

## **INTRODUCTION**

**Thank God Almighty, creator of the universe (and all who live there) that allowed the holding of the meeting of the Board of IMCK now.**

**The year 2014 was a difficult year for our institution because of operating difficulties due to lack of financial means and excitement staff to strike. These facts have not disrupted the normal course of activities of our institution whose mission is to:**

- **T e testify of the love, compassion and justice in the C hrist ministry ry of e gu rison.**
- **Train staff m e dical and param e dical**
- **Providing care dicaux m e lev é é level**

**We thank all members of the Board for their time despite their many responsibilities.**

**Thank IMCK's workers for their endurance despite the many problems which the delay in payment of salaries.**

**Our thanks go to the place of the partners who continue to have a gaze fixed on the IMCK by bringing a financial, material or spiritual.**

# I. ADMINISTRATIVE OPERATIONS

## 1. Ex é CA Recommendations execution of November 2014

Table 1: Implementation of Board recommendations in November 2014

No.	REFERENCE	RECOMMENDATIONS	RESPONSIBLE	DEADLINE
1	14-CAN-007/1	Evaluate the cost of repair trucks and failures to conduct the auction	IMCK direction Ngoyi sha mbuyi, lushimba stone and kabongo tshitambi	3 months
2	14-CAN-007/2	Write to Jonathan KajidiTshibuabua return to the Administrator IMCK		2 months
3	14-CAN-007/3	Indicate the beneficiaries and the amounts that must be IMCK career indemnities and loyalty bonus	Personnel manager Chief accountant	1 month
4	14-CAN-007/5	Arrange childcare at PAX and HBB	Medical Director	2 months
5	14-CAN-008 / A	Write reminder letters to the Health Minister Provincial of the governorate for the debts and other State services	Director and Director	1 month
6	14-CAN-008 / B	Send customer invoices monthly contracted to facilitate payment	Administrator	1 month
7	14-CAN-008 / C	Make the study on impôtrél payable by the DPI to IMCK and bring the proposal to the Council for approval and in application from January 2015	Finance Committee	2 months
8	14-CAN-010/4	Produce an estimate with details for the rehabilitation of the water distribution system at the station and HBB	Ir Dale Stanton and his team	-
9	14-CAN-010/1	Modify the ISTM construction plan	Architect Antonio	3 months
10	14-CAN-010/6	Visit beds Mamu wetu to the director of the IMCK for appreciation to project acquisition beds for HBB	IMCK Director	2 months
11	14-CAN-010/7	Present a detailed usage of \$ 10,000 for the maintenance plan (cleanliness) and the HBB PAX	IMCK Director Administrator	

12	14-CAN-016/4	Accelerate research funds for selected retired from 2012 to 2015	IMCK Director IMCK Director	
13		Payment Strengthening care by hospital patients	Medical Director Medical Director / Assistant	1 month
14		Contact the CBM Kinshasa and Nairobi office for proper orientation of the purchase eyeglasses website	Larry PCA Jack Muthui	2 weeks
15		contact the PCA who will contact the DG ISTM with Dr. Marie-Claude director of reproductive health at IMA / Pathfinder for teaching materials care techniques to ISTM	DG ISTM PCA	1 week
16		<ul style="list-style-type: none"> <li>• Contact DFID for computers Used in computer kits renewal</li> <li>• Finalize r e computer room empowerment</li> </ul>	PCA DG ISTM DG ISTM	1 week 1 month
17		Contacting all subscribers to problems for the payment of their debts to IMCK. In case of no reaction to go to court if necessary	Directorate IMCK	2 weeks
18	14-CA-014	Write To Know A MPPC when the bottom of the release for renovation work for the Maternity PAX	Larry PCA	1 month
19	14-CAN-018/1	Do the study to create a hydro account and pay something users services of electrical current	Director IMCK	3 months
20	14-CAN-018/2	Make the investigations of different houses to offer audit to audit funding to IMCK	MBF Director IMCK	2 months
	14-CAN-013	Contact partners and make the HBB IMCK the renovation plan for the residency program in surgery facility	CA larésidence Commission for surgery: <ul style="list-style-type: none"> <li>• Dr. John Fletcher</li> <li>• Director M e dical</li> <li>• IMCK Director</li> </ul>	3 months

- Ms. Kristi Rice
- Mr jack Mathui

14-CAN-019

Investigate the training location for  
the chief accountant

IMCK Direction  
Finance Committee

continues

## 2. Activity reports committee of executive

During 2014, the IMCK held 3 meetings of the Executive Committee to resolve certain problems IMCK. The Minutes of the meetings are in the appendices.

## II. MANAGEMENT STAFF

### 1. Number of employees

The Christian Medical Institute Kasai (ICMK) has within 150 agents including 3 training (**BATEMA TSHISENGE** 2<sup>nd</sup> laboratory license (clinical biology) **MAYUWA KABENGELE** in 1 community health license ISTM<sup>era</sup> in Kinshasa **Dr. NSABUA MULAMBA Remy** specialization at the University of Lubumbashi)

The detailed situation of staff is as follows:

Table 2: Distribution of staff according to their qualification

No.	QUALIFICATION	NUMBER
1	Doctor	10
2	Dentist	1
3	Pharmacist	1
4	Nurse L2	1
5	Nurse A1	10
6	Nurse A2	33
7	Nurse A3	8
8	Senior technician in ophthalmology	1
9	Medical Biologist	2
10	A1 Laboratory Technician	3
11	A2 Laboratory Technician	8
12	Radiology Technician A1	1
13	Radiology technician initiated	2
14	Anesthesiologist A1	2
15	Administrative frameworks	21
16	General Service	46
	<b>TOTAL</b>	<b>150</b>

## 2. Movement of staff from January to December 2014

**Table 3: Movement of staff from January to December 2014**

Department	Commitment	Resignation	Retired	Termination	Death	Layoff
Administration	1	0	1	0	0	0
Hospital	1	2	2	0	2	0
Education	0	0	0	0	0	2
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>2</b>

- **Commitment:** the IMCK has engaged two agents whose é é a secr silence LUKADI Nkole replacing that terminates in 2013 for d é é tourn money pay ed by the patient and another TSHILUM BA NTUMBA the request of the room 'ope ration to increase the effective light workload
- **Qu mission** 2 nurses have quitt ed us with their personal convenience. It is a question of UMBA Chic o Mushiya KAMBEMBA
- Retirement: 2 officers took their retraitesconform é ment at their age. It is a question of Ngondo (Caissi è reauxiliaire to pax) and BAMBI (Lavandi ry to HBB).
- **D e c e s:** in 2014 the IMCK lost troi s after agents of the diseases it is a question of nursing KATUJUDI Nkuna and Katombe MUBIKAYI and e initi radiology KABINDA MWAMBA who ask to keep a minute of silence in their memory m e.
- **Getting é availability:** Due to building capacity ed 2 agents are in school to ISTM / Kinshasa. it is a question of BATEN A TSHISENGE and MAYUWA KABENGELE

## 3. Management p re visionnelle staff

**Table 4: Forecast Chart Check-out procedures Upon the retirement of the staff IMCK**

Categories	Number of departures			
	2012	2013	2014	2015
Doctor	1	0	0	0
Dentist	0	0	1	0
Nurses	0	1	2	0
Administrative	0	2	2	0
Workers	3	1	3	4
<b>TOTAL</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>4</b>

**It is expected by the end of 2014, 8 retirements has IMCK: a dentist, two nurses, administrative workers 2 and 3.**

#### **4. *Salary situation***

- Salaries of 2014 have ye a r e t y Pay ed to all workers of the IMCK.
- From January to March 2015 as wages are paid. We have a l e ger delay of one month that of April will soon be e O t pay

#### ***Disputes***

**Bonuses Loyalty bonuses and some end carrièreresrestent not paying until now. The attached list with amount gives you the idea of what must IMCK workers.**

#### **5. *Relations employers d e l e union delegation***

Between the two sides, the relations are good. After installation of the new committee, there were no meetings.

### **III. MANAGEMENT OF INFRASTRUCTURE AND EQUIPMENT**

#### **1. *È res Infrastructuresimmobili***

##### **1. H O Good Shepherd Hospital**

The 5 blocks HBB have always lesproblèmes dilapidated roofs. The windows have mosquito mesh old and needs replacement.

The money planned for the rehabilitation of the hospital is not yet released for lack of a quotation réalisteprésenté by a construction company.

##### **2. Houses of IMCK station**

All 17 houses in disrepair about 28 to IMCK station have not been rehabilitated for lack of funds.

##### **3. Guest-house**

The buildings that make up the Guest-house are in good condition. We projetonsmettre tiles (tiles) at the showers and on the pavement in 2016.

##### **4. PAX Clinic**

The dental clinic rehabilitation works are 80% complete. The dental chairs displacement problem. It takes a technician can remove and put back the chairs in the new premises built.

#### 5. Houses of the city IMCK

**4 houses, one is in a state of disrepair (that of ophthalmology). If there are no external assistance for its rehabilitation, there is a risk of losing a day.**

#### 2. *Location of mat e rolling stock*

The IMCK has 4 Land Cruiser including 3 in good condition. The 4<sup>th</sup> car was given to us by the ASSP project we would like to thank here.

#### 3. *Location of the central e Hydro - Electric E*

Work on the renovation of the Hydro-Power Station continue:

#### 1. Replacement of regulators.

a) Firma Wiedenmann is traiz prepare materials. We do not have a fixed date for delivery or installation. The delay is caused by the illness of their engineer.

b) The shipment of Europe will be ensured by WEM with the agreement of IMA / M. Larry Sthreshley.

An amount (Gift of the CPUSA) of \$ 7000.0 (the trunk) is reserved for the shipping charges.

c) Mr. Bill Kell will be here in place while regulators will be installed to provide connections with our control panels. Mr. Kell is also time for the patient and he needs our prayers.

2. The door repair Taintor # 2 is in progress. The work was delayed due to a malformation of the concrete leaving too much at the bottom of the door space. After consulting engineer Dale Stanton-Hoyle we have the opportunity to repair it. We hope that the work will be completed before the end of the year.

#### 3. External cooling construction for the multiplier boxes.

We have all the material on site and the gas welder and now functional. We hope that the work will be done this year.

4. Manufacture of a device to set up and remove the plank weirs. This will help a lot our ability to master the lake level especially during the dry season. We hope that the work will be completed before the end of the year.



**5. LED lights for safety in hydro installed. They work well with the automation thanks to the gift of "photocells" by Dale Stanton-Hoyle.**

**The bike for the team leader of the hydro was purchased and it helps a lot for transportation.**

**6. Need to replace the water valves in the main water pipe (pipe that takes water to HBB) to hydro:**

**The manager of the hydro asked Bill Simmons to help us search for parts prices below which will help to plan and budget for the project.**

**a) pressure relief valve Bermad: (We need two to one in operation and the second in reserve)**

**b) one-way valves**

- One of the main line just outside the power house (Valve 4 shoots) (We need one)**

- One on each line of each water pump (We need four, two working and two reserve)**

**7. Loss of the roof of the workshop (before the construction of the building) which allows large amounts of rain into the workshop during storms and which prevent them from working in this area in full sun.**

**8. Maintenance of Hydro workshop and containers that are used for storage.**

**a) Roof deteriorating especially transparent sheets**

**b) Absence of windows cover and mesh with ventilation holes. The lack of the latter allows all kinds of insects to enter and they cause a lot of dirt.**

**9. Buy new multiplier box bearings for G1 and G2. I asked Bill Simmons has to help us do the search for prices and will help estimate the price and availability.**

**a) They are necessary if future bearing failure. They were used in the most recent failure of the multiplier box.**

**NB - We use the FAG NSK up to repair the box G1. But it required the installation of "shims" for the correct size. Soon it will be better to use the NSK in the box G1.**

**Some other concerns relative to Hydro that must be supported by the IMCK:**

**1. The hospital's water tower requires regular maintenance (cleaning) every 6 months. This was not done for a long period of time and the tank is very dirty. In addition, it was proposed that the interior of the water tower must be thoroughly**

cleaned and painted with several layers of rust and several good quality oil paint layers to prevent / slow ladétérioration the cistern water. This must be done soon (during the dry season).

2. Efforts should be made to inform people of the hospital and Lastation on the economic use of water and electricity to power cuts éviterles problems and lack of water. We are already struggling with too much load on the electric lines. It requires very often cut power to a part of the resort to avoid widespread outage àcause overload. I think the time has come where it is necessary to study how to establish a power cut schedule on the various sector / area of the resort.

**Financial Report: Towards April 2014 "MedicalBenevolenceFoundation" (MBF) concluded a Memorandum of Understanding "MOU" with IMCK to manage the renovation project. A problem exists with the management of the account "MBF Hydro Renovation ImprestAccount".**

This year, as in years past, I pray in CA to find (with the MBF) an engineer / technician who can handle the responsibility of Renovation Project and also the daily maintenance of hydro.

We sincerely thank the MBF for its support in the renovation project, because without its support hydro is already non-functional.

## **IV. FINANCIAL MANAGEMENT**

This part will be presented by the Chief Accountant in its financial report.

## V. MANAGEMENT CARE

### *5.1 Management of medical care*

The lack of treatment protocols persists although the draft of therapeutic guide for HBB was already developed. The prescription drug remains non-standardized lack of use of existing treatment guidelines draft. Its use will standardize drug procurement and rationalize their use.

### 5.2 Nursing Care Management

Until now nursing protocols do not exist HBB although the latter receives nursing training.

### *5.3 Workload*

We will interested some of synthetic indicators that will allow us to appreciate about productivity and workforce needs HBB.

#### 5.3.1. Number of hospitalized patients per nurse per day

##### Number of hospital days

Number of nurses assigned to inpatient x 365

For it is HBB =  $\frac{14222}{19} = 2$  patients / nurse / day

19x365

The agreed standards are between 2.5 and 3; if nurses had only task as caring for hospitalized patients; this is the case for us since the pavilion leaders have other spots. The workload of nurses at least in 2014 is below the accepted standard but acceptable because there is a lot of support for surgical patients compared to 2013 which was 1.8 ..

#### 5.3.2. Number of hospitalized patients per doctor per day

##### Number of hospital days

Number of doctors in the service of hospitalisationx365

For HBB =  $\frac{14222}{7} = 5.6$  patients / doctor / day

7x365

The workload of doctors has improved in 2014 compared to the year 2013 or each physician was concerned only 2.3 patients per day.

### 5.3.3 Number of acts by laboratory technician per day

Number of laboratory examinations =  $\frac{23327}{365} = 13$  acts / technician / day

Number of technicians assigned to labox  $365 \times 365$

The charge of the lab technician working has increased in 2014, it prompts us to think about adding one or two to compensate for the load.

### 5.3.4 Number of act Radiology technician per day

Number of RX exams =  $\frac{1220}{365} = 1.67$  acts / technician / days

Number of technicians  $365 \times 365 = 2730$

The workload of the radiology staff is low

These indicators give an approximation of the productivity of the different actors of care management and suggests that it is not necessary for the moment to make exception commitments made in the laboratory.

## VI. PLATES OF TECHNICAL

### 6.1 LABORATORY

**Table 5: Number of examinations by type IMCK made in the last four years**

Exams	2011	2012	2013	2014
Biochemistry				4952
Hematology	15489	15375	14890	32739
Parasitology	3580	3480	2897	2516
Urinologie	4640	4468	4234	7898
Other	8754	7680	7450	8405
Total	32463	31003	29471	56510
Positive Reviews	19506	-	7580	

The total number of examinations carried out from 2011 to 2013 decreasing by 5% each year. In 2014 there is an increased number of reviews that tends to double in 2013, this is explained by laboratory reagents permanence and good demand from lab examinations by doctors and finally renovating lab PAX

**Table 6: Tests HIV / AIDS made in the last four years IMCK**

	2011	2012	2013	2014
--	------	------	------	------

Tests HIV / S made	566	570	510	769
Positive tests	8	22	20	110
HIV prevalence rate	1.4	3.9	3.9	14.3

**The prevalence of HIV among those tested went from 1.4 in 2011 to 3.9 in 2012 and 2013 and make more of a triplet already 2014. Cette prevalence alert us to involve ourselves in the awareness that we consults.**

## **6.2. RADIOLOGY**

**Table 7: The statistics of radiology examinations performed in the past four years IMCK**

STRUCTURES	2011	2012	2013	2014
HBB	786	710	572	1220
PAX	587	657	727	904
TOTAL	1373	1367	1299	2124

**It is decreasing the number of radiology examinations from 2011 to 2013, it justifies this by stockouts radiology inputs and lower demand examinations by doctors. In 2014 the number of RX exams has increased and is nearly double 2013. The availability of inputs and radiology normal demand snapshots by doctors has increased these statistics.**

## **6.3. OPERATING THEATRES**

**Table 8: Major surgeries performed in the past four years IMCK**

TYPE Intervention	2011	2012	2013	2014
DIGESTIVE SURGERY	163	162	170	141
LIVER SURGERY AND ROUTE BILIEURES	2	3	7	5
ENDOCRINE GLAND SURGERY	13	10	11	9
SURGERY URINARY SYSTEM	19	15	12	10
Prostatectomy	7	14	22	21
MASTECTOMY	7	16	13	12
Amputation MEMBERSHIP	44	58	78	76
ORTHOPEDIC AND TRAUMA	32	87	87	88
ANAL FISTULA	10	8	10	6
Hemorrhoidectomy	1	3	2	3
Herniorrhaphy	34	36	43	42
Hydrocelectomy	5	6	4	3
GYNECO_ OBSTETRIQUE	83	92	78	71
RECONSTRUCTIVE SURGERY	81	84	65	62
Hysterectomy / CERVICAL CANCER	76	82	79	75
Fistula Vesicovaginal	33	34	87	52
TOTAL	610	710	768	676

**Digestive Surgery is the most practiced followed by orthopedic surgery. Note that the number of major surgeries decreased in 2014 compared to 2013 and 2012.**

**Table 9: minor surgeries performed in the past four years IMCK**

TYPE OF INTERVENTION	2011	2012	2013	2014
CURETTAGE	37	36	28	30
Circumcision	4	3	2	3
INCISION AND DRAINAGE OF ABSCESS	54	56	45	47
Laceration REPAIR	12	14	17	18
EXERESE SKIN DAMAGE	28	32	37	33
Thoracentesis	0	12	18	14
Abdominal paracentesis	0	15	17	15
Fibroadenoma BREAST	17	21	19	15
TUBAL LIGATION	11	14	15	13
OTHER	90	96	97	99
TOTAL	253	299	295	287

**In 2014 the incision and drainage of abscesses is still leading minor surgeries performed followed by excision of skin lesions. The number of minor surgeries decreased in 2014 compared to 2013 and 2012.**

## **VII. ACTIVITY OF CARE**

**Regarding the activity of care, we will base ourselves on general consultations, consultations for TB, ophthalmologic consultations, consultations of the ENT, dentistry consultations, deliveries, hospitalizations and transfusions quality care**

### **7.1 GENERAL CONSULTATIONS**

**Table 10: General Consultations conducted in IMCK the last four years.**

YEAR	2011		2012		2013		2014	
	HBB	PAX	HBB	PAX	HBB	PAX	HBB	PAX
CONSULTATIONS								
NEW CASES	3196	5817	3222	10621	4061	7880	3910	10478
OLD CASE	2455	5266	2347	5244	2761	4353	2167	10985
S / TOTAL	5651	11883	5569	15865	6822	12233	6077	21463
TOTAL	17534		21434		19055		27540	

**In absence of any predefined objective, it is difficult to assess the true value of the work regarding general consultations although recent stem the financing of drugs to HBB by ASSP.**

**This table shows a growing trend in the evolution of the number of general consultations IMCK 2011 to 2012 and then in 2013 to a tendancedécroissante grow**

in 2014. This growth in 2014 to see new cases shows good use of our services by the population through improved home patient conditions.

## 7.2. CONSULTATIONS FOR TUBERCULOSIS

**Table 11: TBC Consultations**

CONSULTATIONS	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
<u>SICK</u>	<u>91</u>	<u>98</u>	<u>93</u>	<u>175</u>
<u>N / C + BK</u>	<u>8</u>	<u>10</u>	<u>17</u>	<u>81</u>
<u>N / C BK-</u>	<u>22</u>	<u>23</u>	<u>19</u>	<u>45</u>
TBC EXTRA PULMONARY	57	59	57	49
HEALING			12	73
FAIL	4	6	0	6
DEATH	-	-		2

**Cure rate =  $\frac{\text{TPM} + \text{healed}}{\text{TPM}} \times 100 = 90\%$**

**TPM + cohort 81**

**In 2014 the cure rate is 90%, we can say without hesitation that there is good management of tuberculosis in six IMCK. Les failure or 7.5% are under second-class treatment.**

## 7.3. OPHTHALMOLOGIC CONSULTATIONS

**Table 12: Consultation of Ophthalmology and Surgery**

DISEASE	2011	2012	2013	2014
PRESBYOPIA	501	131	48	114
CATARACTES	813	333	186	471
CONJUNCTIVITIS	1783	798		894
Glaucoma	309	258	106	128
Retinal	11	42	17	48
EYE onchocerciasis	20	16	0	60
Hyperopia	127	122	112	69
Myopia	169	147	54	68
EYE INJURY	89	142	37	105
TRIDOCYCLISTES	140	98	132	128
DISEASES OF THE CORNEA	503	202	136	176
NORMAL EYES	52	4	76	55
PERFORATIONS	10	14	8	5
Aphakia	96	34	13	51
Panophthalmitis	56	98	54	14
ZONA	11	8	7	0
OTHER	107	123	134	213

TOTAL DISEASES	4797	2570	1644	2599
SURGERY	251	591	345	111
DISTRIBUTED GLASSES	0	0	0	0

**In 2014 conjunctivitis, cataract and corneal diseases represent 34%, 18% and 6.8% of causes of consultation. 4% of cases have been seen for four opérés. Notons year there has been no distribution of glasses to IMCK / Ophthalmology. Our wish is to receive the fund to the purchase of eyeglasses and medication to revive the activities of the**

### **13: ORL département Consultation of Ophthalmology.**

#### **7.4. ENT CONSULTATION**

**Table**

<b>CONSULTATIONS</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
ANGINA	77	62	82	89
Ear infections	606	640	672	731
SINUSITIS	430	579	404	663
TRAUMA	15	35	49	32
SURDITE	160	193	110	99
Earwax	72	31	65	53
ALLERGY ENT	13	60	12	9
VEGETATION adenoids	6	251	369	175
FACIAL PALSY	11	0	22	51
LARYNGITIS	24	36	37	26
FOREIGN	59	25	38	140
TOTAL	1473	1912	1860	2068

**In 2014, ear infections, sinusitis, adenoids and foreign bodies are respectively 35%, 32%, 8.4% and 6.8% of the chief complaints.**

#### **7.5. DENTAL CONSULTATIONS**

**Table 14: Consultation and acts in dentistry**

<b>CONSULTATIONS AND ACTS</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
CONSULTATIONS	503	472	434	414
X-RAY	125	138	182	287
EXTRATIONS	294	243	244	253
FILLINGS	267	164	154	130
INCISION AND DRAINAGE	1	2	1	0
DRESSING OR MRI	23	19	28	18
CURETTAGE	6	6	7	6
PARTIAL PROSTHESIS	39	26	24	25



REPAIRS PROTHESES	0	0	1	2
ASSETS	30	25	22	31
PROPHYLAXIS OR DESCALING	70	56	66	39
Devitalization ENDO	21	18	13	10
SEALING OR CAI	2	2	1	2
TOTAL	1366	1175	1177	1217

**IN 2014, extractions and fillings were the most representative dental procedures or 20.8% and 10.7%. About the consultation is sick of 1.13 per day in 2014 and is regressing from 2011 to 2014 of 1.4; 1.2; 1.18; and 1.13 per patient day**

## **7.6. BIRTHS**

### **7.6.1. THE DELIVERIES**

**Table 15. Deliveries made in the last 4 years IMCK**

	2011		2012		2013		2014	
	HBB	PAX	HBB	PAX	HBB	PAX	HBB	PAX
Childbirth / structure								
BY LOW	161	394	165	384	182	450	283	573
Caesarean BY	77	0	64	0	47	22	35	26
S / TOTAL	238	394	229	384	229	472	318	599
TOTAL	632		613		701		917	
MORT-NES	7	3	6	4	16	8	2	2

**Deliveries have evolved a way of decreasing from 2011 to 2012 followed by a car in 2013 and a growth in 2014 in the HBB. As against the PAX there were also decreasing from 2011 to 2012 followed by an increase from 2013 to 2014.**

**Figure 1: Proportion of Caesarean sections in the maternity HBB 2011 to 2014**

**The number of caesarean sections at maternity HBB is declining from one year to another as shown in the chart. This decrease shows that there is good control service by the doctor and that caesareans are doing well marked and non-profit or for the cause of education.**

## **7.7. BLOOD TRANSFUSION**

**Blood transfusions performed in 2014 at the HBB are as the following graph shows the various services.**

**Figure 2: Distribution of the use of transfusions in the HBB services in 2014 as a percentage.**

The pediatric department has used 35.8% of transfusions, followed by internal medicine and human surgery. The operating room is used only 14% of all transfusions in the hospital.

## 7.8. HOSPITALIZATIONS

We will compare the last four years in terms of hospitalizations to HBB by asking the question what is the share of each service in total hospitalizations, the rate of bed occupancy and the average length of stay at the hospital.

NB. It was difficult for us to do the same exercise for the PAX Clinic since the PAX presentation of data has not exploded men and women according to the services received in hospitalization. Néanmoins here hospitalization statistics Clinic PAX: \* Children: 502 \* Women: 241 Men: 170.

Table 16.Statistiques HBB 2014.

Hospitalisation statistics HBB	Calculation	Hospitalizations by Service 2014				Total Avg &
		Hom	Fem	Ped	Matt	
TO Number of Beds		38	24	44	32	138
B Hospitalizations		902	514	1125	855	3396
C Made Day		4586	3494	3562	2580	14222
D Total Deaths		45	23	16	3	107
E Average stay	C / B	5.1	6.8	3.2	3.0	4.2
F Inpatient / day	C / 365	12.6	9.6	9.8	7.1	39.0
G Bed occupancy	C / 365 / A	33.1%	39.9%	22.2%	22.1%	28.2%
H Mortality Rate	D / B	5.0%	4.5%	3.2%	0.4%	3.2%

Legend: Hom means internal medicine and human surgery, internal medicine and means Fem woman surgery

Ped: Pediatrics, Mat: Maternity (GO).

7.8.1. contribution of services to the hospital in the last four years HBB.

8.1.1. gynecology obstetrics service

Figure 3 Evolution of GO service's contribution to the hospitalization HBB 2011 to 2014.

**The contribution of gynecology obstetrics service to hospitalization of HBB shows an upward trend in 2014 (as shown in the figure), and this service has helped ¼ or 25% of hospitalization.**

#### **7.8.2 internal medicine and surgery service man**

**Figure 4 Evolution of the contribution of internal medicine and surgery service man to the hospital to HBB 2011 to 2014**

**The contribution of the internal medicine service and human surgery at the hospital to HBB shows a downward trend in 2014, and its contribution is 26.6 of all hospitalizations.**

#### **7.8.3. internal medicine service and woman Surgery**

**Figure 5 Evolution of the contribution of the internal medicine service and woman surgery at the hospital to HBB 2011 to 2014.**

**The contribution of the internal medicine service and woman surgery at the hospital to HBB shows a downward trend in 2014 as indicated by the linear trend line and its contribution is 15.1% of all hospitalizations ..**

#### **7.8.4 pediatric ward**

**Fig.6. Evolution of the contribution of the pediatric department at the hospital at the HBB 2011 to 2014**

**The contribution of pediatric hospitalization in the HBB has increased in 2014 as indicated by the linear trend line and its contribution is 33.1% on all hospitalizations.**

#### **7.8.5 OCCUPANCY OF BEDS**

**Figure 7. Evolution of bed occupancy rates at HBB 2011 to 2014**

**The bed occupancy rate at the HBB shows a downward trend from 2011 to 2013 as shown in the linear curve last three years followed by an increase in 2014.**

For a general referral hospital, we consider that an average occupancy of 70 to 80% is the image of a good performance, the HBB our occupancy rate is low this should make us ask about the number beds to install, based on the rate of hospitalization, Reference and attractiveness of the hospital.

#### 7.8.6. AVERAGE LENGTH OF STAY

Figure 8. Evolution of the average length of stay at the HBB 2011 to 2014

The average length of stay tends to drop from 6 to 4.2 days. This is a positive development but we must improve the quality of care to avoid to reach 6 days per hospitalization.

### VIII QUALITY OF CARE.

For over 4 years, the HBB has not experienced postoperative infection. he has not experienced maternal death.

#### 8.1 HOSPITAL MORTALITY RATE

Figure 9. Evolution of the HBB hospitable mortality from 2011 to 2014

Hospital mortality went from 6.4% in 2011 to 3.3% in 2012 to rise to 4.6% in 2013 and decline in 2014 to 3.2%. This shows a downward trend as shown by the linear trend line. This downward trend is to be encouraged by improving the quality of care, although in the finish it is God who takes.

#### 8.2 Major causes of death

Table 17: Main causes of hospital mortality in 2014

N°	Causes	Percentage
1	Respiratory Infections	33
2	Diabetes	13
3	Anemias	12
4	Cardiovascular disease	8
5	Typhoid fever	6

These five causes are responsible for 72% of hospital mortality in 2014.

### IX. ANNUAL REPORT FROM THE CENTRE OF NUTRITION / HBB 2014

Table 18: Annual Report of the nutrition center / HBB 2014

PERIOD	ADMISSION PER GIRLS	BOYS	MALNUTRISEVERE	MALNUTRIT.MODEREE	INTERIM to Rehabilitated	DCD	ABANDONMENT
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	MONTH					HBB				
January	19	9	10	7	12	7	18	0	1	
February	10	4	6	5	5	5	5	2	3	
Mars	14	9	5	5	9	5	9	1	4	
April	6	3	3	4	2	4	4	1	1	
May	10	5	5	4	6	4	8	1	1	
June	7	2	5	0	7	0	5	1	1	
July	13	5	8	4	9	4	9	1	3	
August	7	3	4	4	3	4	4	1	2	
September	10	4	6	6	4	6	6	1	3	
October	15	10	5	8	7	8	10	2	3	
November	8	3	5	5	3	5	7	1	0	
December	4	2	2	2	2	2	3	1	1	
Total	123	59	64	54	69	54	88	12	23	

**Comments: the therapeutic feeding center and supplementary admitted for the year 2014 children left as follows: Admission: 123 children, rehabilitated: 88 Hospitalized: 54 Deaths: 12 Abandoned: 23**

**Positives: \* Good collaboration between pediatrics and nutrition center, no difficulties in the operation of service.**

**\* Good reception and guiding children available foods, continuous consumption of Moringa powder**

**Negatives: \* From the sides of the mothers of children who bring children with severe malnutrition late, that instead of being rehabilitated for over at least 30 days and may be 45 days or more and this reduces the number of rehabilitated by compared to admissions**

**\* The number of abandoned augment the number of pregnant mothers of children who give birth and leave their children at home**

**\* Cases of death are collected following the late arrival of mothers with sick children**

**Future prospects: \* Renew and increase the number of young Moringa plants**

**\* Continue outreach and community education on malnutrition considered sorcerers of disease by population**

**\* Increase activity sessions and meeting at the village**

#### **X. RECEIVED DONATIONS AND THE HBB PAX:**

- Microscope for the histo - pathology M PPC via MBF

- Mat and Equipment Lab é riels PAX and HBB by CPUSA
- V é Land cruiser vehicle by ASSP / DFID
- Mat é riels for Hydro by Ir D
- M ed drugs by ASSP / SANRU
- Manuel "The or there 's not a pharmacists' by EPN

## **XI. DEPARTMENT OF EDUCATION**

### **11.1. MEDICAL TECHNICAL INSTITUTE (GTI)**

**The report mainly concerns issues relating to the second quarter of the school year in progress since the first report had was in the CA of November past. It comprises articulation below:**

#### **1) Back to school activities and occasions.**

The return of students to school took place on 05.01.2015 but timidly because

**many parents of these students were not able to pay at that moment the required fees. While all environmental conditions were met to start receiving students regarding the premises.**

**The toilets were in acceptable conditions. Please note only that the water pipe and taps were dépiécées by strangers who were caught flagrante night by students and unfortunately did not stop them. This has caused suffering for a time pupils and students. We apologize for this behavior that people appear to threaten the security of the property of the IMCK station.**

**The courses and internship began Tuesday, 01/06/2015 at 7:00 after the rearrangement in all classrooms and school yard.**

**As for the kitchen, the problem is a little to the prices on the market compared to food to store for boarders.**

#### **2) The number of students and teachers.**

##### **a) The number of students**

**Table 19: SCHOOL POPULATION.**

No.	Sections	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>		4 <sup>th</sup>		National	Foreigners	Total	Observat.
		G	F	G	F	G	F	G	F				
1	Nurse	11	24	4	15	5	6	7	6	78	-	78	
2	Lab	11	8	9	6	3	9	1	2	49	-	49	
	<b>Total</b>	<b>22</b>	<b>32</b>	<b>13</b>	<b>21</b>	<b>8</b>	<b>15</b>	<b>8</b>	<b>8</b>	<b>127</b>	<b>-</b>	<b>127</b>	

Since the beginning of this school year ITM counted a staff of 127 including 78 students for the nursing section and section 49 for laboratory until before the Christmas holidays where a first-year student nurse withdrew because of its defective condition.

But soon after the exams of the first semester, three students left because of personal issues including 1 of 1<sup>st</sup> year nurse and two others from the 1<sup>st</sup> year laboratory. Recently in the month of April, a first-year nurse daughter left for outrageous behavior of immorality. Thus the current workforce is 122

In summary ITM has an enrollment of 122 students distributed as follows 75 nursing students including 26 boys and 49 girls; 47 students including 24 Laboratory boys and 23 girls

b) The number of full time faculty of ITM

The number was 9 including 4 full-time teachers for the laboratory section all men and 5 nurses, 1 man and 4 women at the beginning of the school year. It is noted with satisfaction the return of Mr Jean BATENA TSHISENGE after his undergraduate studies in Medical Biology. We wish him a very good return and successful work among us.

The part-time teachers are the number 8 including a woman and seven men.

c) The supervisors of internship

Regarding the supervisors Course, we just heads of different services that help us in this work including the nurse center holds Kamenga. We thank them for their contribution to the valuable guidance of our students.

3) Dispensation courses

All courses are delivered and are now reaching the end despite some material hardship. Many students have shown.

4) Support for teachers by coordinating the ITM / EMI.

In the capacity building framework for teachers of nursing section reform, the provincial Coordination of ITM / EMI Kasai Central has visited us once in the first half for a coaching seminar in order to improve teaching to provide under the reform program. Once in February 2015 she came supervisory visit.

5) Preparation of semester exams

The examinations were prepared and administered under normal conditions starting with the revision of the courses that were completed in the first half, it

simply to allow each student to give the best of himself. The exams were held in February 2015, the results of these tests were satisfactory (62% success).

#### **6) received visits**

**In the second quarter we received the following visits:**

- a. During the month January 2015 ç u re the visit of Director of the Global Fund here

home to Tshikaji.

#### **b) In February 2015 we had the visit of supervision and guidance by**

**The provincial inspector of Provincial Coordination ITM / EMI. His impressions after the visit were good.**

**. c) In February and April 2015 we received the delegation of the ASSP / SANRU who came to control how their fellows are supervised and how they studied in the first semester.**

**d) We received the 08/18/2015 the team coordinating the fight against leprosy and tuberculosis composed two (Provincial Coordinator Doctor and his manager Administrator) who came to hold a conference on TB for students. Following this conference, they have left us for the library 80 copies of the document entitled ASSUMPTION OF TUBERCULOSIS GUIDE 4 PATI 2008 edition We greatly appreciate this gesture towards our students.**

#### **7) Donations received**

**a) In November 2014 we have by the Administrator of the channel IMCK received a Lap Top (portable) brand ph / PW Leviticus 5 donation AMY KNOWLES MBF to whom we extend our sincere thanks.**

- b. In mid - D ecember 2014, we re u ç ã family of Jo Cambron the sum of \$ 600 to support the work of the school and help é é n é l è ves cessiteux. We greatly acknowledge.
- c. We ç u re of the ASSP / SANRU a batch of 450 books to the library è that of the GTI. We feel their p re è res our sincere thanks.
- d. Parish Bethel sent us e CPUSA 810 dollars and also we sent e 3,215.48 dollars as the stock exchange é è ves and external.

**c) We also received assistance from 3250 dollars of the family Dr. Fletcher to support some students who were in the need to pay school fees this year. We present our their deep gratitude and my heart we tell them thank you for their obvious and generous contribution to the training of students.**



**For students supported by the exchange of MBF, we are all patients pending the release of this fund to cover the debts of the pupils concerned that await tirelessly this gift.**

**We request the Director of IMCK through the Board of Directors to be our interpreter to convey to all these donors all our well-deserved thanks.**

### **8) Difficulties**

**No work can be done without difficulties. As for us, some difficulties have been recorded, as examples:**

1. The lack of the official laboratory of the section program. It continues to operate without program r e c o t shape e r e in the form section.
2. Non-payment of some teachers and administrators of the ITM despite their e m e mechanization.
3. Lack of committee assignment for the staff of the ITM based.
4. Difficult é é é proven by e é l è ves to pay school fees following the impaiement parents what blocks us from paying on time quotit ed hi é chy.
5. Prices of food DENR é es it markets difficult to master.
6. The lack of beds and chairs with critoires é for é l è ves. (Insufficient response to the v é é tust and edge).

### **9) The activities planned and carried out since the beginning of the second quarter of the school year 2014-2015**

**1) Repaint the dormitory girls ITM.**

**2) The repair of vehicle that occasionally falls down.**

**3) Ceiling Reconstruction of the administrative office and painting.**

### **10) Suggestions**

1. That the 6<sup>th</sup> Department reviews the program of the Laboratory section for formalizing and possibly lead it to reform
2. Coordination reviews the records of all workers in the ITM / Tshikaji Committee to solicit their assignment and solve the problem r é è me to impaiement which only continue.

### **11.2. HIGHER INSTITUTE OF MEDICAL TECHNOLOGY (ISTM)**

**The 2013-2014 academic report was presented to the Board of Directors (BOD) of November 2014, we present here a brief report of academic activities from October to date.**



Management	49	8	8	6	6	12	9
Pediatrics	195	66	45	32	31	11	10
Midwife	106	16	64	3	16	0	7
Total	350	90	117	41	53	23	26

**Loss AFTER MID-SESSION: 26 Students distributed as follows:**

- Management Section 3 é students 1<sup>st</sup> graduate
- Section infirmi Sciences è res / P pediatrics é: 17 é including 14 students from 1<sup>st</sup> to 2<sup>nd</sup> and 3 graduate graduate.
- Wise woman of Section 6 é female students from 1<sup>st</sup> graduate.

**3) Discipline**

**Two G2 pediatric students were dismissed for conduct not respect regulations of the institute.**

**4) Teachers**

**They are regular schedules according semesters. In addition to the teachers who have worked on past academic year, we have this year two other associate professors, one of ISTM / Kinshasa and the other ISDR KANANGA.**

**5) Visits**

**The ISTM / Tshikaji, had a visit in February 2015 Director Monetary Fund passage to fall KATENDE dam site.**

**We had a suite at the beginning of March 2015, the visit of the delegation of ASSP / SANRU came in supervision of students (es) recommended Midwives G1 and learn about how to pay their fees.**

**6) Infrastructure**

**a) uditoires**

**Given the growing increase in G1 pediatric students, ISTM uses the auditorium of the ITM until the new audience under construction on own background is completed (completed).**

**b) The computer room (internet cafe)**

**The computer room is open from the beginning of April.**

**c) Connection to the internet**

Thanks to the efforts of the DG, the ISTM is connected with microcom facilitating teachers and students to do research under penalties.

## **7) DONATIONS**

\* The library was enriched ISTM 450 works ASSP / SANRU since March.

\* In mid-April the ISTM was enriched with 10 computers donated by ASSP / DFID after a batch of 4 Don computers Jimmy Mr. Schaff previously received and 2 computers FPEN.

\* We received a \$ 21,000 donation MBF Giving grants to support 11 needy students.

The Management Committee request the Director of IMCK to convey his thanks to all donors and members of CA IMCK.

## **11.3. TRAINING PROGRAMME FOR RESIDENTS**

According to the report presented in November 2014, the first class of the UPC resident physicians had completed his specialist training in FamilyMedecine in December. Of the five candidates, only one was ready to defend his working memory and pass his jury. This is Dr. Ilunga Bartholomew graduated specialist in family medicine in February 2015. We inform board members that once again the winner for this first intake of family medicine is that from Website of Tshikaji.

The second promotion of medical residents UPC is already there. It is composed of three doctors who started the activities since the month of April 2015.

Thanks

Our thanks go to our traditional partners: the Christian Medical Institute Kasai and its missionaries; EED / Germany, the Church of Christ in Congo (ECC) and the Congolese State.

## **11.4. FRAME OF PHYSICIANS STAGIARES**

We have received during the past year, 19 students from the Protestant University of Congo (UPC) to an interneer course of a year. During this year 2015 we received 11 students from the University of Kasai (UKA) and 4 students from the Christian University of Kinshasa (UCKIN). By the end of July 2015 the group of the UPC will complete her internship.

## **XII. DEPARTMENT OF COMMUNITY HEALTH**

MCZ and received nothing from nothing to report

### **XIII. ACTIVITIES CHAPLAINCY**

**Preamble : We want to thank our God for his support during this year**

**2014 just passed.**

**Our report is based on the activities and problems encountered.**

**Activities in the services below**

#### **13.1. SCHOOLS**

##### **13.1.1. ITM**

- morning worship every Tuesday and Friday
- Worship of intercession for é tudes every Wednesday of the week
- Sunday School
- Advice for é l In brief
- Interviews with teachers

##### **13.1.2. ISTM**

**- Worship every first and last Wednesday of the month**

**- Chat with students**

**- Worship for the opening of the academic year**

#### **3. GOOD SHEPHERD HOSPITAL**

- Worship with workers 2 times per week (Monday and Saturday). Leaders are always p re SENTS
- Visit our patients in pavilions
- Pri ry with patients
- Every Sunday we have worship with patients and patients guards
- Interviews with workers (All) problem with ems (nurses, physician m é, ç ons waiter or waitress)
- Supported by the HBB to the burial of dead ed abandoned by their families

#### **4. PAX**

- Worship twice a month (1<sup>st</sup> and 4<sup>th</sup> Thursday of the month)
- Interview with workers in difficulty ed
- Advice for m e doctors

## 5. GBH.

The prayers of intercession to the Office / Chaplaincy every Wednesday at noon.

- 

## 6. Encountered difficulties

### 1. At the ITM

- Delay worship by e l In brief
- No professors worship
- Lack of funds for the pensions of é l è ves and teachers
- No worship by workers

### 7. At the HBB

- M e m e sententes between doctors, can be ê é did they studied in the m é ê é university and they know me in the application.
- Abandon the sick to the hospital h ô by NGDOs Butoke result of heavy bills

## 8. GBH

Lack of financial means to assist in meetings organized at national level.

Lack Bibles for meditations in all these services

Collection of songs lack in all these services (Chiluba or French)

## **XIV. ENCOUNTERED DIFFICULTIES.**

### 1. ADMINISTRATION

- Insufficient production of money to the HBB and PAX
- No payment of ealth workers EXTERIORFEATURES debts (withdrawal ed, bonuses fid bed é é s, premium quotation / 13th month)
- Non-payment of our invoices by our subscriber ed

### 2. MEDICAL CARE

- Non-payment of care M e dicaux by some patients that require output by charity é
- Lack of glasses and medicines m e for the service of Ophthalmology
- Lack of m ed drugs for the service of ORL

### 3. EDUCATION

- Lack of tec hnical room to ISTM

- Lack of classrooms to ISTM
- 

#### **XV. SUGGESTIONS OF SOLUTIONS TO PROBLEMS**

- Introduce a change in the system of payment è me for hospitalized patients ed
- Suspend the contract of some customers and opening the court record
- Acc e l e rer buying glasses
- Advocate for the purchase of teaching mat e riels for the technical room

#### **XVI. CONCLUSION**

**The year 2014 just ended was difficult for us, we thank all those from far and continue to support the loan IMCK in fulfilling its mission. Our wish in closing this report is to ask members of the Board of Directors to get involved with the help of Almighty God in making constructive decisions for the future of the new IMCK.**

## ANNEX 1

# B. LIST OF DONORS

### A. *CHURCHES AND OTHER ORGANIZATIONS (LEGAL PERSONS)*

1. Trinity Presbyterian Church - Modesto California - CA
2. Eastminster Presbyterian Church - Indian Land - FL
3. First - Scots Presbyterian Church - North Charleston - SC
4. First Presbyterian Church - Newberg - OR
5. United Presbyterian Church of Canistota - Canistota - SD
6. First Presbyterian Church - Mc Minnville - OR
7. Lewes Presbyterian Church - Lewes - DE
8. First Presbyterian Church - Cranbury NJ
9. First Presbyterian Church - Colonial - WY
10. First Presbyterian Church - Knoxville - TN
11. Wytheville Presbyterian Church - Medford - OR
12. Westminster Presbyterian Church - Medford, OR
13. Eastminster Presbyterian Church - Columbia - SC
14. Sheppard + Lapsley Presbytery - Birmingham
15. Davidson College Presbyterian Church - Davidson - NC
16. The Presbyterian Church of Dover - Dover - DE
17. First Presbyterian Church - Cody - WY
18. First Presbyterian Church - Wilmington - NC
19. Warner Memorial Presbyterian Church, Kensington - MD
20. John Knox Presbyterian Church, Tyrone - PA
21. Sinking Valley Presbyterian Church, Tyrone PA
22. Gwynedd Squire Presbyterian Church - Lansdale - PA
23. Bethel Presbyterian Church - Columbus - OH
24. Federated Presbyterian Church, Columbus - OH
25. Broad Street Presbyterian Church - Columbus - OH
26. First Presbyterian Church - Yuma - AZ
27. St Johns Presbyterian Church - Camas
28. First Presbyterian Church - Sheridan - WY
29. Laurinburg Presbyterian Church - Laurinburg - NC
30. First Presbyterian Church - Modesto CA.
31. First Presbyterian Church - Hilton Head - SC
32. Myers Park Presbyterian Church - Charlotte - NC
33. MSH - Management Science for Health
34. ROW - rivers of the World
35. CPUSA - Presbyterian Church in the United States of America
36. Medical Benevolence Foundation MBF-



37. Global Fund
38. IMA-Interchurch Medical Assistance
39. Catonsville Presbyterian Church - Catonsville- MD