

IMCK PLANNING MEETING – October 2, 2012

Jo Stewart called the meeting to order at 1:45 pm. The purpose of the meeting was as follows: Update by IMCK partners; IMCK Board report on administration and priorities; proposal to support PAX; coordination of goals and criteria; project consolidation and information sharing.

Jeff Boyd opened with prayer.

Present: Jim Annett/New Castle Presbytery, Jeff Boyd/PCUSA, Debbie Braaksma/PCUSA, Charles Johnson/ROW, Melissa Johnson/ROW, Mulumba Mukundi/IMCK Board, Bill Rule/FIMCK, Bill Simmons/MBF, Jo Stewart/MPPC, Jan Shafe/ROW, Jimmy Shafe/ROW & Congo Protest. Univ., Larry Sthreshley/IMCK, Charlotte White/FIMCK, and Fletcher Wright/MPPC.

Jo Stuart noted the following **IMCK Administrative Report** had been sent to those in attendance of this meeting. In September 2012, Alexis Mayambi Nzamba/Dir. of IMCK and Bernard Kabibu Bimvulu/Administrator submitted the following IMCK report:

- Problem of staff transportation. Currently, IMCK does not have a functional truck or bus, so is renting buses to transport staff to Tshikaji.
- Tshikaji Internet works poorly; staff often must communicate from Kananga.
- Hydro is breaking periodically, increasing fuel costs for the generator.
- PAX has no electricity at night.
- Dr. Remy Nsabwa, in last year of pediatric residency at Lubumbashi Univ., needs scholarship. “Missing money is every risk that he is postponed.”
- The ophthalmology and dental services hardly function for want of supplies and equipment. No compressor in dental clinic. Few glasses in optics.
- Ear, Nose and Throat (ENT) service lacks drugs.
- ISTM (new college level school of nursing and health management) needs four classrooms, so an old depot is being converted to two classrooms. Also need two more classrooms, need to supply the media center and supply and furnish the library area. Dorms are greatly needed.
- Financial report of IMCK needs to be changed from report of past year to report of past year as well as present year. Also “need the hospital statistics to be reported in a way that can allow their correct interpretation and use.”
- Investment for future of IMCK: recommend invest in PAX, in Good Shepherd Hospital Lab, in drugs and in ISTM (college.) PAX is working well, has a medical director, and has doctors permanently on duty. The OR is functioning daily with two anesthetists and a physician. PAX consultations are now done by physicians only, not nurses. PAX, however, does not have consistent electricity and water. The whole PAX infrastructure needs to be renovated. Support of new ISTM is vital to educational future of IMCK and to fiscal support of IMCK.
- In the OR, the number of gynecologic fistula repairs increased and is partly subsidized by USAID. (42 cases “this year” at GSH.) But estimated cost per case is \$500. More subsidies are needed for this surgery.
- Morning chapel is held at the hospital, ITM and PAX and staff chapel is held twice a week. This will be implemented also at ISTM.

REPORTS FROM IMCK PARTNERS:

- **Medical Benevolence Foundation** report by Bill Simmons. MBF serves in over 20 countries at mission clinics and hospitals, connects USA based congregation partnerships to these sites, shares the gospel, and encourages long term health and self development. MBF has had greatest emphasis on Congo and esp. IMCK. Some current MBF projects with IMCK:
 - 1) Helps support Fletchers, Sthreshleys, & Ruth Brown, PCUSA mission coworkers.
 - 2) Has long sustained IMCK with annual support in medical programs.
 - 3) Currently working on IMCK hydro renovation. Working with German Evangelical Church on transformers ordered. Cable issue still a problem.
 - 4) Has been helping to support IMCK education programs (high school/ITM and now college/ISTM.) Helped procure grants from American Schools and Hospitals Abroad (ASHA). ITM and ISTM have been highly rated by DRC government. However, currently ISTM urgently needs four more classrooms to pass next certification. Also needs auditorium and dorms. USA delegate from USAID and Department of Defense visited Tshikaji recently on fact-finding tour.
- **Friends of IMCK** report by Bill Rule. This new organization formed to support IMCK in various ways. IMCK needs endowment funds to support long term funding stability, so that is the first project of FIMCK. FIMCK partnered with MBF, a 501C3, and formed an endowment within the Presbyterian Foundation. Funds raised now at almost \$100,000; current goal of \$500,000. Challenge to raise more without going to same sources as other PCUSA projects. Recently wrote to 173 PCUSA Presbyteries and proposed they ask member churches to subscribe to campaign asking every Presbyterian of PCUSA member (about 2.2 million) plus other Presbyterian Churches (about 2.3 million) \$1/person. Discussion followed about how endowment and “named funds” can be used to raise funds. Jimmy Shafe advised that Congo Protestant University creates \$25,000 funds named after person; gives out % of that endowment one year after that amount is raised. FIMCK has constitution and bylaws and officers; MBF serves on that. Issues ahead for FIMCK are transparency and how decisions will be made re how the money is spent. Larry Sthreshley advised raising funds in which % for endowment and % for project. (Ex PAX, education.) Attendees suggested more coordination of FIMCK with Mennonite Church, since they are active with IMCK.
- **Rivers of the World (ROW) Congo Kasai and Congo Protestant University** report by Jimmy Shafe. ROW is a non-profit Christian ministry that targets remote river basins, and strives to collaborate with respect for the communities in which they serve. ROW Congo Kasai supports a School for Single Mothers at Tshikaji, which is not under IMCK. Previous IMCK related projects: computers for ITM and ISTM, PAX roofing, a well at Tshikaji. For several years, Jimmy Shafe has been annually leading a group of visitors to Tshikaji. The Congo Protestant University Medical School in Kinshasa has its first class of medical student graduates now seeking internships and residencies in the Kasai, but many Kasai hospitals are not equipped with infrastructure of dorms, supplies and teaching physicians to train them. (Some Congo sites are Kimpesi, Sona Bata, Vanga,

IMCK.) Larry Sthresley explained the rotation system for residents, interns, and medical students. How does IMCK and population benefit? What is priority for IMCK to serve medical students, interns and residents? Discussion followed regarding the importance of transferring financial support for medical programs and health related projects. The transfer and use of funds should be transparent and should operate within a formal financial system with accountability. Charles Johnson also reported on his recent trip to Congo with ROW and his role in raising \$50,000 for vinyl covered mattresses for hospital beds at IMCK, as well as other CPC hospitals in the Kasai.

- **PCUSA report by Debbie Braaksma** – two major areas. International Health and Development branch of PCUSA recently sent \$100,000 for IMCK operation/charity/drugs/ vehicle. Funds were held up until some accounting matters were elucidated. Just sent first increment to build the IMCK Founders Chapel - \$13,000. New PCUSA position validated for a medical education consultant/physician mission coworker; but the money must be raised for this. Orientation of new mission coworkers is held two times a year. Dr. John Fletcher is a surgeon and works for CPC to coordinate the rural CPC hospitals. Discussion followed regarding the transient administrative leaders at IMCK in the past few years. Future expatriates need to be consultants, not the leaders. Jeff Boyd noted that with future transitions in PCUSA World Mission, some health projects will be rounding down and goals are being redefined, such as functioning as a catalyst for critical global issues. Called “root causes of poverty”, some are nutrition, clean water, and health.
- **Myers Park Presbyterian Church** (MPPC) report by Jo Stewart – MPPC has had a partnership with IMCK for almost 25 years. Priorities: Investment for long-term sustainability. Spent lots of time and funds on leadership at board and management level; goal of accurate and timely financial reporting. How to use resources to serve greatest good and also drive revenue. Partnerships that add value. MPPC meetings have been held with Carolinas’ Health Systems, a non-profit – largest in country; they have a warehouse of equipment to donate. Possible Congo partnership? Larry Sthresley will meet with them in October. They might be able to assist in management. Some issues: soft and hardware for financial management, PAX to Tshikaji transportation, leadership search, drugs and medical supplies. MPPC currently wants to focus on leadership and on PAX.

PROPOSAL FOR SUPPORTING PAX: needs to be renovated, upgraded, long-term sustainability. Need market pricing and demand for PAX. Architect from MPPC assessed the PAX building. Larry Sthresley responded regarding challenge to execute a plan for PAX:

- 1) \$30,000 first phase – lab. \$8,000 to remodel and then get equipment.
- 2) Move dental - two chairs.
- 3) Women’s wing -\$150,000

Discussion followed: – Looking for better results than past. Need to know more about potential successes. Phase plans. Some positive signs: cash flow better; employees pay is more current; patient load at PAX on increase. MPPC question – can IMCK define return on investment? Not facility plan or capitol spending. Decline of quality of care and volume at IMCK a concern. Where is operational success? How to look at the market? Lab to generate more income?

Challenge to define of Outcome measures – numbers, turning PAX into premier reference hospital. For partnerships in USA and IMCK to proceed, need mutual out line of expectations.

The meeting was adjourned about 5:30 pm. The latter part of the agenda was left to be completed in future conferences.

Respectfully submitted,
Charlotte White