

## **IMCK 2013 Visit to IMCK; Follow up Evaluation by Charlotte White:**

I visited IMCK in February on behalf of Friends of IMCK and to facilitate publicity for IMCK with its partners. While there, I had a conference with administrative staff and with physicians practicing at IMCK. I interviewed various administrative staff, physicians, students and patients. IMCK has many programs and priorities beyond my knowledge or expertise. This report avoids major comments about staffing, and physician specialties. I am commenting on aspects of IMCK from my perspective as editor of an IMCK newsletter, a volunteer with Friends of IMCK, a nurse practitioner, member of a Presbyterian Church, a person who grew up in Congo, and from experience in health management.

Here are some over all statements, followed by more specific aspects at IMCK:

- 1) **IMCK's viability** is in its central purpose of providing medical service as well as providing education programs in nursing, medicine, lab technician, and health administration. IMCK has increasing competition as a health provider and has struggled financially. Their reputation and survival will depend on ethics, compassion, good management and a determination to improve. Faith based organizations, such as IMCK, often lose focus as they become more secular. IMCK will need to regularly address their faith-based focus.
- 2) IMCK needs a **new organization chart** that reflects the function and relationship of each department. This was last done in early 2000 and is incomplete. Internet web sites provide French forms to facilitate this.
- 3) IMCK needs to affirm their current **partnerships** (see list at end) and consider diversifying to have more partnerships by actively inviting other organizations to visit and consider a partnership: churches, universities, NGOs. Does IMCK use a basic partnership form that all partners sign?
- 4) IMCK needs to **annually create a priority list and budget**, with input from each department. This proactive plan could stop some of the reactive way in which IMCK accepts designated funds that can distract priorities. Emphasis should be on broad projects rather than just a list of needed materials. But each department should keep an updated list of needed materials. The IMCK priority list should be completed the same month annually, and then shared with partners. What about every January?
- 5) The **IMCK accounting system** must be improved to better reflect how partner funds and in-kind donations are spent/used, or they lose credibility and will not be able to apply for certain grants and programs. A protocol needs to be written for how in-kind donations, often brought by expats/visitors, is to be processed through central inventory and then

delivered efficiently to the designated site. Post this in the Guest House and send beforehand to visitors; list made in triplicate for thank yous?

- 6) **Publicity about IMCK** is generally written and distributed by partners in the USA. IMCK publicity should be a collaborative process between partner & IMCK, after which the information or news is disseminated. Most of this publicity is in English. In the next year, funds need to be found to produce the IMCK newsletter, website and pamphlets also in French, in order to facilitate local publicity, development, collaboration. MBF/Friends of IMCK are working on a 2013 pamphlet in English & French.
- 7) **Education Programs at IMCK:** The education programs of IMCK need to be vigorously supported, for IMCK has more applicants than can be admitted, and the country has a population explosion of youth. All programs need new buildings or building repairs, scholarships, and supplies. They need scholarships for students but especially need a long range plan for development of qualified faculty (both scholarships for training and then some form of subsidy for faculty income.) A) ITM, the high school that graduates students in general nursing or as lab technicians, is almost 60 years old. ITM is ranked as one of the best in the country, but operates at a significant loss. It needs scholarships and to perhaps downsize the faculty. The lab section needs some material repaired or replaced for teaching. The large building, the refectoire, shows major cracks and needs repair of walls, windows, floor and roof. Spouses of students in school need vocational training options in such areas as sewing, plumbing, and electrician. B) ISTM, the new college with almost 200 students, offers degrees in midwifery, pediatric nursing and health administration. It is operating with no library or information technology facility and with very poor living quarters for boarders. It needs to contain growth, as it seeks grants for more buildings, better dorms and improved teaching material. ISTM needs to partner with a developed university and to consider distance-learning options. This would require an upgrade of the Internet system. C) Medical students from three medical schools live and work at IMCK their last year in medical school. They need dorms, distance learning options, and teaching supplies. I did not ask to see their curriculum requirements and protocols, so couldn't comment on that. D) The physician residency program in Family Practice has five physicians working at IMCK. They also need housing, distance learning options and teaching supplies. IMCK needs to consider an endowed chair for funding the faculty member leading this program. E) A great deal of money and planning went into the continuing medical education building and program, but I think that program is not very active due to lack of operational money. That needs assessment for revival or for part to be converted to the library for the whole campus.

- 8) The **Good Shepherd Hospital** of IMCK, which used to be the centerpiece of IMCK, is struggling with financial and management issues beyond my ability to analyze. Here, however, are several observations: The new mattresses are a great improvement on first impression while rounding at the hospital. Numerous physicians stated that the lab at Good Shepherd is greatly under functional and hampering basic diagnostic work. Three health care people I interviewed said that the IMCK inpatient charge system needs basic restructuring to be more competitive and to better use donations to undergird a sliding scale system. Numbers of staff and students said that qualified physician specialists are needed at IMCK. Multiple old IMCK vehicles lie about the compound and are not working; could those be sold for parts or somehow recycled for income? Is the distiller machine now working? I did not ask.
- 9) **PAX Clinic** provides the greatest health revenue for IMCK and is currently undergoing renovation with the support of Myers Park Presbyterian Church and PCUSA funds. This is a great encouragement for the entire IMCK staff and students. When I visited there briefly two days, there was no electricity and even the generator was not functioning. PAX needs solar energy, since the city electricity is often not available. Optometry is almost non functional and needs a sponsor and rejuvenation. Ophthalmology and dental are greatly diminished in service. The surgery suite at PAX needs major improvement to responsibly provide a safe environment for elective surgery and C-Sections at PAX. Surgery is already being performed there but under substandard conditions.
- 10) The **second generator of the hydroelectric facility** for Tshikaji has been non functional for over two years. In February, repairs and upgrades were completed with the financial support of MBF, the leadership and work of Dr. John Fletcher and the volunteer supervision of electrical engineer Bill Kell. This project took two years and was a cause for great celebration.
- 11) The **IMCK Chapel** is being constructed with \$34,277 raised through PCUSA and with bricks donated by CPC. But the chapel will not be completed without another \$25,000 or more. The cost assessment for finishing the chapel needs to be conducted, after which Friends of IMCK and other organizations need to raise funds to complete this project.

**Materials needed or requested:**

- Books in French for ISTM, medical students and residents. ROW & FIMCK are currently addressing this: specific textbook titles, sources in French and funding.

- Computers for ISTM, medical students and residents. Collaboration on this requires overall assessment for materials and cost.
- Med students ask for the following for learning (at least one of each to share): otoscope/ophthalmoscope, BP machine using no batteries/no electricity, stethoscope, glucometer (test for blood sugar) and simple machine to listen for fetal heart tones.
- The labs at Good Shepherd and PAX critically need to be improved. The list needs to include machines or material, which ones should be bought in Congo and which are better bought and sent from the USA. This list requires coordination between the following: Bernard Kabibu (Administration), Emile Basungila (Lab Good Shepherd), Muzadi Albert (PAX Clinic), and Larry Sthreshley in Kinshasa. Has protocol been written for better long-range maintenance of material? What about repair parts as opposed to new machines?
- Paul Kweta, Diabetes nurse at PAX, asks for a certain blood glucose meters, for which he can get the test strips in Congo: One Touch Life Scan Rev. 032004. Also on his machine: /AW060-368-130/TTQ-8A28RT. He needs strips also, for they are expensive. If he gets enough strips, he conducts some community screenings. He asks for a small Doppler to check for blood flow in legs. For more about this, email Paul Tshisanga, Dental Coord ([jtshisang@yahoo.fr](mailto:jtshisang@yahoo.fr).)
- Gibende Hippolithe needs a battery for digital camera for IMCK events and newsletter. (Charlotte will get that.) PAX needs their own digital camera to take pix for the newsletter and other projects.
- Dr. Kabasela Kabata, the dentist, needs wire for jaw fractures from vehicle accidents. Many people have motorcycle and car accidents from bad roads, crowded vehicles, no seatbelts, and no helmets. The dental clinic also needs a current dental catalogue. See above email for Jean-Paul, who is asking for this catalogue.
- Maternity unit at PAX always needs large solar lights for night work without electricity. Does PAX have a sonogram for their OB program?
- Mbanza, the nurse who sees AIDS/HIV patients at PAX, asks for a church or group to sponsor and expand his work. Who can help write a grant for this program?
- Baba Rose, head of under age 5 children's clinic, asked for small ice chest to hold vaccines. Sent in 2011, but was given to someone else! See above recommendation for in-kind donations brought.

- Lab coats are hard to procure in Congo. Everyone asks for lab coats. All sizes: some large, but mostly medium and small.

**Buildings:** The Board perhaps has a long-term priority list for buildings, but these are my impressions:

- The refectoire, the large meeting building of Tshikaji, has 5-inch deep cracks that run ten feet up the walls. Part of the floor has dropped 4 to 6 inches. This deterioration needs to be repaired fairly soon or this major building could dramatically deteriorate.
- ISTM needs new classrooms, an information technology lab, and dorms and works with MBF on applications for grants for new buildings.
- A library with information technology and a librarian needs to be established. This would be available for participants in all four programs: ITM, ISTM, medical students, residents.
- The IMCK Chapel under construction needs another \$25,000 or more. Friends of IMCK, PCUSA, others will need to support this project.