According to the WHO, 7.4 percent of children in DRC will never reach their first birthday, resulting in one of the highest levels of child mortality in the world. The DRC also has the tenth highest level of maternal deaths. These high rates of mortality are directly associated with low rates of access to care. The health zones supported by ASSP, funded by the UK government, faced the problem of inadequate health infrastructure negatively influencing the quality of care in health facilities. According to the National Health Development Plan, or PNDS, research, among the health centers currently operational, a mere 12 percent are constructed out of durable materials. A major factor in the population’s use of the health system is adequate structures within which to seek appropriate care. For this reason, ASSP allocated significant funding to improve the infrastructures and equipment that are fundamental pillars for providing quality health care.

Construction Program
Providing a safe haven for health in the most remote communities.

The ASSP construction program has enhanced health service delivery and quality by constructing new health centers per PNDS and Ministry of Health guidelines. In areas that already have a center made of durable materials, renovations are carried out to bring the health center up to these standards.

The number of births attended at a health facility by skilled health personnel has risen steadily since the start of the project.

The project saw an increase of 102 percent from baseline attendance in 2013.

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Building Capacity & Infrastructure

**Health Center Construction**

Since the start of the project in 2013, 286 health centers have either been rehabilitated or newly constructed.

- **286 Completed**
  - New Construction
  - Minor Rehabilitation
  - Major Rehabilitation

In areas where there were either no health centers or a structure made of non-durable materials, a new health center was constructed.

Existing structures received minor renovations and simple maintenance such as painting, reinforcing foundations and fixing leaking roofs.

Major rehabilitations mostly consisted of adding extensions or replacing parts of the existing structures. For example, adding a maternity or replacing the roof.

- **109 Completed**
- **111 Completed**
- **66 Completed**

Service Utilization

If increasing access to health care was the goal of ASSP’s construction program, then the numbers show great success. Service utilization has steadily increased since the start of the program, from 2.5 million at baseline to nearly six million in year six, a 139 percent increase.

**Solar Lighting & Cold Chain**

Solar Lighting

Since the start of the project, ASSP has installed solar lighting in 618 health facilities.

- **618**

Solar Cold Chain

531 health facilities now have a functional solar cold chain for vaccines, drugs and blood.

- **531**

**Training in Infrastructure & Construction**

IMA uses local labor for each construction site to ensure the trained workforce covers as broad a spectrum as possible on the national scene. This paves the way for success in maintenance situations on the building constructed, as there is a ready source of qualified labor within the community. It also serves as a pool for future projects within and around the community.

- **2,094 qualified technicians trained in high quality, durable construction methods.**

**Service Utilization**

26 million people have visited our health centers and community care sites for curative consultations.

**2016**

1. **June** 2,657,013
2. **July** 2,608,659
3. **August** 2,061,644
4. **September** 2,316,044
5. **October** 2,406,709
6. **November** 2,006,133

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