficulty. As of 2021, ADRA DRC had benefited approximately 12,507,100 people and 523,642 households<sup>4</sup>

Between 2011 and 2019, ADRA DRC's programs focused on five areas: nutrition, health care, food safety, water, and education.

ADRA's food distribution program offered affected people and families with malnourished children the food they needed to not only survive, but to thrive. Between 2011 and 2018, around 140,180 moderately acute malnourished children and 47,140 severely acute malnourished children were supported by ADRA DRC's program for the prevention of malnutrition. The 380,000 adults assisted were predominantly pregnant and nursing women<sup>5</sup>

ADRA DRC reduced the incidents of waterborne diseases by improving sanitation and access to drinking water. In the above-mentioned decade, it provided primary health care for nearly 4,912,00 people in its health facilities, supplying essential drugs, cholera kits, intimate hygiene kits, and other services. Its vaccination campaigns provided vaccination against measles to more than 1,322,800 children. In the face of the cholera epidemic, 13,348 people were treated in ADRA DRC-sponsored units and treatment centers.<sup>6</sup>

To lift people out of the cycle of poverty and provide livelihoods, ADRA distributed food seeds, agricultural tools, and support through community training. Through this initiative, ADRA helped 36,304 households between 2011-2018<sup>7</sup>

ADRA DRC provided assistance with the construction of handpump drilling, water well sanitation, chlorination of water points, and latrine construction. From 2011 to 2018 over 272,200 households received this type of help from ADRA DRC.<sup>8</sup>

Over 778,000 students receive quality education through ADRA's rehabilitation and construction of schools<sup>9</sup>

## ADRA DRC in Action

ADRA DRC provides timely and immediate humanitarian assistance for people affected by natural disasters and political upheaval. In 2016 a violent uprising by the Kamuina militia in Nsapu, Kasai Central, spread throughout the region causing massive displacement of people, human rights violations, and destruction of basic socio-economic infrastructure while amplifying humanitarian needs.<sup>10</sup> People affected in the *Zones d'Interventions* lived in food insecurity, and returnees found their shelters burned. Few of these people could rebuild shelter themselves. In addition, both returnees and refugees lost the vast majority of the household items they possessed before the crisis. Some households suffered theft and looting of their property. Access to water was a major challenge in these areas. The crisis accentuated the problems of access to water, food security, nutrition, education, and primary health care because the infrastructure to provide and maintain food security and clean water was damaged, reducing the quantities transported and consumed each day while increasing the risk of water contamination.

Several factors have contributed to increasing food insecurity in the DRC: the loss of growing seasons, scarcity of seeds, and inadequate agricultural tools.<sup>11</sup> This worrisome situation has been resolved by ADRA through various programs.<sup>12</sup> For example, to reduce the nutritional emergency, adequate support for the care of children under five years of age with severe and moderate acute malnutrition is ensured by increasing the capacity of the clinics. These facilities are supplied with nutritional inputs, anthropometric equipment, and medicines for cases of complications. The standard basic care provided in these facilities in addition to saving lives imperiled by malnutrition, prevents children's diseases through vaccination, and supplies impregnated mosquito nets to prevent malaria. Malnourished children are kept in the program until they reach the exit criteria.<sup>13</sup>

Many of ADRA DRC's programs focus on reviving agricultural production. ADRA DRC distributes agricultural inputs (food seed kits, market gardening kits, and agricultural tools) to help families protect and restore their livelihoods, and it also offers educational nutrition and cooking seminars.<sup>14</sup>

In many locations there is a lack of latrines. Usually, five or six households share one unhygienic latrine that does not provide privacy and security. A large part of the waste is thrown into the bush or out on the street. In almost every school, students relieve themselves in the bush. ADRA DRC tries to ease the challenge by building new latrines for households, as well as public latrines, and providing hygiene kits.<sup>15</sup> ADRA DRC works on drilling water wells to help improve hygienic conditions and sanitation.<sup>16</sup>

In keeping with its mission, ADRA DRC continues to provide humanitarian aid whenever needed.

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