Second edition

ROTARY FAMILY HEALTH DAYS (RFHD)

2025 PROGRAM REPORT

Democratic Republic of Congo

From June 20 to 22 and from June 26 to 29, 2025

DGE Claude Cherubala
Country Coordinator

REPORT PUBLISHED IN SEPTEMBER 2025

Rotary Family Health Days

Rotary

rfha
Rotary Action Group for Family Health & AIDS Prevention, Inc.

Table of contents

Rotary Family Health Days

Rotary rfha

1. Activity Highlights

- **Organization and Mobilization:**
  - ➞ The second edition of the RFHD was held in six targeted neighborhoods of Kinshasa that are underprivileged and difficult to access
  - ➞ **We noticed a significant involvement of :**
    - → Rotarians and Rotaractors from various club across Kinshasa.
    - → Governmental health authorities: Representative of the National Minister of Health, Provincial Minister of Health, Head of the Provincial Health Division, and the Medical Chief Officer of the Health Zones

- **Beneficiaries Reached:**

  In this second edition, among the six health zones covered **7,849** people were reached out of **9,000** targeted, representing **87%**. This marks a significant improvement compared to the first edition which reached **57%** of the target.

  Profile of beneficiaries reached:
  - → 36% were aged between 25 to 49 years old.
  - → On average, each beneficiary received about four different health services.

- **Health Services Provided**

A total of 30,906 medical services were delivered, including:

➞ **Vaccination** : a total of 82 polio vaccinations were administered, including 10 children aged 0 to 59 months vaccinated at the highly marginalized Pakajuma site in the Limete health zone.

➞ **Dépistages :**
- → HIV: 115 tests conducted
- → Malnutrition: 373 screenings
- → Malaria: 4,463 screenings and treatments
- → Blood pressure: 3,151 tests conducted (721 cases of high blood pressure treated)
- → Tuberculosis: 125 tests conducted
- → Diabetes: 2,542 screenings (554 cases treated)
- → Eye problems: 934 screenings
- → Sexually Transmitted Infections (STIs): 437 tests conducted

➞ **Family planning :**
- → During the activity, a total of 145 cases were handled directly on-site by health zone providers
- → With the support of UNFPA's technical partners deployed I the field during the activity, a total of 982 women were reached and provided with family planning services.

➞ **Other services :**
- → A total of 3,151 heart rate measurements were performed during this activity.
- → Distribution of 14,394 male condoms.
- → An action research activity was conducted at the Kingabwa and Pakajuma, Limete health zone, in collaboration with the Institute of Biological Research (IRB)
- → An action research activity on mental health was conducted across the six RFHD sites in collaboration with the Neuropsychopathological Center (CNPP) of the University of Kinshasa.

2. Positive Impact

The second edition of the RFHD in Kinshasa reached nearly 8,000 beneficiaries, 87% of the target, and delivered over 30,000 health services in underserved and marginalized neighborhoods, representing a significant improvement compared to the first edition in October 2024.
This second edition increased screening for major diseases (including malaria, HIV, diabetes, eye conditions, tuberculosis, and high blood pressure) and improved access to basic health care services.

These results demonstrate a significant positive impact on the health of vulnerable populations in Kinshasa and lay a strong foundation for more effective, community-based preventive health campaigns targeting underserved communities in the future.

3. Executive Summary

Held in June 2025 with support from the Bill & Melinda Gates Foundation (BMGF), this second edition of the Rotary Family Health Days (RFHD) in the Democratic Republic of Congo (DRC) benefited from the collaboration of several local partners, who helped reach the target of 9,000 beneficiaries.

In terms of geographical coverage and site distribution, the program was implemented across the four administrative districts of Kinshasa, as detailed below:

- **Tshangu District, with one site established within the Ndjili Health Zone;**
- **Funa District, with two sites established in the Bandalungwa and Kalamu 2 Health Zones;**
- **Mont-Amba District, with two sites established in the Kingabwa and Limete Health Zones; and**
- **Lukunga District, with one site established in the Mont Ngafula 1 Health Zone**

During this second edition of RFHD, organized from June 20 to 22 and June 26 to 29, 2025, Rotarians and Rotaractors in Kinshasa actively mobilized to expand the event's reach and consolidate its achievement, laying the groundwork for a possible extension to other provinces.

The Ministry of Health was involved from the early stages through coordination meetings and planning workshops. Its engagement, facilitated by the strong collaboration established during the first edition and by Rotary's positive experience in the fight against polio, was almost spontaneous.
The results of this second edition were encouraging. The needs identified were considerable, particularly concerning diseases affecting older adults (such as eye conditions, diabetes, and high blood pressure) and those frequently reported among children (notably malaria). These outcomes confirm that adopting a strategy adapted to the local context is a key factor for success.

Similar to 2024, the Bill & Melinda Gates Foundation funded the 2025 edition. Other partners, including UNFPA and the Congolese NGO SANRU, provided technical and material support. The Ministry of Health authorities (provincial division, health zones, and specialized programs) mobilized personnel for service delivery and activity monitoring. Finally, the local authorities of the Bandalungwa, Limete, Ngaliema, and Kalamu communes facilitated site access and safety.

4. Context

Rotary Action Group for Family Health & AIDS Prevention (RFHA)

Strategic vision

Save and improve lives through community-based health care

Strategic Mission

To facilitate expanded access to quality, community-based healthcare services, including the prevention and treatment of HIV/AIDS.

Who is RFHA

The Rotary Action Group for Family Health & AIDS Prevention, Inc. (RFHA) I a global Rotary Action Group and mobilizing partner of Rotary International dedicated to disease prevention and treatment. RFHA is a proven program of scale that delivers preventive community health care in Africa. Our programs provide free multiple health screens, lifesaving immunizations, education on disease prevention and treatment, and referrals for follow-on care that would otherwise not be accessible.

RFHA's direct impact is the strengthening of infrastructure on health care delivery systems worldwide. Headquartered in Atlanta, GA, USA, RFHA manages a pan-African network of Program Directors and teams in each country that facilitate program implementation and local relationships.

RFHA is currently embedding a gender component across all levels of its organization and programs. This initiative seeks to promote gender equality within RFHA and its core health programs by introducing gender-responsive strategies and fostering an inclusive institutional culture. Through this approach, RFHA aims to ensure equal opportunities and equitable access to health services for women and men, girls and boys, as well as marginalized and vulnerable populations. By mainstreaming gender considerations into its operations, RFHA reaffirms its commitment to advancing health equity and inclusive development for all.

RFHA's signature program is Rotary Family Health Days (RFHD), a unique public/privatepartnership program that is currently in its thirteenth year of operation. The three-day,integrated annual program provides holistic, comprehensive, preventive health programs both for communicable and non-communicable diseases. The program leverages and inspires a significant force of humanitarian-driven volunteers through Rotary clubs in multiple countries in Africa. Since the inception of Rotary Family Health Days in 2011, over 3.5 million patients have been offered over 13 million free health services.

The Rotary Family Health Day Program is a significant contributor to Preventive Health Care.

Ministers of Health in the countries in which we operate partner with RFHA with signed

Letters of Intent (memorandums of understanding) in support of Rotary Family Health Days. Other partner organizations (media houses, private sector funders, NGO's etc.) do the same. RFHA's role is that of a pivotal organization: to initiate the program, secure the support of partner organizations and donors, and then coordinate the work with all implementing partners before and during the three-day event.
In the Democratic Republic of Congo, the program is implemented by Rotary in collaboration with key partners, including the Ministry of Public Health, United Nations agencies, international and local NGOs, media organizations, and other stakeholders.

ROTARY FAMILY HEALTH DAYS (RFHD): A PUBLIC-PRIVATE PARTNERSHIP

Rotary Family Health Days (RFHD) is the flagship program of the Rotary Action Group for Family Health & AIDS Prevention (RFHA). Implemented for the past thirteen years, this unique public-private partnership is held annually over three days, providing a wide range of preventive health services that address both communicable and non-communicable diseases.

Through the dedicated mobilization of Rotarians and their partners, driven by a strong spirit of service and humanitarian commitment, tens of thousands of individuals from underserved communities across East, Southern, Central, and West Africa, as well as in India, gained access to essential health services that improved their well-being and strengthened local health systems.

The services provided include:

- Free and essential vaccinations for children, including polio, measles, and other priority vaccines.
- Screening and medical consultations for HIV/AIDS, tuberculosis, diabetes, hypertension, malaria, and select cancers.
- Deworming and vitamin A supplementation for children.
- Eye examinations and dental care services.
- Health education, counseling, and referrals for continued care and follow-up services.

In addition, beneficiaries received essential kits and supplies, including insecticide-treated bed nets, condoms, hygiene kits, delivery kits, dental hygiene products, and other materials tailored to local community needs.

5. RFHD Program Model in Kinshasa

• Major Funding Partners Supporting the RFHD Program

Rotary | rfha	Rotary Family Health and AIDS Prevention (RFHA), a Rotary International Action Group
Bill & Melinda Gates foundation	Bill and Melinda Gates Foundation
Ministère de la Santé Publique, Hygiène et Prévoyance Sociale	Ministry of Health Provincial Health Division, along with its Health Zones and General Referral Hospitals
UNFPA	United Nations Population Fund (UNFPA)
SANRU	Primary Health Care in Rural Areas (Congolese NGO)
CEFA Centre Hospitalier Monkole	Institute of Biomedical Research / Training and Health Support Center (CEFA Monkole)
Scientia Splendet et Conscientia	Neuropsychopathological Center / University of Kinshasa
Ville de Kinshasa	The minicipalities of Bandalungwa, Kalamu, Limete, Mont Ngafula, and N'djili.

• • Partner Supporting Media Outreach

rtnc · b-one · mtv Misunga Télévision · Top Congo FM · Flambeau Éco Magazine de l'économie africaine · Radio Communautaire Kalamu

6. Planning and Implementation of Rotary Family Health Days in the City of Kinshasa

• Determination of Dates

The dates for the 2025 campaign were proposed by the RFHA/DRC committee and then confirmed in coordination with the Kinshasa health authorities. This decision considered the availability of most Rotarians, weather conditions, and the provincial health division's calendar, to avoid any overlap with other health activities and to encourage the involvement of the Ministry of Health's services.

• Established Criteria for Site Selection :

The sites chosen were required to meet the following criteria:

- ➞ Presence and active engagement of Rotary members
- ➞ Urban or rural zones with high disease burden
- ➞ Areas insufficiently covered by health services
- ➞ Availability of local resources
- ➞ Existence of basic infrastructure
- ➞ Conformity with Ministry of Health objectives and national plans
- ➞ Priority given to polio eradication efforts

• Implementation and Organizational Arrangements

To optimize the use of limited human resources (particularly Rotary volunteers) and to address mobility challenges in Kinshasa, the campaign was organized over two consecutive weekends

- **Site Mapping**

Province	Administrative Disctrict	Health Zone	Sites Implemented
Kinshasa	Tshangu	Ndjili	Terrain Vodacom
	Funa	Bandalungwa	Maison communale
		Kalamu 2	CHPK-Centre hospitalier presbytérien de Kalamu
	Mont Amba	Kingabwa	Terrain Sango
		Limete	Pakajuma/Terrain Onatra
	Lukunga	Mont Ngafula 1	Terrain Tchad

• Team Training

As part of the preparation for this second edition of the Rotary Family Health Days (RFHD):

- ➞ Members of the RFHA/DRC Coordinating Committee received training on gender integration to ensure that gender considerations were effectively incorporated into the planning and implementation of RFHD activities.
- ➞ Data collectors participated in an online training led by an RFHA/Africa expert on the use of the KoboCollect software (an open-source digital data collection platform). These participants, primarily Rotaractors, subsequently trained data managers operating in the targeted health zones.
- ➞ Community Health Workers (CHW) were trained in awareness-raising techniques and the specific procedures of the Rotary Family Health Days (RFHD).
- ➞ Physicians and nurses received orientation on organizing service delivery at the sites and providing appropriate care to beneficiaries.
- ➞ Finally, security personnel were trained in maintaining safety and protecting both people and property throughout the event.

Rotarians and Rotaractors responsible for the sites were briefed on:

- ➞ The organization and logistics of the activities,
- ➞ The expected roles and responsibilities of volunteers,
- ➞ The contributions of clubs to complement the work of the RFHA/DRC committee,
- ➞ Collaboration and coordination with field partners.

These training sessions were led by Rotarians and Rotaractors from the coordination committee, in partnership with experts from the Provincial Health Division.

• Activities Start-up

The official launch of the Rotary Family Health Days (RFHD) took place on June 20, 2025, at the Pakajuma site in the Limete Health Zone, with strong institutional participation from the Kinshasa Provincial Health Division, the Medical Chief Officer, and partners including UNFPA and SANRU. The following day, the site was visited by the Provincial Minister of Health, underscoring the government's high-level support for the initiative. Both events received extensive coverage in local media, enhancing visibility of Rotary's contribution to community health and reinforcing the commitment of all partners to strengthening primary health care in the DRC.

7. Engaging Key Partners and Funders

8. Strategy and Communication Plan

A strategic media plan was implemented in collaboration with both traditional and digital media outlets:

- Coverage of the official opening and activities was provided by Misunga TV, B One TV, and RTNC, all broadcast through the Canal+ International network. Print media coverage was ensured by Flambeau-éco, while Top Congo FM and the Kalamu Community Radio supported outreach through radio programs.

- Awareness campaigns were carried out across the six targeted health zones before and during the three days of activities, led by community health workers (CHWs).

- Television and press interviews were conducted before and after the event to increase visibility and promote key messages.

- Communication materials, including leaflets, posters, and banners, were distributed by the community health workers.

- Information dissemination also took place through Rotary bulletins, WhatsApp groups, and Rotary events, ensuring broad reach and community engagement.


Agir efficacement contre la Malaria
ACTm

9. Monitoring and Evaluation

Overall Summary

For this edition, the Rotary Family Health Days were held over two consecutive weekends to facilitate coordination and follow-up. This arrangement allowed efforts to be concentrated on a limited number of sites, thereby increasing efficiency. Three health zones were covered from June 20 to 22, and the remaining three from June 26 to 29.

Data collection was carried out using the KoboCollect platform by Rotaractors, supported by trained health workers. The collected data were uploaded to the RFHA/Africa server, analyzed, and integrated into this report.

Overall Data Overview

Sites	6
Volunteer participation	82
Registered Beneficiaries	7,849
Consent forms	A total of 1,762 consent forms were completed, representing 22.4% of all participants.
Services rendered	30,806

Breakdown of beneficiaries by age

Registration of Attendants

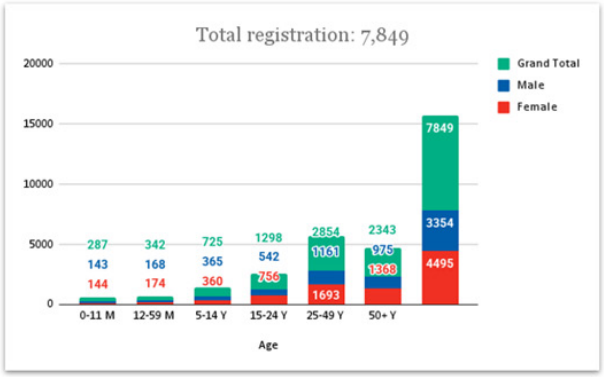
Sites	Total Registrations	Male	Female	Consent forms	Total Services
6	7849	3354	4495	1762	30906

Analysis:

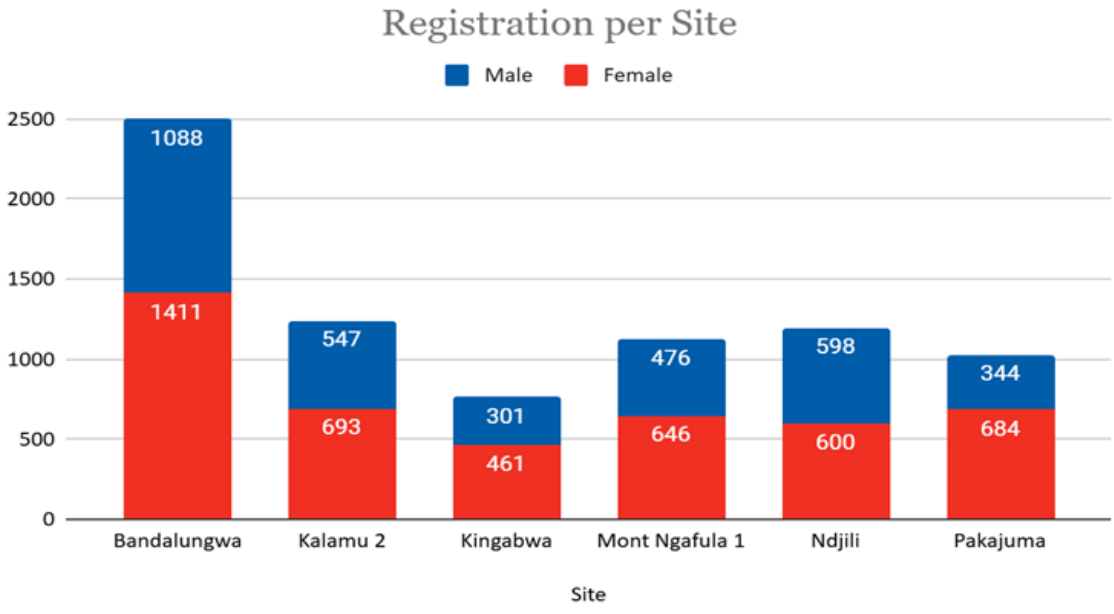
The target reach for the country was **9000** with a realisation of **87%**

Majority of attendants were aged **25-49** years making up **36%** of total attendants

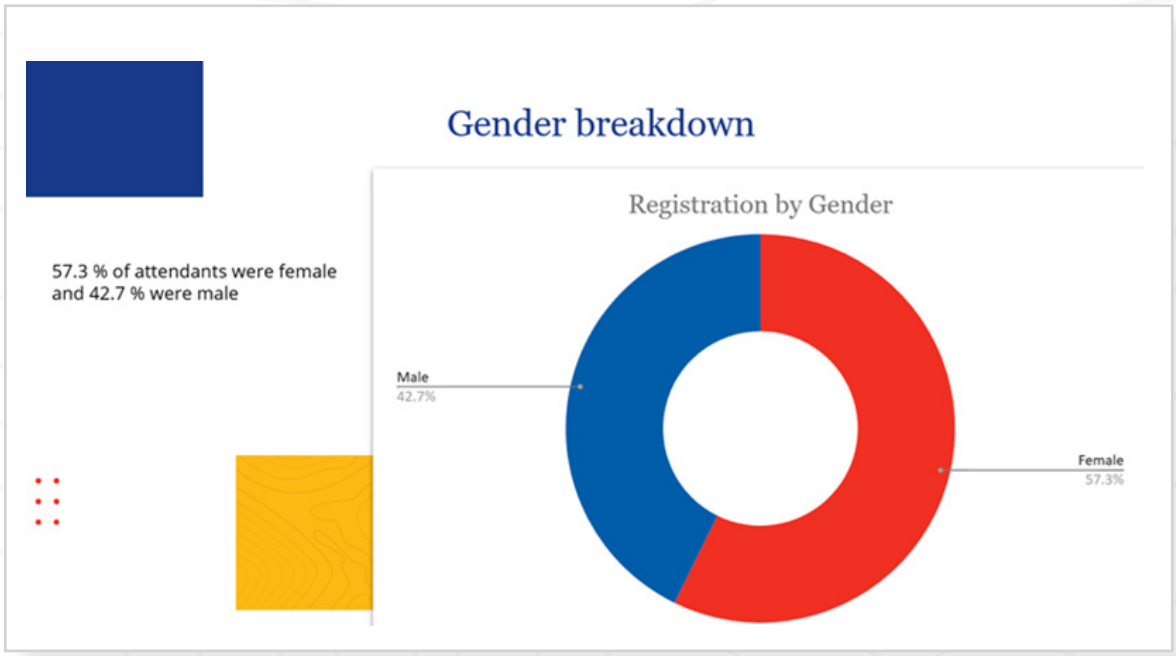
Individuals received an average of **4** services



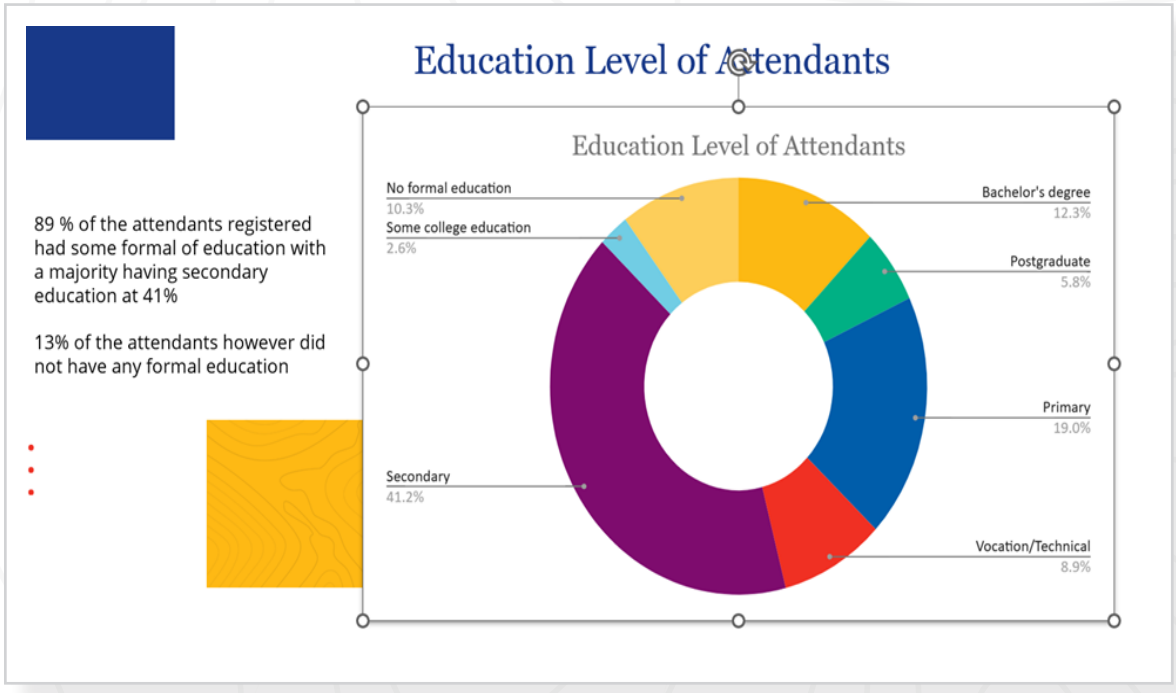
Breakdown of Beneficiaries by Site and Gender



Breakdown of Beneficiaries by Gender

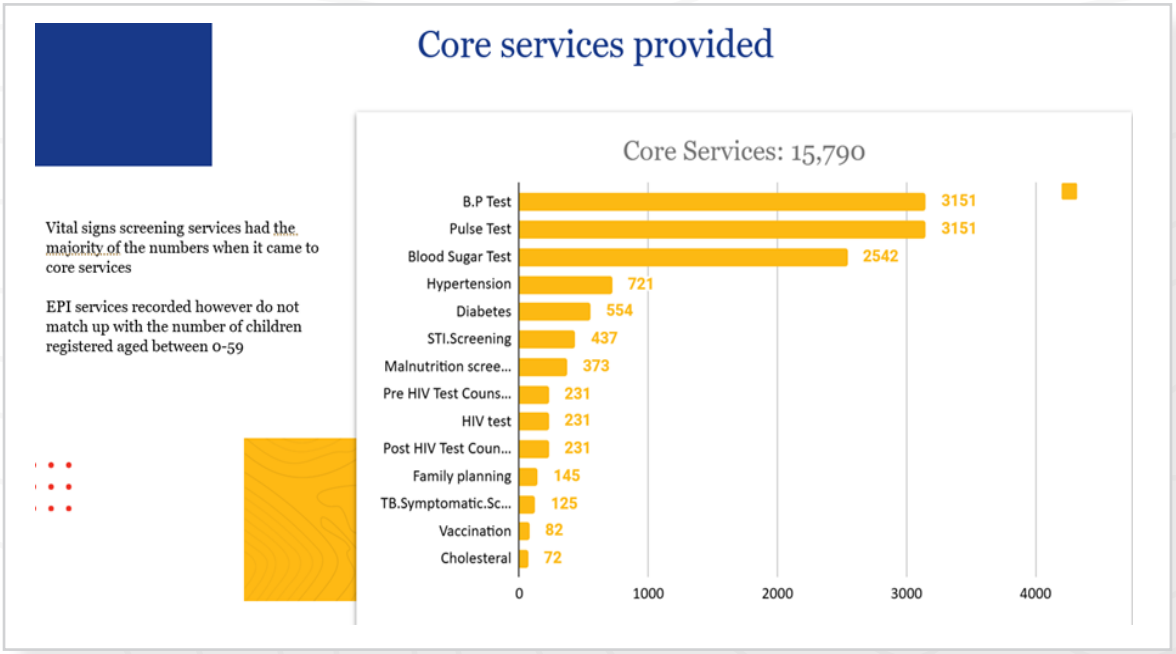


Breakdown of Beneficiaries by Education Level



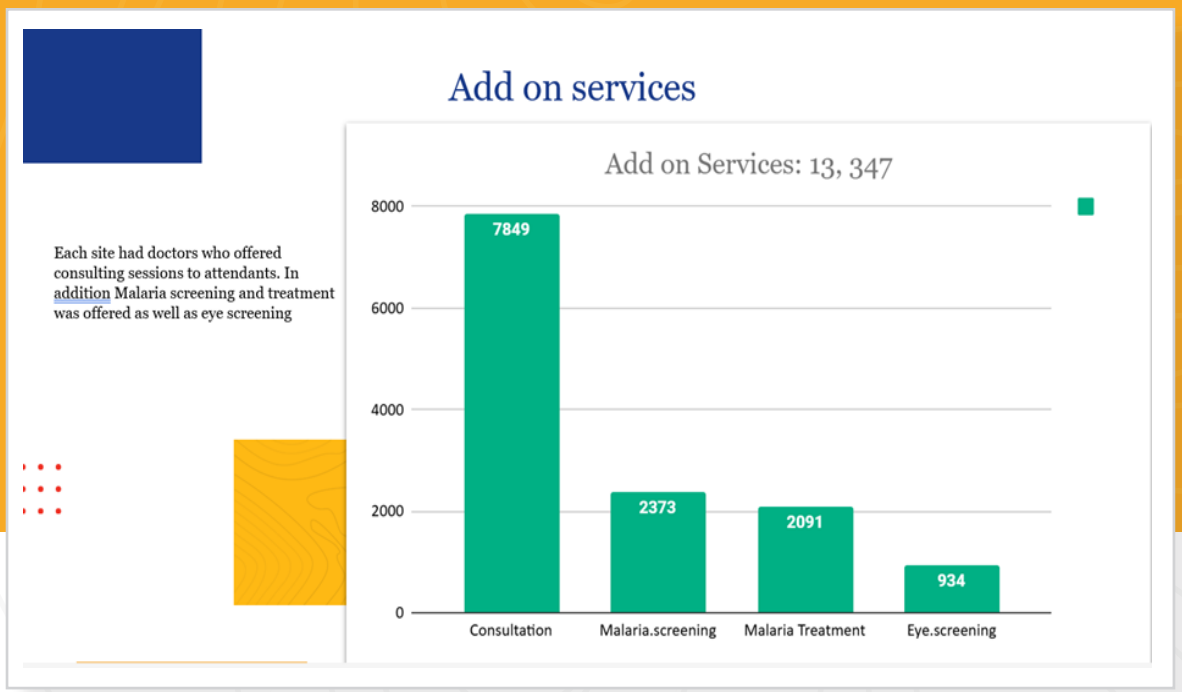
Essential Health Services Delivered

During the Rotary Family Health Days (RFHD)



Complementary Services Provided

- Preventive Care Services



Mental Health

The survey conducted by the CNPP partner among 200 individuals across the six health zones covered by this RFHD edition revealed the following:

- Nearly 60% of respondents suffer from depression requiring clinical management.
- Around 70% experience anxiety, and over 80% live with near-constant stress.

The main contributing factors identified include low income, insecurity,

Figure 13 : Répartition de la population de la zone de santé de Mont- Ngafula, N'Djili, Limete, Kalamu, Lemba, Ngiringiri, Masina selon l'échelle de stress Juin 2025.

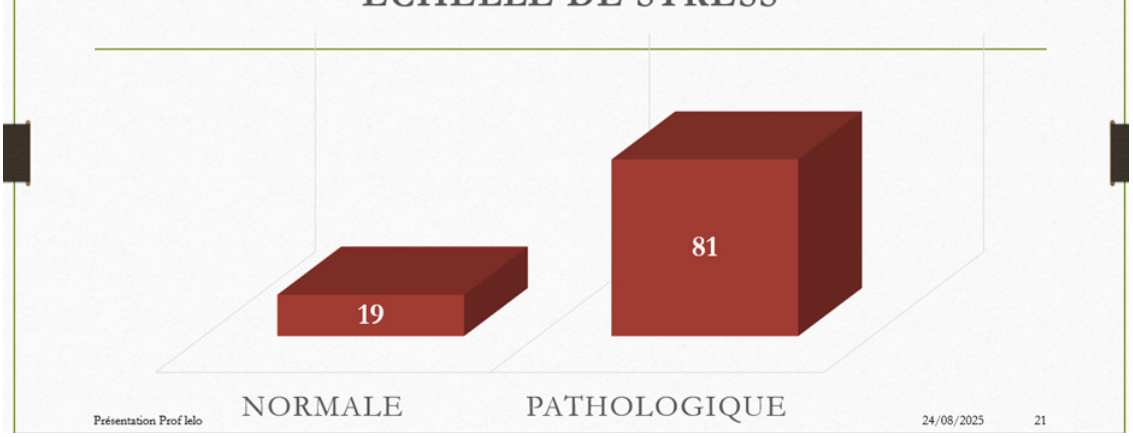


Figure 14 : Répartition de la population de la zone de santé de Mont- Ngafula, N'Djili, Limete, Kalamu, Lemba, Ngiringiri, Masina selon l'échelle de dépression Juin 2025.

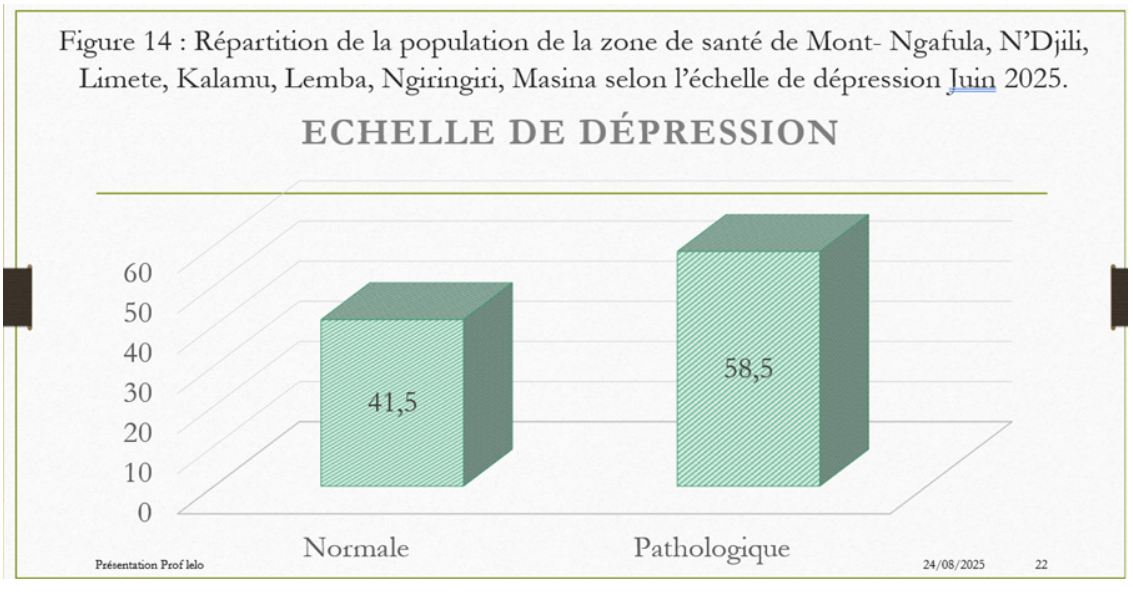
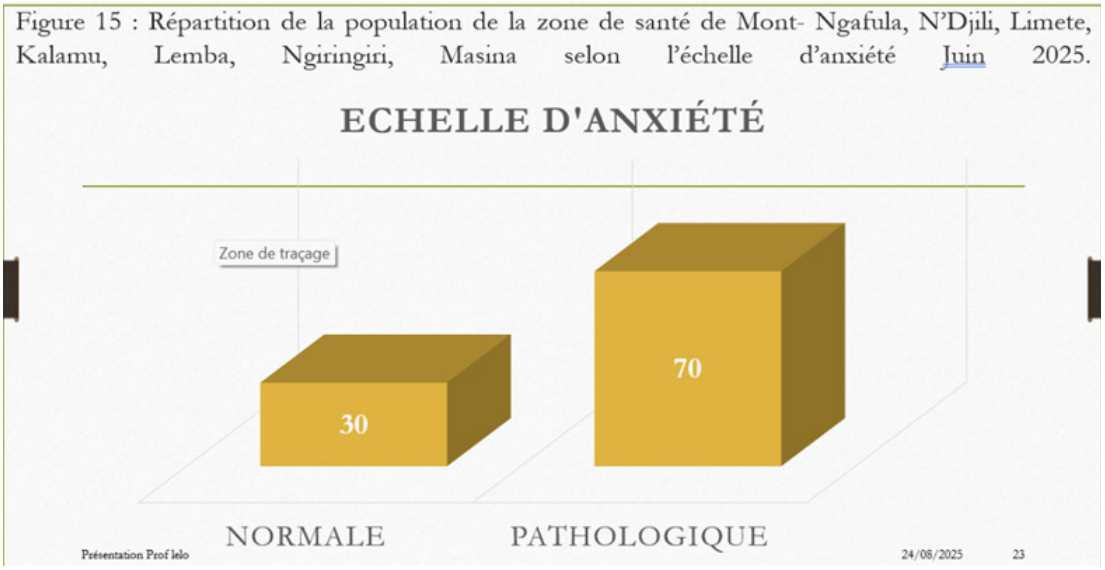


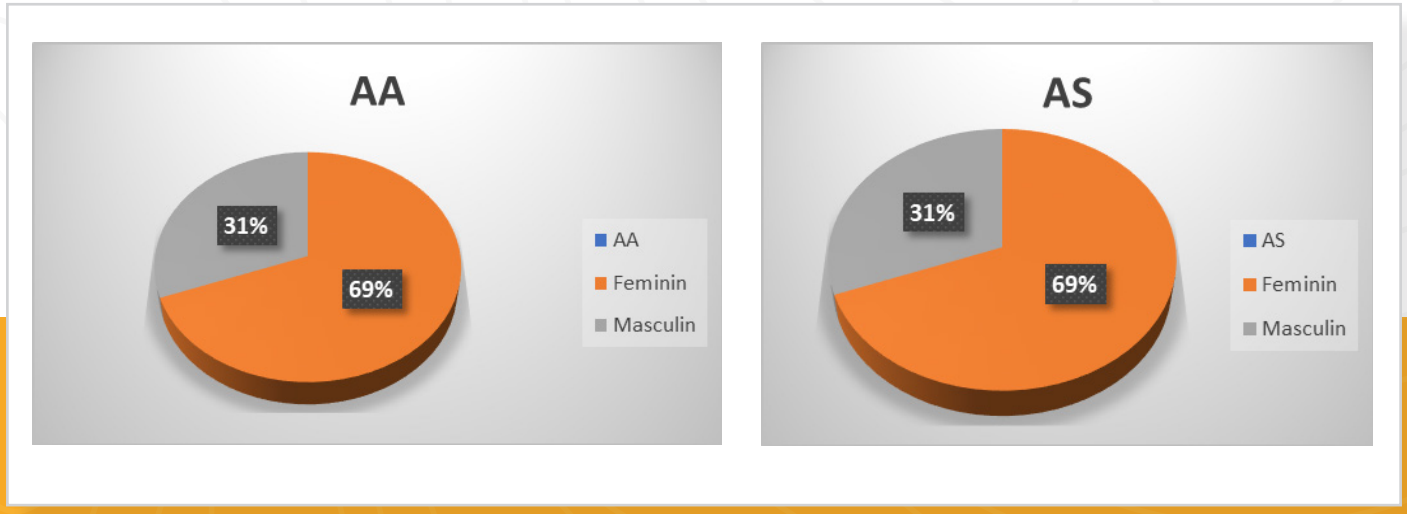
Figure 15 : Répartition de la population de la zone de santé de Mont- Ngafula, N'Djili, Limete, Kalamu, Lemba, Ngiringiri, Masina selon l'échelle d'anxiété Juin 2025.



Sickle cell disease screening

During the Rotary Family Health Days, the Institute of Biomedical Research (IRB) from the Training and Health Support Center (CEFA Monkole) conducted sickle cell disease screening for 78 participants at the Kingabwa and Pakajuma/Limete sites.

AA (sujets sains)		AS (personnes porteuses du trait drépanocytaire)	
Female	45	Female	9
Male	20	Male	4
Total	65	Total	13

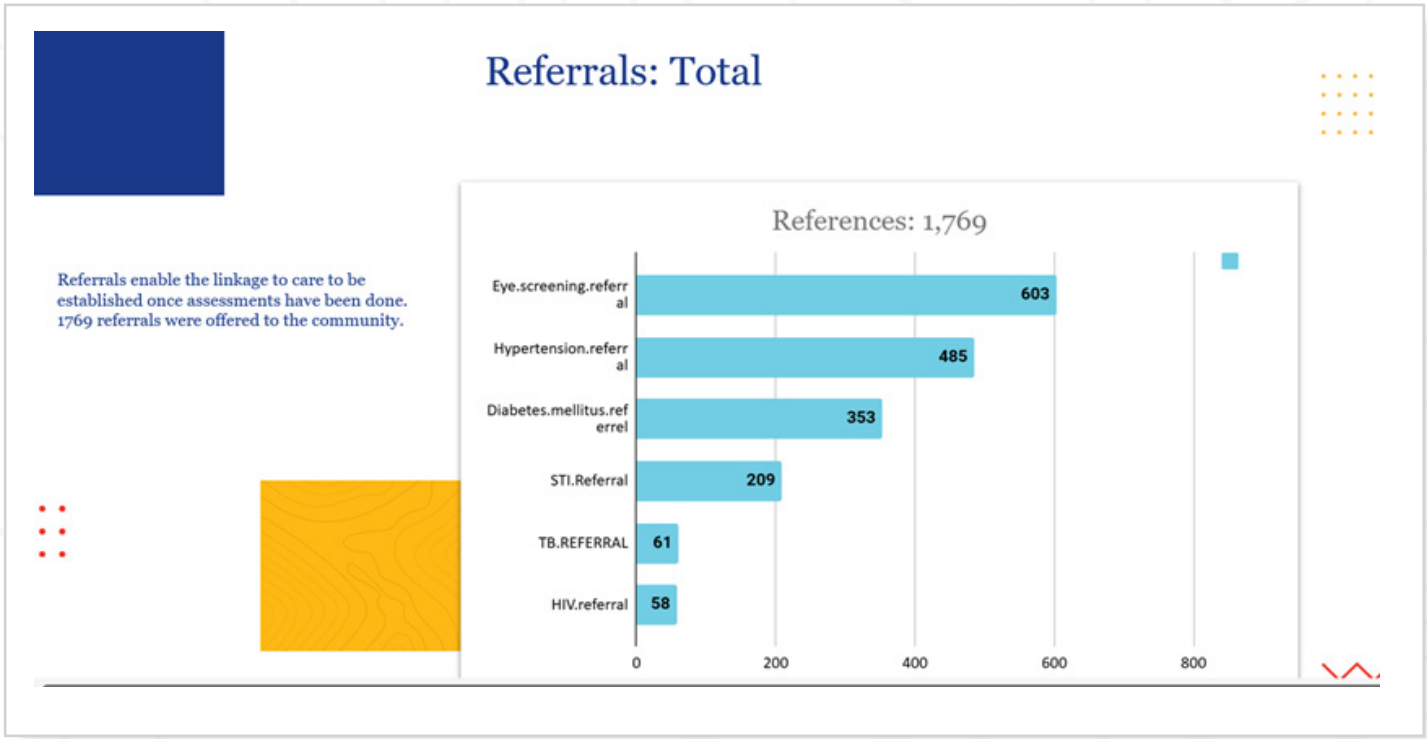


The results show that 17% of participants were healthy carriers (AS), of whom 69% were women.

While a 17% carrier rate is not alarming compared to WHO's regional estimates for Africa (10–40% depending on the area), in a city like Kinshasa (≈15 million inhabitants), this figure translates to:

- Over 2.5 million individuals carrying the sickle cell trait, representing a significant risk of transmission to future generations;
- A considerable public health burden, underscoring the need for targeted prevention strategies, including awareness campaigns for couples and systematic premarital and neonatal screening programs.

• Referral of patients to specialized care services



At the conclusion of this RFHD edition, 1,769 cases were referred to specialized healthcare facilities. This referral process ensures the continuity of care and appropriate management of conditions that could not be adequately treated on-site.

10. Challenges and Recommendations

- **Challenges:**

  ⇨ As in the first edition, digital data collection in the field remained a major challenge. The number of valid records captured in the KoboCollect application was significantly lower than the daily reports submitted by the sites, revealing limited mastery of the tool among volunteers and the need for stronger pre-deployment preparation and supervision.

⇨Access to certain peripheral zones (Kingabwa, Mont Ngafula) was severely constrained by poor road conditions, which complicated logistical deployment and monitoring operations.

Recommendations:

- Replace the short briefing with a structured training session in French for volunteers responsible for data collection.
- Establish a physical data-archiving system to facilitate verification and cross-checking of collected information.
- Obtain direct access to the RFHA/Africa data-collection platform to enable daily monitoring and rapid correction of potential errors.
- Strengthen accountability of health-zone teams that already have extensive experience in large-scale health campaigns.
- Engage local NGOs with specialized expertise (e.g., reproductive health, HIV/AIDS) as technical implementing partners, following the successful UNFPA model used in Kinshasa.

11. Conclusion

The objective set for this edition of the Rotary Family Health Days (RFHD) was achieved at 87%, largely due to the capitalization of lessons learned from the first edition, which significantly contributed to this success.

The active involvement of Rotaractors was particularly commendable, despite a few challenges encountered in data entry. UNFPA and SANRU played a crucial role in ensuring the effective management of thousands of cases related to malaria and reproductive health.

This edition was also distinguished by two major innovations:

- A mental health survey conducted by the Centre Neuropsychopathologique (CNPP) of the University of Kinshasa;
- A sickle cell disease screening initiative carried out by the Institut de Recherches Biomédicales (IRB/CEFA-Monkole).

These initiatives not only expanded the range of services offered but also helped assess the magnitude of key public health issues within the community, paving the way for more targeted and informed interventions in future editions.

12. Acronyms

Acronym	Full Meaning	Description / Context
RFHA	Rotary Family Health and AIDS Prevention	A Rotary International Action Group dedicated to disease prevention and community-based health programs.
RFHD	Rotary Family Health Days	RFHA's flagship program—a public-private partnership providing free preventive health services.
BMGF	Bill & Melinda Gates Foundation	Main financial partner supporting the RFHD program in DRC.
DRC	Democratic Republic of Congo	Country where the RFHD second edition was implemented.
UNFPA	United Nations Population Fund	Key technical and material support partner, especially in reproductive health.
SANRU	Primary Health Care in Rural Areas	Congolese NGO providing support for service delivery and coordination.
IRB	Institute of Biomedical Research	Partner institution involved in sickle cell disease screening.
CEFA	Training and Health Support Center	Health and research center affiliated with Monkole Hospital.
CNPP	Neuropsychopathologique Center	Mental health and research center at the University of Kinshasa.
CHW	Community Health Worker	Local health agents responsible for outreach and awareness activities.
EPI	Expanded Programme on Immunization	National immunization program of the Ministry of Health.
DPS	Provincial Health Division	Provincial-level authority of the Ministry of Health overseeing implementation.
STI	Sexually Transmitted Infection	Category of diseases screened and treated during RFHD.
NGO	Non-Governmental Organization	Refers to international and local partners supporting implementation.
WHO	World Health Organization	Referenced in the report for epidemiological standards on sickle cell disease prevalence.
MoH	Ministry of Health	Governmental partner overseeing health programs and service delivery.

13. Summary of Partners

- **Public Image and Strategic Positioning of RFHA/DRC**

As a result of the successful implementation of the first edition of the RFHD in Kinshasa, RFHA/DRC has significantly strengthened its visibility and credibility. An increasing number of organizations now recognize the value and relevance of collaborating with it.

- **Key Partners and their Contributors to This Edition of the RFHD**

Partner	Contribution	Action
UNFPA (United Nations Population Fund)	Provided essential medical supplies and technical expertise.	Operated a dedicated booth focused on reproductive health and case management.
SANRU (Health in Rural Areas)	Supplied inputs and technical assistance.	Led a malaria care and prevention service unit.
Provincial Ministry of Health / Provincial Health Division	Supported the planning, supervision, and field monitoring of activities.	Supervised implementation across target health zones.
Neuropsychopathological Center, University of Kinshasa	Conducted a survey on the mental health of beneficiaries.	Collected and analyzed data on community mental health.
IRB (Institute of Biomedical Research) / Monkole Hospital Center	Provided technical support and conducted sickle cell disease screening.	Screened participants for sickle cell disease at Kingabwa and Limete sites.

Contributing Rotary and Rotaract Clubs

	Name of the Rotary Club	Supporting Rotaract Club	Number of Rotarian and Rotaractor Volunteers Involved
1	RC Gombe	RAC Gombe	12
2	RC Pool Malebo	RAC Malebo	6
3	RC Bolingo	RAC Bolingo	11
4	RC Kingabwa		2
5	RC ESPOIR	RAC ESPOIR	1
6	RC Etoile	RAC Mwinda	1
7	RC Matonge	RAC Matonge	5
8	RC Binza	RAC Binza	11
9	RC Kinshasa	RAC KINSHASA	4
10	RC Limete	RAC Limete	4
TOTAL			57

14. Contact Us

- **Rotary Family Health Days - Country Chair Information :**

Name: Claude Cherubala

Title: Country Coordinator

Email: claudecherubala@gmail.com

www.rfha.org

Project Operations Team

	Name	Sex	Role
1	Moïse Amisi	M	Director of Operations
2	Dan Mulinda	M	Finance Manager
3	Félicité Singa	F	Finance Manager
4	Chantal Kanyimbo	F	Communications Officer
5	Shushuna Wozombo	F	Advocacy Officer
6	Didier Kazadi	M	Logistics Officer
7	Sylvain-Pierre Nzeyimana	M	Site Manager, Ndjili
8	Paul Bicha	M	Logistics and Data Collection Officer, Ndjili
9	Junior Kono	M	Site Manager, Kalamu2
10	Céline Baluene	F	Data Collection Officer Kalamu 2
11	Ghislain Mayulu	M	Site Manager, Mont Ngafula 1
12	Agenor Luango	M	Logistics and Data Collection Officer Mont Ngafula 1
13	Jean Ntambwe	M	Site Manager, Bandalungwa
14	Christian Pongo	M	Logistics and Data Collection Officer Bandalungwa
15	Maximilien Kiesolo	M	Site Manager, Pakajuma/Limete
16	Evariste	M	Logistics Officer / Limete
17	Aimé Lokulutu	M	Site Manager, Kingabwa
18	Roméo Bolaweko	M	Logistics and Data Collection Officer, Kingabwa

Addendum: Clarifications and Additional Inputs from the DRC Team – Monitoring & Evaluation

This addendum provides clarifications and supplementary information from the Democratic Republic of Congo (DRC) team in response to queries raised during the review of the Monitoring and Evaluation (M&E) section of the report. The inputs below are intended to support accuracy, contextual understanding, and finalisation of the report.

1. Volunteer Training and Capacity for Digital Data Collection

RFHA shared the M&E training manual in French, which was used as a reference for in-country capacity building. However, the DRC context continues to require additional support to establish a sustainable pool of volunteers proficient in digital data collection.

In 2024, only one volunteer from the DRC attended RFHA Africa's formal training on digital data collection. This volunteer subsequently trained others locally using a train-the-trainer approach. Unfortunately, both this volunteer and other trained volunteers from 2024 were not available during the 2025 implementation period. As a result, institutional knowledge and practical experience in digital M&E deployment were limited in 2025, underscoring the need for continued capacity strengthening and refresher training.

2. Impact of Road Conditions on M&E Deployment

The constraints related to road access were not associated with the digital M&E tool (KoboToolbox) itself. Rather, the challenge was logistical in nature. Volunteers are required to travel daily from their homes to the RFHD sites. Poor road conditions and difficult access routes resulted in late arrivals at sites, which in turn affected the timely and effective daily deployment of volunteers responsible for monitoring and evaluation activities.

3. Access to Raw Kobo Data

While the DRC team technically has access to raw Kobo data through the designated M&E focal person, it appears that the 2025 focal point was not aware of this access. Had this been known, it would have facilitated daily verification and reconciliation between figures reported by site managers and data captured in KoboCollect. This highlights the importance of clearer handover processes and orientation for newly appointed focal points

4. Sickle Cell Data Collection

Data on sickle cell disease were collected using printed paper-based forms. These were completed following interviews conducted by nurses and doctors from the partner institution, the *Institute of Biomedical Research (IRB/CEFA MONKOLE)*.

The KoboCollect input mask used during RFHD implementation did not include fields for sickle cell anemia. As the input mask could not be modified during implementation, it was not possible to integrate sickle cell data into the digital dataset alongside other indicators. This limitation highlights the need for co-management or localized management of the database from the design of input masks to data collection under the supervision of RFHA Africa, to ensure responsiveness to country-specific health priorities.

5. Vaccination Data Classification

All vaccination data recorded during the June 2025 RFHD were classified as polio vaccinations. This is accurate, as the RFHD coincided with a national polio vaccination campaign. Awareness activities and vaccination services delivered on the ground by the Expanded Programme on Immunization (EPI) were exclusively focused on polio, and no other vaccine types were administered during this period.