IMCK Trips October 1-20 and November 18-23, 2025

from Larry Sthreshley

Dr Naomi Boyd and I went to IMCK on October 1. I could only stay for five days but Naomi stayed until the 20th. I was able to fit in another trip on November 18th to 23rd to take advantage of Woody Colins and Antonio Martiez coming to work on the water and solar systems. Our objectives for these trips were as follows.

Larry's objectives

1. Install a Starlink Internet system at PAX.
2. Discuss the agreement between IMCK and Solution Durables for water sales at PAX.
3. Discuss priorities for specialists and how we can attract them to work at IMCK, at least part-time.
4. Examine income-generating projects for IMCK.
5. Make adjustments to the solar system at PAX.

Naomi's objectives and activities

1. Make rounds with interns and residents.
2. Assess how the doctor training compares to other places where she has worked: the Netherlands, Chad, India, and Vanga in the DRC.
3. Work in HBB (Good Shepard Hospital) and PAX maternity wards
4. Do ultrasound training.
5. Advise on effective use of resources.

Kananga in general: The first thing you see when landing in Kananga is the work that is being done on the new international terminal. It is a large multi-story building which looks quite modern. It will be a huge difference from what is there now. Throughout the city there is road work happening. Most of it is still in the stage of putting in the drainage canals but in some places the road is complete, such as the road from town to Katoka. In another year or two, Kananga will be a different place.

Starlink Internet at the PAX: Starlink will revolutionize places like Kananga and Tshikaji. They only cost $120 in Congo, are delivered to your door by DHL, have a monthly cost of $50 and can be installed in 30 minutes. As soon as I installed the system at the PAX, I started getting requests to get one for Tshikaji hospital, the ISTM and ITM, and UPRECO. I bought a Starlink for IMCK this week and hope to get it installed before the end of the year.

Water ATM at PAX: With help from Congo Helping Hands, Antonio Martenez and Durable Solutions Congo (DSC), the PAX has abundant clean water and is selling water to the community. They are not promoting the service very well, however. They are only selling 3,300 liters per day. We are look into why the water sales are low. The other water ATMs being managed by DSC sell 6,460 liters per day. Thirty percent of the water sales are given to the health facility where there is a water ATM installed. This gives the PAX $1280 of income per year and the other health centers $2,512 per year. For health centers in the World Bank program, they make more from the sales of water than from treating patients.

Attracting specialists to work at IMCK: Dr Luboya has made progress in attracting some specialists. There is a female specialist in pediatrics that works three days a week at the PAX and teaches some at the ISTM. A female dentist has started coming from Kinshasa to work at the PAX. There is also an OBGYN specialist who is willing to work at IMCK and has started part time. Dr Mukendi will still come to IMCK a couple of times a year, but only when he has a sponsor that is paying him to do fistula repair. The priority is still to find a surgeon that is willing to come and work within the limitations of what can be charged for surgery in this region.

Income-generating projects at IMCK: There are multiple projects in the works but only a few are completely started. The morgue has been repaired and it is operational. The perfusion manufacturing needs to buy sacs and some more equipment before it is functional. The discussions with the government about increasing the hydro capacity is advancing well. A large delegation for the government and the companies involved in the technical work came to IMCK while I was there. What started off as a $3 million project to upgrade the existing hydro has grown into a $10 million project that will triple the power produced which will allow the hospital and an industrial park to have electricity. I have not seen the proposal yet, but if negotiations are done well, this project can bring in long-term funding for IMCK and create a lot of jobs for the community around the hospital.

General state of HBB and PAX: Some of the World Bank funding is dependent on the cleanliness of the hospital so the administration keeps the buildings well painted inside and out. The PAX looks the best I have seen thanks to some funding from MBF and a private donor. The stairs and the hallways are tiled, and the maternity ward has been retiled and painted. The repairs to the refectory are finished and it looks very nice.

Adjustments to the solar system at PAX: The new batteries and solar panels that I had sent up were poorly installed and the system did not cover their needs during the day and would go out after a few hours in the night. Antonio found a qualified solar technician that rewired the PAX and installed the batteries correctly so now it seems to be working. We will know soon if this has really solved the problem.

Report on Dr Naomi's Activities and Observations during IMCK visit

Objective 1: Work at maternity and pediatrics

Rounds and clinical work

Naomi participated in morning and evening rounds at the maternity and pediatrics wards at HBB, as well as consultations at PAX. During the morning rounds she observed the way of doing rounds, patient care provided, available investigations and treatments, and educational moments created. From discussions with interns, nurses, midwives, and doctors she gained insight into the challenges they identified while working and providing patient care. She was also available to be called to the hospital whenever interns or medical doctors requested her assistance, particularly for cases where neonatal resuscitation might be necessary (for example fetal distress or very preterm deliveries).

Educational Session

Upon request from the hospital, Naomi provided an educational session on preterm neonatal care. This presentation was given to doctors, medical interns, nurses, and midwives at both PAX and HBB.

Objective 2: Training sessions

Neonatal Life Support (NLS) Training

NLS training was provided for doctors, medical interns, nurses, midwives and OR staff at both PAX and HBB. The sessions consisted of a theoretical portion and a practical portion where participants participated in scenario training. 15 and 17 medical workers attended the training sessions at PAX and HBB, respectively.

After a challenging case involving very preterm twins, in which both preterm neonatal care and neonatal resuscitation were needed, the interns requested both above mentioned educational sessions/trainings to be repeated. Another full day was designated to preterm neonatal care as well as practical NLS scenario training.

Ultrasound training:

An introductory ultrasound training was provided to medical doctors and midwives at PAX. This included the basics of conducting an ultrasound with a focus on obstetrical ultrasounds. The training was spread over 2 days, with a theoretical portion, and a practical portion where participants practiced doing ultrasounds on patients. Ideally, more time would be spent on the practical portion to allow participants to interpret the images and identify structures, as well as to practice orienting with moving the probe. Unfortunately, extensive exposure was not possible during the limited time. This is something that can be focused on in any future visits by doctors with ultrasound experience. In the meantime,

inexperienced doctors can continue to practice together with the doctor currently doing ultrasounds at PAX.

Unfortunately, due to unforeseen issues, particularly multiple days long electricity cuts (lasting until after Naomi's departure), ultrasound training was not given at HBB.

Objective 3: Quality observations and improvement

Clinical Quality of Care

- *Implementation of a neonatology room at HBB:* During the initial days at HBB, Naomi observed that there was no designated room for admitted neonates. The room that had previously been used for this was filled with old machines and was no longer being used. During Naomi's stay, the neonatal room was cleaned and partially cleared of old equipment needing repairs. A new neonatal resuscitation table, provided by the World Bank, was added to the room. A bed with mattress was placed in the neonatal room to provide somewhere for mothers/parents to sit in order to provide Kangaroo care to the admitted neonates (if both mother and baby are clinically stable). This can also be used as a place for mothers to express milk for their babies.

  Recommendations:

  - Create hygiene station for parents and healthcare workers: Since hygiene is very important when handling (sick) neonates, and particularly preterm neonates, having a designated hygiene station for parents and healthcare workers to use upon entering the room is advised. The sink in the neonatal room is currently non-functional. Therefore, it is recommended to fix the sink and provide soap for handwashing prior to handling admitted neonates. This was discussed with the person in charge of materials. Disinfectant should be available in the room for use between handling various neonates.

  - Oxygen: According to the person responsible for the oxygen system, the oxygen distribution network at the hospital is functional, but requires some maintenance (leaks or valves that need to be closed?). Getting the oxygen network to be functional and used throughout the hospital, including in the neonatal room, was discussed during the tour with the person in-charge of materials.

  - Kangaroo care: use Kangaroo mother care if neonates and mother are stable. Actively stimulate mothers/parents to engage in this.

- Incubators: There are currently two incubators that can be functional if warming light bulbs are bought. However, there are currently no warming light bulbs installed in the machines or available in the hospital. It would be advised to have at least one light bulb ready, either in the machine, or on the ward, to prevent delays in cases where use of an incubator may be needed.

- Repair incubators (particularly incubator with phototherapy lamp): The administration has already identified the incubators needing repair and is waiting on parts from Kinshasa to complete the repairs. I would further advise for the non-functional incubators to be removed from the neonatal room and stored elsewhere until they have been repaired. This will create more space and less clutter in the neonatal room.

- Light: There are currently no functional lights in the neonatal room. This was discussed with the person in charge of materials in order to have the issue examined and repaired.

- Regular check-ups on neonates: Since the pediatrics medical staff is responsible for neonatal care, but the neonatal room is located at the maternity ward (for easy access for mothers post-partum), clear agreements should be made about how regularly check-ups will be done at the neonatal room, and who is responsible for these check-ups.

Images below to left of neonatal room prior to changes. Image below right of neonatal room after reorganization and removal of some of the non-functional materials.

- *Assessing/organization of materials*:
  Naomi and the person in charge of materials walked through each department together and spoke to the heads of each department at HBB and PAX in order to help assess and

make an overview of which materials are lacking, insufficient, non-functional or needing replacement. We looked at the list of donated World Bank materials to assess which materials could best be placed in which departments at HBB. Items at HBB that could be replaced with World Bank materials were identified for giving to PAX. Other materials being requested but not available from the World Bank donation or moving between HBB and PAX were excluded from this list.

During Naomi's stay four neonatal resuscitation beds were placed at HBB. One delivery bed was replaced. See pictures below. The person in charge of materials will continue to work with the list we made to continue to move materials to the appropriate departments.

Image below left of old neonatal resuscitation bed with heating lamp, removed from the delivery room. Image below right of OR room with new neonatal resuscitation bed.

Image below of two new neonatal resuscitation beds in the delivery rooms. Midwives and interns orienting themselves in how the beds work.

Image below of old delivery bed (left) replaced by new delivery bed.

Recommendations:

Clear up, organize and clean spaces at PAX and HBB, particularly areas where patients are present. This can improve the impression that people have when passing by these areas. Additionally, organizing workspaces can make it easier to find items when needed. By

removing unnecessary or broken items, it clears up space for working. The items that need repairing can be moved to a central location, allowing for a better overview of what needs to be repaired.

- *Availability of materials and medication:* During my conversations with the medical staff, as well as from my own observations/experience, there is a shortage of basic materials that are needed to safely provide medical care. The availability of items varies and is unreliable. This includes gloves, syringes, gauze, soap, and particularly medications. The unavailability of medication is also something the patients repeatedly mentioned as being an issue (see section with patient interviews).

- *Stable electricity and backup for electricity cuts:*

  - **PAX:** Stable electricity is a regular challenge faced at PAX. Various machines/equipment (particularly in the lab) are not useable with unstable electricity. Due to the continuous fluctuation in electricity/voltage, and the sensitivity of the lab equipment to such changes, the lab has opted not to use these machines.

  - **HBB power cuts:** At HBB electricity was more stable on a day-to-day basis. However, during my stay there were >3 consecutive days without electricity. There was no easy and readily available backup to be used if needed. A generator could be used for individual cases; however, this took substantial time (sometimes hours) to arrange. This had direct impact on patient care. I would suggest a backup plan and equipment to be readily available within minutes at the hospital.

Conclusion

Dr Naomi's report along with a list of more detailed recommendations will be the basis of a quality improvement plan. The plan will clarify what needs to be done, what time frame, who is responsible for each activity and how they will measure success. IMCK has already made a lot of progress on improving quality of services. The first year IMCK was in the World Bank project, it was ranked 23rd out of 26 hospitals. Now it is in the top three hospitals being assisted by World Bank. The current team is open to talking honestly about what is not working and is willing to make changes. My next trip will be in January for the IMCK board meeting. PCUSA has agreed to let me continue to officially represent the PCUSA at these meetings.