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MISSION IN HEALTH CARE AND DEVELOPMENT
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LIBERTY SURGICAL CAMPAIGN
SECOND PHASE
AND
MHCD 2015 GENERAL REPORT
JUNE - DECEMBER 2015

PRESENTED BY:
DR LUC MULIMBALIMBA MASURURU
MHCD DIRECTOR

DEDICATION:

I dedicate this report to my daughter Suzanne Stella Mulimbalimba because she was born when I had just had few hours arriving from mission work in Luvungi Hospital, The mission was on liberty surgical campaign, providing free health care to people who are vulnerable and carrying out operations on them.



APPRECIATION:

Am so grateful to all MHCD friends and supporters who sacrificed their time and money towards the Liberty surgical campaign phase 2. Your support enabled very many poor and vulnerable people receive free treatment. Thank you so much for your efforts in reducing poverty and providing proper, good and affordable health care to many families and communities.

My sincere gratitude's to;

1. Ronda Boyd
2. Dr. Elaine and John Dietsch
3. Nathan and Cathy Dietsch
4. Stella Dalmody
5. Kathy White
6. Yolanda and Mark Hass
7. Dr. Julie Monis Ivett
8. Jenny Weaver
9. Doone Wennall
10. Anne Miller
11. Mary McFarlane
12. Marie Daiton
13. Dr. Sarah Cunningham
14. Adrian Harris
15. Sharon Geue
16. Samantha Cookes
17. West Wyalong Community Church
18. Annette Brosing

19. Kylie Gaynor Aile
20. Brisbane Development Circle, Carly Stephen
21. Milly Hancock
22. Uniting Church Indooroopilly
23. W and S Begley
24. Max and Maree
25. Ginninderra Christian Church
26. Dads Smoko Group
27. LTS
28. Lucy Hobgood Brown
29. Wrap with Love
30. Rotary Australia World Community Service (RAWCS)
31. John L Macpherson
33. Frank Rodrigues
34. Alan Chesworth
35. Philip J Smith
36. Prof. Barry J. Allen
37. Jo Wall
38. Nicole Papasidero and Leeton Catholic School.
39. Deidre Briggs

SPECIAL THANKS:

I would like to sincerely thank all MHCD friends and supporters who have this far made Luvungi Hospital to be what it is today.

Many thanks to Nathan and Cathy, Dr.Elaine and John Dietsch for supporting us in purchasing of land where we built the Hospital and for their continued support towards different projects.

Thank you Dr.Julie Monis Ivett who was instrumental to us in helping get the first container that came with Hospital beds, mattresses and other materials and equipment's that helped in equipping the Luvungi MHCD Hospital.

Thank you so much Stella for supporting fully the construction of the Woodward place that helped in accommodating Doctors throughout the campaign period and the Pamela community development centre where many patients were accommodated when the Hospital was full during the campaign period.

Thank you MHCD Australia support Association members for your tireless efforts in supporting the second phase of the campaign and also for considering holding fundraisings towards a third phase of the same.

Thanks to Lucy Hobgood Brown and Jacky Gender who helped in the coordination of the container that came full of medical equipment's and really helped us during the campaign.

Thanks very much Ronda Boyd for supporting the Hospital with a generator and finishing the construction of the Mother and child clinic and the community pharmacy that really helped in the success of the medical campaign.

Am so so thankful to all of you for all the work you did and may God bless you abundantly. You have been so close to us in good and bad times,Luvungi MHCD Hospital today is a referral Hospital courtesy of your generosity and kindness.

INTRODUCTION:

The second phase of Liberty surgical campaign was very successful. The first phase was from the 15th of June 2015 to the end of July 2015 and the second phase were the months of August and September 2015. Following the numerous turn out of patients to be treated, those who had been registered in August were not all operated on during the month, we had to go into September where the campaign continued and the last patient to be operated on was on the 8th of October, 2015. This means we were still in the campaign even in the first week of October. All this showed the extent to which these people had suffered and were very much in need of proper, good and affordable health care. MHCD together with the Luvungi Hospital were great help to them.

We are so grateful to all MHCD friends and supporters who supported us in this second phase in one way or another. When you read this report, you will see how your support changed lives for the better and brought hope to so many people. So many families that were separated due to sickness were rejoined and this second phase has reduced poverty in so many communities and families.

Again, in this second phase, we received patients from other districts, provinces and even countries. This campaign therefore was not only local but also nationally and internationally. This has had a very positive impact for the Luvungi MHCD Hospital and even gain a referral hospital status. This has made the Hospital to continue receiving many patients especially those with difficult cases. Day by day the Hospital is full of patients coming to seek the health services. Other Hospitals and centres around the region are referring their patients to the MHCD Luvungi Hospital. We thank God so much because our vision of a Hospital that shall provide proper, good and affordable healthcare services to vulnerable in the region has been a reality.

The liberty surgical campaign has saved lives of so many vulnerable and poor people. Many people who could not afford operations due to the high costs have now been operated on. Those who had given up hope and were just waiting for their death from their homes due to lack of money for medical care now are recovering and continuing with their lives, those who were about to lose their lives due to dental carries and

other problems were treated and are doing very well, some who were almost blind due to cataracts and other eye diseases were operated and given treatment have had their sights restored and are doing well. In the past 4 months, we discovered that so many people suffer and lose lives in D.R. Congo due to lack of good, proper and affordable healthcare and this is why poverty is at very high rates in many families and communities. We thank God very much because through the liberty campaign we helped reduce poverty in so many families and communities in D.R.Congo and Burundi. Many people have gone back to their occupations and help develop communities. We succeeded to do all this through your support and prayers and we really appreciate your collaboration, cooperation, support, love and care. Thanks once again for your sacrifice and efforts that made sure the success of the second phase.



HISTORY OF LUVUNGI MHCD HOSPITAL:

Dr.Luc Mulimbalimba got the vision of constructing the Luvungi MHCD Hospital when he was 6 years old. He was sleeping and dreamt, he saw very many people coming to seek help at a mountain full of houses and there were very many people present to help those in need and he was the leader of the team. When he woke up, he told his Father of his dream and his Father said the vision was of adult persons and that a child of his age can not get such a vision. He also said that the vision is a prophesy of his life, and that when he grows up he will do great things of helping and supporting people with different needs.

When Dr.Luc Mulimbalimba completed his University education, he went on to Kenya and worked with ICIPE-International centre for Insect, Physiology and Ecology in Nairobi. He was promoted to the ICIPE Coordinator of the Western Region position based in Bungoma and after working for some time he got the vision of starting up MHCD.He went back to Luvungi Uvira to visit relatives and friends. At the same time his parents fell ill, this was just after some months the war had stopped in D.R.Congo but there was a lot of insecurity and there were still places where war was happening. He found there were no Hospitals in Luvungi, just health centres without beds, mattresses or medicines, many children were suffering from malaria and many again lost lives due to lack of proper medication, many children and adults suffered from malnutrition and life was very very hard.Luvungi had no Radio station, TV station, community Hall or any developments. All this made Dr.Luc to resign from his work at ICIPE and come to Luvungi Uvira to commence development and Health care activities.

Through support from Australian friends, Nathan, Elaine and John Dietsch, we managed to purchase 6 acres of Land on a hill in Luvungi called Itara and we started constructing a Hospital. We started with a small room of 3m by 4m where Dr.Luc was consulting and treating patients. Through the grace of God and support from friends, MHCD began constructing a Hospital and now Luvungi MHCD Hospital has more than 10 buildings, a capacity of 100 beds that's well equipped with mattresses, beds, tables, chairs and other furniture's from Australia and it's the one that hosted the liberty surgical campaign for almost 4

months. On 30th June 2015, a senior advisor to the office of the President in charge of social and cultural affairs visited Luvungi MHCD Hospital, when he saw the buildings, staffs and so many people who came to receive treatment and be operated, he was so surprised and said the work that Dr.Luc and MHCD are doing in Luvungi Uvira is what the government and international NGOs are doing. He called the President to let him know of all that he had seen, the President told him in his appreciation to Dr.Luc Mulimbalimba and MHCD; Luvungi Hospital shall be called Mulimbalimba MHCD Hospital. In D.R. Congo culture, this is usually done when someone did great things and then he or she passes on or as a monument. This was a great surprise to the Congolese people because this was being done and Dr.Luc Mulimbalimba is still alive. This showed the highest consideration by the government of D.R. Congo to Dr.Luc Mulimbalimba and the entire MHCD fraternity.Dr.Luc and his Father remembered the vision he had when he was 6 years. The vision he got has now been realised.

We are so grateful to MHCD friends, partners and supporters who contributed and made this vision a reality. Today hundreds of people have been treated and operated for free at the MHCD Luvungi Hospital. Hopes have been restored to the hopeless, joy has also been restored and Luvungi village now is a small town and not a village.Dr.Luc is so grateful to the Almighty God for his strength and for bringing his way people to support him in realizing his vision. He thanks his wife Dellice Mulimbalimba and the children for allowing him to make several travels to Luvungi for mission work.

At the end of this report is a letter of acknowledgement from the Office of the president, appreciating Dr.Luc for his work in the construction of the Luvungi Hospital.

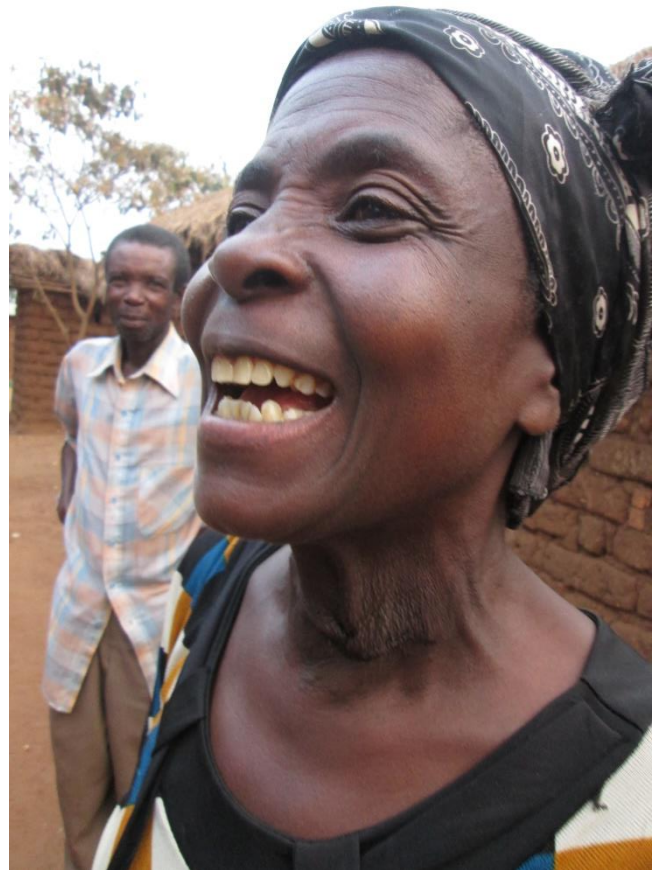


GOITRE OPERATION:

Goitre is one of the diseases that's making so many women suffer here in D.R. Congo. Many people in the villages believe that its related to witchcraft and has made many women suffer very much. In the second phase we operated 32 women suffering from goitre. All of them were coming from the villages and could never afford money for operations because the goitre operation costs USD 500 and the whole of Uvira District does not have a surgeon to do the operation. All our patients were operated for free and we thank God because all operations were successful.

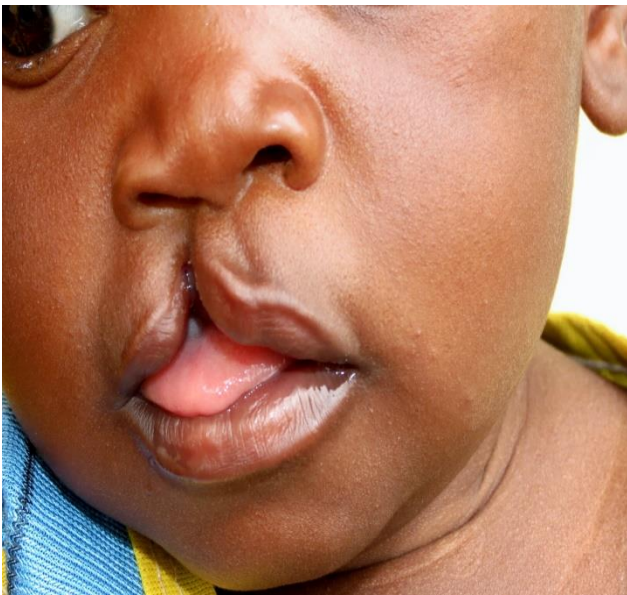
Below is a testimony from one of the patients:

My name is Busime,I was suffering from goitre. I had sleepless nights due to lots of pain in the neck. I could not even eat since a small bit will trigger itching at the neck. I even had lost hope in life. Something that greatly depressed me was the disgrace I faced whenever I got out of my home. I was rejected from the community let alone my relatives. I even became the address to the village, newcomers could be told to go next to the woman with goitre, and all this brought about so much stress. I was helpless, could not afford the money for operations. I lost hope and cried day and night. Am very grateful to MHCD and Australian friends for bringing Doctors from Kinshasa and even help out in operating me.Am now free from goitre, I look beautiful and I have a future to look upto.I have gone back to my agricultural occupation and small businesses and am free to go anywhere without being victimised. Through your support you have brought joy, peace and happiness in my life and please as you remembered me, may you remember too the many others whom I know and are going through the same situation I had before the operation. Forever I will be grateful to you.

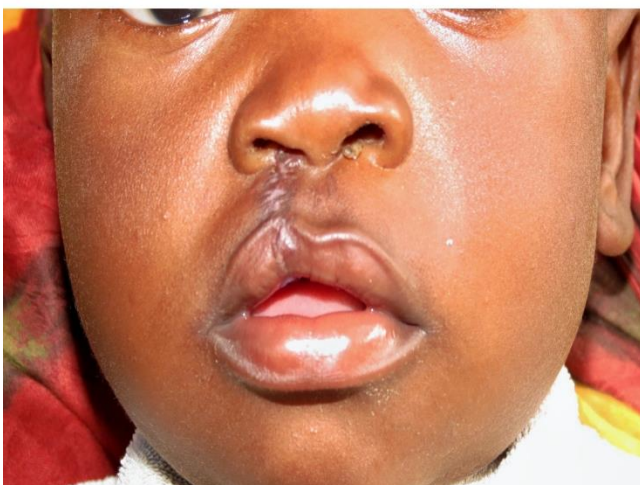


CLEFT LIP AND PALLET OPERATION:

Our Doctors succeeded in carrying out operations on all the children with cleft lip and pallet. Most women who had given birth to such children were rejected by their husbands and communities but through the operation the children were healed and their mothers were very very happy and it brought back some of the separated families. When the husbands heard that their children had become well they came to see them at the Hospital and even asked for forgives from their families. The operation brought peace and Joy in the families. When the children went back to their communities they were well received and those who thought their condition was as a result of a curse or witchcraft were able to understand that it was a deformation like any other. All the operations on the children were very successful.



Before



After

SUPPORTING FARAJA (CHILD BORN WITH SEVERE MALFORMATION):

Faraja is the girl born with severe malformation and whose photo and history was in the first report. She was born with a tumour on the head, had a cleft lip and pallet and was blind. Her eyes too were malformed. After highlighting her story, one of the MHCD supporters was touched and she accepted to help. We went with her to Bukavu and she was scanned and went through other medical tests. Two Doctors from Kinshasa came down to Luvungi, specialists in neurology and a paediatric surgeon and after examination, it was decided that the child was too young, 9 months old so we wait till she is 2 years. Also other anaesthetic equipment's could not be found for such special cases.

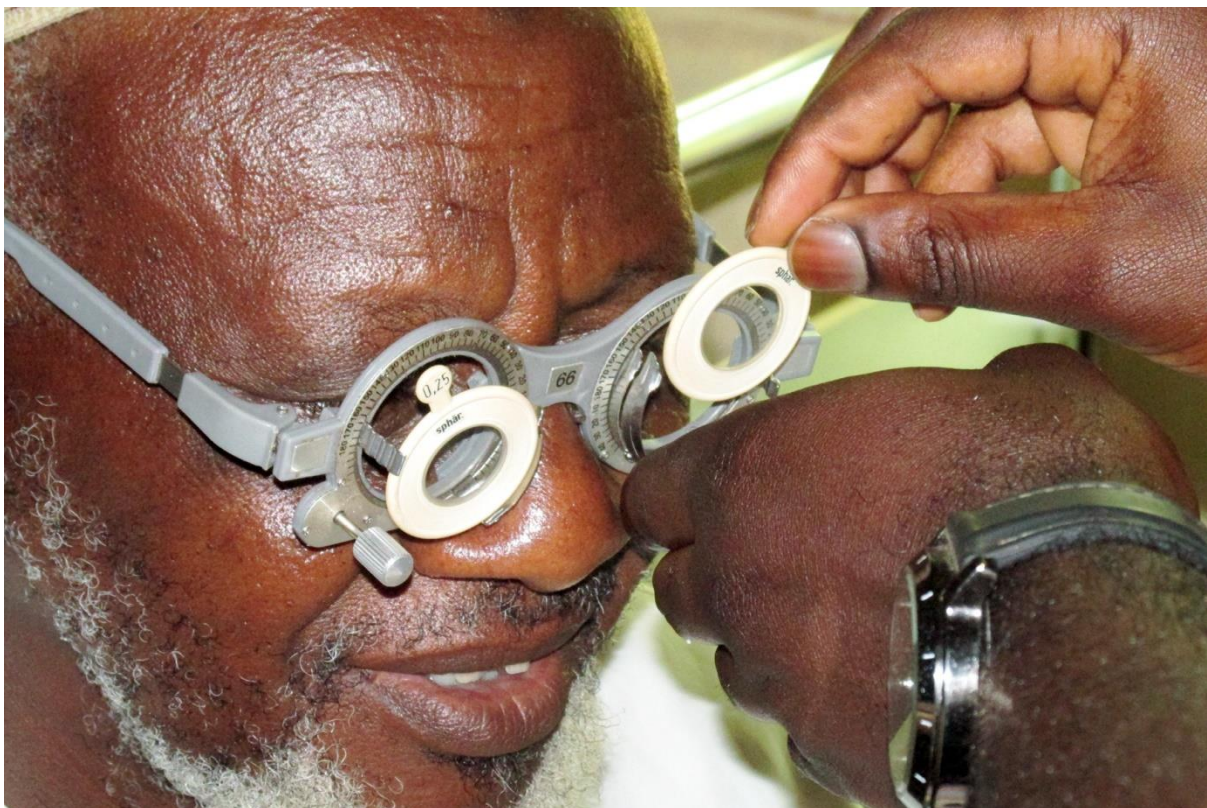
We are grateful to God because when the father heard that Doctors had come specifically for the condition of his child, he accepted to come back home and helped in taking care of the child at the Hospital. The good thing too is that the doctors who came to help Faraja also helped other children with malformation and who had been returned home during the first phase because of lack of specialists. They operated them all and they went back home very happy. Through Faraja, other children were helped.

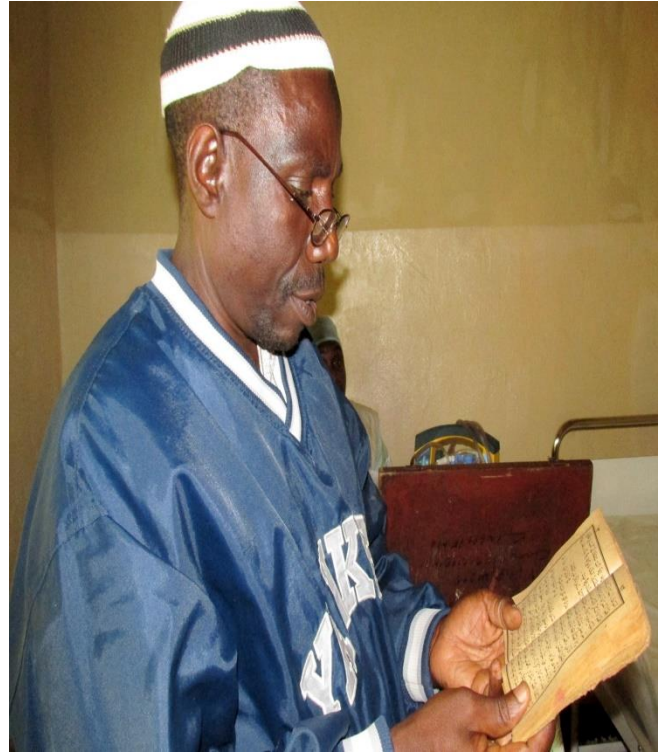


Faraja family

OPHTHALMOLOGY:

During the second phase of the liberty surgical campaign, we received so many cases of eye problems. Most of the patients ranged between the ages of 35 to 80. Amongst them were those with cataracts and they were operated and those with diseases requiring medication were given medicine. Many others who were impaired, short or long sighted and were given glasses. For most it was their first time to receive the reading glasses and they were very happy especially primary and secondary school teachers. Every week we used to receive more than 100 people with eye problems. We thank God because all patients present received treatment and their problems were solved. Those who never managed to travel far to look for an ophthalmology were very grateful to have him locally. We even had to organise mobile clinics in places with very many patients with the eye problems like in Fizi District and we managed to treat them. They were very very happy to see a medical team from the Luvungi MHCD Hospital reaching them far into the villages. Those in need of operations were transported to Luvungi Hospital to be operated for free.

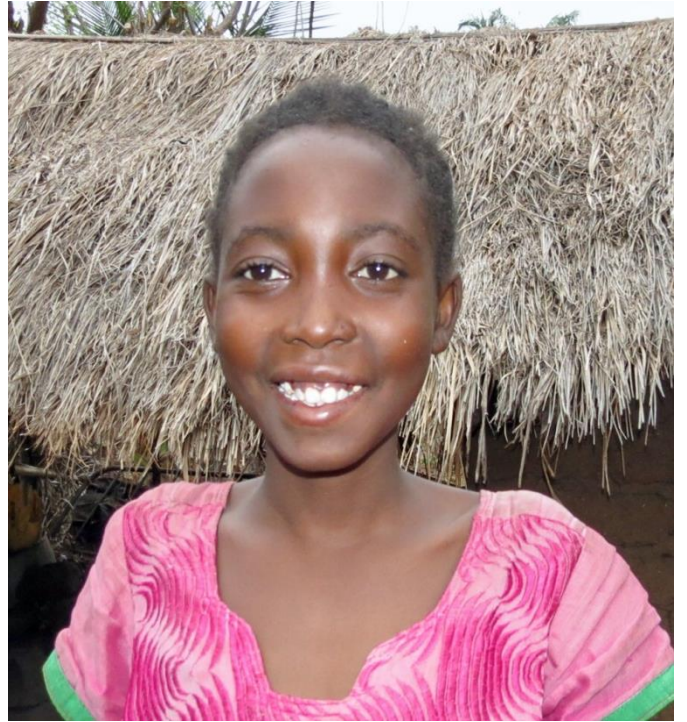




DENTAL CARE:

This was one of the main problems in Uvira District. The whole District does not have a dentist. We got a dentist from Kinshasa to Uvira to come and treat the sick. There were so many dental problems in the district like dental carries etc and others who had had their teeth poorly removed by unqualified personnels that had brought them infections and inflammations in the head and some even almost died. By good luck, our dentist began with the treatment of administering antibiotics and anti inflammatory medicines and all of them faired on well. For those with dental carries, the teeth were extracted and it was the very first time for most of them to meet a dental doctor.

We also received young girls with malformed teeth and others with teeth growing inside other teeth. One of the young girls in the photo below testified and said when she used to go to school, any time she talked or laughed her peers laughed at her. She became so traumatised till she dropped out of school. Even when she played with her neighbour friends at home in the avenues, they used to laugh at her and this made her not to leave her house. She lives in Ubwari Island with her family and there is not even a nurse there, they have traditional midwives to help them in case of medical problems. When they heard of a dentist at the Luvungi Hospital she came with her mother and the MHCD dentist removed all the teeth that were growing inside other teeth and she became well. Together with her Mum they could not believe that she now had normal teeth. At the village, she began playing once again with friends laughing and talk with no complexity and she plans to go back to school next year. This was one of the successes the liberty surgical campaign achieved through dental care. We realized that dentists are very much needed in Uvira and Fizi Districts and many people in the villages are losing their lives due to lack of dentists. We are so so grateful for the medical and surgical campaign, it really helped in saving lives of so many people and solve many peoples problems who could have never afforded dental care. Liberty surgical campaign was like a great help to them.



PAMELA COMMUNITY DEVELOPMENT CENTRE:

The centre helped a lot in accommodating the sick when the Hospital was full with patients. We bought mattresses that we spread in the Hall and the patients slept there. Since the Hall was well constructed and very nice, the patients appreciated a lot to have spent their time there even if it was not hospital wards. Every week 30 patients used to be hospitalised inside the whole so during the campaign more than 2000 patients were treated while inside the Hall. All of them went back to their homes healed and very very satisfied. The more than 2000 patients are those during the period of three months. If we never had the Hall, it could have been very difficult for us to treat and hospitalise all the patients we received during the campaign period.





Conference Hall



Training for women



Health care and micro financing training



Nursary School



Women who have been hospitalise.

WOODWARD PLACE (MAISON DE PASSAGE):

This helped in accommodating 10 Doctors and anaesthetist who came from Kinshasa and Bukavu. They slept in self-contained rooms that helped them relax and work in good conditions. The Woodward place contributed so much to the success of the campaign and helped in the reduction of costs for accommodation. The money which the Doctors came with for accommodation was donated to the campaign.







STELLA RESTAURANT:

Stella restaurant was handy in the provision of food to the Doctors and MHCD staffs during the campaign period. They had breakfast, Lunch and supper ad this made them to work really hard and made the campaign very successful. Every evening they had time to relax inside the restaurant watching news and movies and this was a great rewinding for them.



FISTILA OPERATION:

The first group of the people we received in the liberty surgical campaign were women. We received so many women with different complications amongst them was fistula. Those who suffered from Fistula are those who were raped during war, others are coming from villages with insecurity and others were those who got married while below 13 years of age. One woman we received was from Fizi District. She said she was raped at gunpoint with 13 rebels and after that a huge stick was made to get into her private part. She suffered for many months without getting any medication until she heard that MHCD was organising a medical surgical campaign, she came to visit and at the time she was suffering from malnutrition too and she produced bad odour. At our Fizi transit house she had to be bathed and then transported by a landcruiser to Luvungi Hospital. She was consulted and tested and was operated on the following. The operation was one of the most difficult we encountered in the second phase because we discovered other gynaecological problems but we thank God because everything went on well. Our gynaecologist and surgeon succeeded in the operation and the following day she entered the Intensive care unit for one week. She is progressing on well and end of October she went back to her village. She was surprised when she was asked to go without being asked for even a cent. She cried tears of joy for more than 30 minutes, she could not believe that she could remain in a hospital for more than a month and be treated and just be released without paying anything. Thank you very much for praying for us and for supporting this campaign. You brought joy, peace, hope and prosperity in the lives of many women and girls who had lost hope in life. Most of the women we received went back liberated from their chains of diseases. They manifested this through their joy and laughing and testifying to other women whenever they saw them at the Hospital. Through this program we have managed to reduce poverty in many families and many women can now go back to their manual jobs.



WHEELCHAIRS DISTRIBUTION:

We also distributed wheelchairs during the second phase. Many children who had remained in their homes due to lack of mobility means received wheelchairs for free. Our medical team went even into the villages impassable by vehicles to distribute the wheelchairs and even in Islands. The population were very very happy and even for most of them it was their first time to see and receive wheelchairs.

Below are 2 testimonies from some people who received the wheelchairs:

My name is Amina. I gave birth to 2 children who were both physically handicapped. When my husband saw that am giving birth to handicapped children he left me. I was rejected from my family and community. I could not manage to get leave the house because I had to take care of them round the clock. This made me suffer a lot because they could not go to toilet so I had to clean and carry them everytime. Am so grateful to Dr.Luc Mulimbalimba, MHCD and the wheelchairs for Kids Australia for supporting my children with wheelchairs. I could never have thought of them owning the wheelchairs but now I have two wheelchairs for free. The children are now mobile and now I can go to the farm without any problems. Am no longer poor, I can now afford food for my children.

My name is Furaha. I gave birth to this child when he was well and after a few months he started developing some complications. He could not walk and this made me suffer a lot because he could go for toilet just where he was. His vision was to attend school and become a Doctor but the school was far away, 4 km from home and this made him suffer to go to school. Every day he could come back home crying lamenting why he is the only one suffering so much. This made me have so many thought and stress. I thank very much Dr.Luc Mulimbalimba for paying our transport, the child and I, from my village to Luvungi MHCD Hospital and for giving him a free wheelchair. Am grateful also to the wheelchairs for kids Australia for providing my child with wheelchairs. I could never afford to buy a wheelchair for him in my life. There are so many children

who are suffering like my own child and it pains my heart to see them so, I request the wheelchairs for kids Australia to send more wheelchairs to Uvira District to help the many suffering children with the same problems. Please help them too.



BIRTHING KIT DISTRIBUTION:

We also continued with the birthing kits distribution. In August and September we received 15,000 birthing kits that we distributed to different districts and provinces of DRC amongst them were Uvira and Fizi Districts. Our medical team, training of trainers teachers and community health workers went to different villages educating expectant women, traditional midwives and nurses and midwives on how to use birthing kits. They were well received by the women in their villages and in some villages the women showed the children who had been delivered with the help of birthing kits and this was a good testimony and showed impact in the villages.

We also distributed in different maternity clinics and health centres and many of those we visited didn't even have medical gloves. So we gave them birthing kits that has all materials to help in delivery under good conditions and we taught them on how to use birthing kits. In Sebele Health centre in Fizi District, when we were teaching midwives on how to use the birthing kits, there was one women who was ready to give birth and she was helped in birthing by use of birthing kits and she delivered twins. Others also gave birth using the kits and this brought impact in the village. We thank very much birthing kit foundation Australia for assisting us with birthing kits.





CRUTCHES DISTRIBUTION:

The container we received in July from Australia came with so many crutches. When we visited villages for mobile clinics, we found many people, adults and children using sticks to walk due to lack of money to purchase crutches. Others used timber crutches that caused them parmpit and shoulder pains while others said most of their clothes were torn because of the crutches they had been using. We received other people with the same problems at the Luvungi Rehabilitation and Reeducation centre. By good Luck, they were able to be consulted by the MHCD Doctors and were given good comfortable crutches. On receiving them they were beyond joy and they danced and thanked MHCD and Australian friends who made that happen. One of them testified and said he was so grateful to have receive an artificial leg that will help him to run even if he does not have his natural one. When the people present heard of this they were moved and some shed tears. We are so grateful to all Australian friends and wellwishers who donated the crutches to MHCD and who contributed to the transportation of the container. Through your support you made a big difference to people's lives.





UBWARI ISLAND MEDICAL CAMP:

Ubwari is an island found in Lake Tanganyika in Fizi District, South Kivu province. More than 40,000 people are its inhabitants and has different villages namely:

In the whole village, they had never had a nurse or a medical Doctor. They were helped by traditional midwives when they had sickness or delivery of babies. The only way to the island is by boat. Before the fuel operated boats were used, they could use manual boats and this made people take almost a day to reach it. This also caused many deaths especially to the very sick.

When they heard of the liberty medical campaign from the Impact Radio, a media department of MHCD, they sent messengers to MHCD Luvungi Hospital to let us know of their problems and sufferings and we decided to visit the island. When we reached there, we found no health centre, doctor, nurse or trained midwives. The sick and expectant women received the services of traditional midwives. Most people were suffering from disease like High blood pressure, skin and eye problems, dental disorders, malaria, gynaecological disorders, worms and typhoid etc. We then decided to conduct a mobile clinic to help those suffering. We were together with four Doctors i.e gynaecologist, ophthalmologist, dentist and general practitioner Doctor. Dr. Luc Mulimbalimba led the team and helped out in consultations. They consulted more than 100 patients everyday and we were there for three days. Most of the patients said it was the first time being consulted by a Doctor. The very sick were transported to Luvungi Hospital by boat from the island and then car.

In order to support the people in the village, MHCD has started a medical program of travelling to the island every end month so as to treat the sick. We would also like to train the traditional midwives so they can have a better to continue helping the sick and the expectant women better. We request all well wishers to please support the medical camp so we can see if we will be able to reach out to the very many at the village .







SEBELE MEDICALE CAMP:

Sebele is another village in Fizi District that we visited for mobile clinic. We found there was no water, people were fetching water from a small river that caused them waterborne diseases like diarrhoea, worms, typhoid fever etc. This caused in return high mortality rate. The village has a population of 30,000 and we discovered that there is a high birth rate. For the three days we were there, almost 6-8 women gave birth per day. We consulted patients and gave out medicines, wheelchairs and crutches and those who were very sick were also transported to MHCD Luvungi Hospital for more follow up and operations. The people were very very happy to see the Doctors from MHCD .





TRANSPORT OF THE PATIENTS:

For the patients who were very sick and who were in villages with no means of transport, MHCD hired a mini bus and a land cruiser that went into the villages and brought the patients to the MHCD Luvungi Hospital. We even managed to reach villages more than 300km and back to Luvungi Hospital. The program was very expensive but am grateful to God because it was worth it and really saved many lives. Every week we could transport 40 to 60 patients. Our vision is to own a mini bus and a land cruiser in future so we may continue with the program.









CONCLUSION:

Thank you very much for reading this report and I really hope you were able to discover some of the activities we managed to carry out. Thank you also for your spiritual support and all generosity you have shown us. Through your support and love, we have managed to assist very many vulnerable people and they are really happy in their homes wherever they are. In February 2016, we shall be organising another liberty surgical campaign and we kindly request that you continue praying and supporting us so it can be successful. We have begun earlier preparations so we can avoid some challenges we experienced in the past campaign. We are also in need of volunteers who are willing to come and assist us in the operations and consultations.

I really appreciate all your efforts and sacrifice towards the success of the second phase of the surgical campaign. Kindly may you not tire in assisting us.

Many thanks,

MHCD 2015 GENERAL REPORT, JUNE- DECEMBER 2015

Liberty surgical campaign is one of the activities we carried out in 2015. There are other activities we did that we also did that are included in this report. The 2014 report included up to 2015 June report. This report therefore is inclusive of the activities as from June up to December 2015. We believe you will be able to discover many of them.

1. WHEELCHAIRS DISTRIBUTION:

East of DRC is a region that was affected greatly by war. Most wars in the Congo started from Uvira and Fizi Districts and this brought about so many orphans, widows and many internally displaced persons and refugees. Most children too were recruited into the army and there were many physically handicapped persons due to war. As at now we have peace in Congo, the government has tried its best to get the children soldiers out from the forests and enrolled them into schools and even at now most of them are through with their secondary school and others at the University. The big challenge was that all the children born physically handicapped and others who attained it through war or other factors never had any help. Most of this people had to urinate on themselves and even go for long calls on themselves due to lack of help or any equipment for movement. Those who were lucky to have parents, the parents had suffered a lot in taking care of them. Seeing that 80% of the population in Uvira are farmers, the parents were not able to go and farm. This brought about poverty in most families.

One day Dr. Luc Mulimbalimba was coming from Uvira going to Luvungi and on the way he saw one handicapped child on his knees. It was very hot and the child was going on the tarmac road so his hands were burning with heat. He stopped and asked him where he was coming from and he said he was coming from school going home which was about 4 kms and added that the parents were so poor and could not afford to purchase wheelchairs because they are very expensive. His vision was to finish school and work to support his family. The story touched Dr. Luc's heart very much and he said he will look at ways of opening up a rehabilitation and re-education centre to help the

handicapped children. When he went to Australia he shared this story with some participants where he was doing presentations and there was one lady working with wheelchairs for kids and she said she knew of an organisation that could support us with wheelchairs. She put Dr.Luc in contact with the wheelchairs for Kids foundation and by good Luck the Foundation supported MHCD with a 20ft container full of wheelchairs and it was the beginning of the wheelchairs distribution project.

The child Dr.Luc met on the way was among the first to receive the wheelchairs and now he goes to school comfortably. When he received the wheelchair, he was more than happy and said his vision shall be realised because he has a means to go to school. Thanks a lot wheelchair for kids for helping and changing lives of so many people in D.R.Congo.



Before



After

1.1. IMPACT OF WHEELCHAIRS IN D.R.CONGO:

Wheelchairs for kids have helped very many children who had no means of going to school to go to school.

The children who were immobile and could not go on their own to the toilet now are able to.

Many families who were living in poverty due to lack of time to go to the farms because of taking care of the handicapped children now are free. They can go to the farms because the children now are independent and can play.

Most children did not know joy and had a lot of stress watching other children play. Through wheelchairs they can now move and join with other children and enjoy playing. This has helped them enjoy life, now they are happy and have joy.

In all the villages where we distributed the wheelchairs, they brought positive impact and made people consider physical handicapped children and this brought unity, love and prosperity in many communities.





A girl very happy to receive a wheelchair.



1.2. WHEELCHAIRS DISTRIBUTION:

We received 166 wheelchairs and we distributed them in South Kivu province. Below are the districts and villages and the number of wheelchairs received.

DISTRICT	VILLAGE	GIRLS	BOYS	TOTAL
UVIRA	LUVUNGI	11	9	20
	LUBARIKA	3	7	10
	UVIRA TOWN	10	15	25
	KILIBA	6	4	10
FIZI	MAKOBOLA	5	5	10
	BARAKA	7	13	20
	UBWARI	3	3	6
	SEBELE	4	6	10
	MBOKO	8	7	15
MWENGA		8	12	20
BUKAVU	BAGIRA	5	5	10
	KADUTU			
WALUNGU	KAMANYOLA	5	5	10
TOTAL		166 wheelchairs distributed.		

1.3. WHEELCHAIRS ASSEMBLING AND SERVICES:

MHCD has rehabilitation and re-education centre whose main objective is distributing wheelchairs and train technicians to assemble the wheelchairs. We have a store where we keep the wheelchairs and it can contain more than 1000 wheelchairs. We sent one of the MHCDs medical practitioners to Kinshasa to train on reassembling of the wheelchairs and he is the one doing the same and training other staffs at our centre.

Every month MHCD staffs visit villages where we distributed wheelchairs and if there are any problems with the wheelchairs the technician's service them. This has made us remain in contact with all those to whom we distributed the wheelchairs.





MHCD Staff assembling a wheelchairs.



1.4. TRANSPORT:

MHCD has an ambulance that helps in going round and collecting the physically handicapped children so they can be given wheelchairs. For those who are very far and where roads are very poor, we hire a land cruiser and visit the village so we can distribute the wheelchairs. This makes us reach out to many handicapped children even those in the extreme interior. Our vision is to distribute the wheelchairs to the very poor families in the villages to those who cannot afford to purchase any.

We also collaborate with the ministry of health and sometimes they give us their vehicle to help in the distribution of wheelchairs.



Director Musafiri from Ministry of Health and Dr. Luc Mulimbalimba on their way to Fizi to distribute wheelchairs and sensitize the communities on wheelchairs.



MHCD Doctors and Technicians visiting districts to distribute wheelchairs.



1.5. STRATEGIES OF DISTRIBUTIONS:

Our strategy is to target the school going children with no means of transportation so they can have means to go school hence for them to finish school and be independent and of help to their families. Through this program, we are highlighting the fact that the physically handicapped children are normal like others and capable in life.

We also distribute to the children whose parents are poor and cannot afford to purchase the wheelchairs for them. This helps us reach those who are very poor and they are usually very happy to receive the chairs and brings about great impact in the communities.



Before



After

1.6. HAPINESS AND JOY:

Since we started the wheelchairs distribution, many children who were depressed now have peace, happiness and joy. One can see this from their photos. Before receiving the wheelchairs, they wore a long sad face but after getting the wheelchairs, they show happiness and laughter.



My name is Amina. I gave birth to 2 children who were both physically handicapped. When my husband saw that I am giving birth to handicapped children he left me. I was rejected from my family and community. I could not manage to get leave the house because I had to take care of them round the clock. This made me suffer a lot because they could not go to toilet so I had to clean and carry them everytime. Am so grateful to Dr. Luc Mulimbalimba, MHCD and the wheelchairs for Kids Australia for supporting my children with wheelchairs. I could never have thought of them owning the wheelchairs but now I have two wheelchairs for free. The children are now mobile and now I can go to the farm without any problems. Am no longer poor, I can now afford food for my children.



Amina is happy that her two children have received wheelchairs and she is testifying before Dr. Luc and Prof. Masu. This was during the launch of the wheelchairs distribution at the MHCD Hospital.

My name is Furaha. I gave birth to this child when he was well and after a few months he started developing some complications. He could not walk and this made me suffer a lot because he could go for toilet just where he was. His vision was to attend school and become a Doctor but the school was far away, 4 km from home and this made him suffer to go to school. Every day he could come back home crying lamenting why he is the only one suffering so much. This made me have so many thought and stress. I thank very much Dr.Luc Mulimbalimba for paying our transport, the child and I, from my village to Luvungi MHCD Hospital and for giving him a free wheelchair. Am grateful also to the wheelchairs for kids Australia for providing my child with wheelchairs. I could never afford to buy a wheelchair for him in my life. There are so many children who are suffering like my own child and it pains my heart to see them so, I request the wheelchairs for kids Australia to send more wheelchairs to Uvira District to help the many suffering children with the same problems. Please help them too.



Furaha is happy that her child has received a wheelchair and he will be able to go to school.

1.7. UBWARI ISLAND/FIZI:

Ubwari is an Island that's found in Lake Tanganyika in Fizi District. It has no motorbicycle, bicycle or vehicle. The way there is through a boat. 90% are fishermen and 10% practice subsistence farming. MHCD wheelchair program went to the village to distribute wheelchairs. It was their first time to receive a medical team and wheelchairs. We found so many physically handicapped children and we gave them wheelchairs. We also found other children who developed physical handicappiness during war and we gave them the wheelchairs. The whole village was very very happy to receive the wheelchairs. MHCD opened a wheelchair centre in the island so as to help the many others who never got the wheelchairs so they may receive in future. It was a great exploration and we are so grateful to wheelchairs for kids for supporting us with the wheelchairs.



MHCD Staffs unloading wheelchairs and medicine for Ubwari island.



Volunteers from Fizi loading wheelchairs onto the boat .





Dr. Luc and MHCD Staffs on the way to Ubwari Island.



Ubwari Island.



Dr. Luc getting off the boat after arriving in Ubwari.



Ubwari village



Before



After

1.8. REQUEST AND NEED:

There are many children in the South Kivu province in need of the wheelchairs. We have already registered 330 who are in need of the wheelchairs urgently. Most of them stay in the house, they can't move around and this is bringing other malformations. We kindly request the wheelchairs for kids Australia to support us with other wheelchairs so we can help those who are suffering from their homes. We shall be very happy to receive a positive response from you. We really need them.



**Dr.Luc Mulimbalimba together with MHCD Staffs and Doctors
visiting villages to sensitize them on wheelchairs**

Thank you very much for reading this report. I hope you have realised the impacts of the wheelchairs in the south Kivu province. Again we thank wheelchairs for Kids Australia for supporting MHCD with wheelchairs. May God bless you so much.

2. CONTAINER OF LOVE FROM SYDNEY AUSTRALIA:

We are so grateful to all Australians who continue to remember the Congolese people of Uvira District through MHCD. While I was in Australia in February and March 2015, you were very kind to me, you helped in organising so many MHCD talks, fundraisings and when I arrived in Sydney, Rotary clubs came together through Lucy and organised a container for MHCD. One thing that touched my heart so much is that whenever I did presentations, very many people were willing to support the container transportation and many volunteered to be involved in packaging.

We received the container in June 2015 and in time for the liberty surgical campaign that we were organising. When the community received news of the arrival of the container, they were overjoyed and went to wait for it. Youths came on motorcycles, the women and men walked. When they saw the container, they really danced and made joyful noises. It was like a huge party in the village.

When the container arrived at the MHCD grounds in Luvungi Hospital, the community assisted in offloading it. In just an hour all contents had been removed and the container empty. We did this so they can be part of it. This helps the community to take care and protect MHCD property and feel part and parcel of all the programs.



MHCD Container from Australia



Container arrives at the MHCD Luvungi Hospital



Youths on motorcycles welcoming the container



Members of the community offloading the container

2.1. MEDICAL EQUIPMENT AT LUVUNGI MHCD HOSPITAL:

MHCD Luvungi Hospital organised a liberty surgical campaign whose main objective was helping the poor who lacked finances to cater for their operations in Bujumbura or Bukavu. We got 10 doctors, specialists in different medical fields from Kinshasa to carry out the surgeries in Luvungi. By good luck we received the container during the same time and it really helped since the equipment's were used in the campaign.

In the container were 15 Hospital beds and 25 mattresses. All this were placed in the wards and the sick slept on them. There were also medical gloves, bandages and other medical materials which really helped in the operation of the sick. There was oxygen machine, theatre lights and other equipment's that helped in occupying theatre room and we had to open another theatre since the patients were many at the Luvungi Hospital. Just this past month of July, we consulted and treated 5,600 patients and operated 600. We managed this because of the two theatres that the Doctors were using in operations.

There were other equipment's and materials like ECG , Consultation bed and others that we put in the Hospital and helped a lot in receiving and treating the sick and the hospital looked very nice.



Hospital beds and mattresses from the container in one of the wards at the Luvungi Hospital



Consultation bed in the consultation room





Medical equipment from the container



Hospitalised patients on the mattresses from the container and also the blankets they have are from the container.



Dr.Luc has distributed blankets to some villagers in Uvira



Traditional midwives and new mothers happy to receive blankets.

2.2. CLOTHES DISTRIBUTION:

We received clothes in the container that we started there distribution and its continuous and I will be giving you the exact figure of those who received the clothes. The communities are very happy to receive then and they get so overjoyed.



2.3. CHAIRS AND TABLES:

The chairs and tables present were placed in the consultation room and other offices. For now, MHCD Hospital has 5 consultation rooms and other doctors consult in other rooms like nursing rooms so we are so grateful for the chairs and tables.



One of the chairs from the container in the pharmacy.

2.4. SCRATCHES:

We had some scratches in the container that we distributed to the physically handicapped people. In villages, the handicapped people use wood scratches and this is usually not very safe due to the pain they exert hence add on malformation. The photo below is of a woman who was using the wooden scratches since she was her teen age. She had really prayed to God for good scratches but couldn't due to limited finances. When we visited her village and gave her the scratches from the contained, she sang and danced and many people were left in awe. She said her suffering is now light because of the good scratches.





A physically handicapped man who has been using wooden scratches for a long time is very happy to receive scratches from the container.

2.5. BICYCLES DISTRIBUTION:

Thank you very much for reading this report and supporting our container. Your support has really changed lives of so many vulnerable people in Uvira district and restored hope in many people. Even though the container process from packaging to transport has so many challenges, when it arrives its impact becomes immeasurable. Some of the goods in the container have higher value and we cannot afford to purchase them here locally and this is we always prefer containers.

Again thanks a lot for everything you are doing for us and may God bless you.



3. BIRTHING KIT DISTRIBUTION:

Birthing kits is one of the program and projects of MHCD Mission in Health Care and Development. It is now almost 10 years we are working with Birthing Kits Foundation Australia with the aim of reducing infection and infant mortality in D.R.Congo, Burundi and Kenya and the whole program has been very successful.

Through traditional midwifery seminars and midwifery training of trainers program, we have been able to train more than 1305 traditional midwives and 36 professional health workers among them medical Doctors, nurses, midwives, public health and community health workers. The program has progressed well and they are the ones who have visited other villages and train traditional midwives.

From December 2014 to March 2015, we received 19,000 kits that we distributed to three provinces in DRC namely South Kivu, North Kivu and Katanga provinces. The remaining kits helped us in launching the birthing kits national campaign.

I believe when you read this report you will get to understand the work we have done and the impact of the kits here in D.R.Congo.

3.1. BIRTHING KIT NATIONAL CAMPAIGN:

On the 30th of June every year, D.R.Congo celebrates its independence. This is one of the very important days in D.R.Congo. On the independence day this year, MHCD launched a liberty surgical campaign at the Luvungi MHCD Hospital and on the same day we also launched Birthing kits

Distribution at the national level. The launching was done by the special advisor to the President Joseph Kabila in charge of socio-cultural department heading all social and medical activities. The launching was done in the name of the president of D.R.Congo. It was the first time the president was delegating his adviser to Uvira District to launch such work. This was great to us because when word spread that the President had delegated his advisor to launch the projects, they all valued the kits and everyone wanted to have it.

The very same day we distributed 2000 birthing kits in Luvungi village to expectant women. After Uvira District the president's advisor launched the program in two more districts, Fizi and Walungu and it was very very successful. We focussed on the three districts because we had participants from them for the train the trainers program and the Birthing kits distributors present in the districts were also very highly valued. The ministry of Health Representative also participated in the launchings and all activities. The whole program lasted for two weeks.

Below are some photos from the functions.



The population of Uvira celebrate on seeing their leaders.



Senior Adviser to President Kabila, Prof. MASU GA RUGAMIKA together with Dr. Luc MULIMBALIMBA and the Representative of the Ministry of Health.



Dr Luc MULIMBALIMBA addressing the gathering at the Birthing Kit national campaign launching ceremony.



Prof. MASU GA RUGAMIKA speaks at the Birthing Kit national campaign launching at Luvungi MHCD Hospital.



Prof. Masu Ga Rugamika and Dr. Luc Mulimbalimba presenting Birthing Kits to expectant women and the community of Uvira district.





Dr. Luc and Prof. Masu Ga Rugamika distributing birthing kits



Prof. Masu Ga Rugamika giving out the Birthing Kits to the women.



This women is very happy to receive a birthing kit from Dr.Luc Mulimbalimba and Prof. Masu Ga Rugamika,the Senior Adviser in charge of Social Cultural affairs from the office of the President.





3.2. BIRTHING KIT DISTRIBUTION:

We received the following Birthing kits:

DATE RECEIVED	CONSIGNMENT NO	NUMBER OF KITS
19/12/2014	MHCDBU05F	4500
21/01/2015	MHCDBU06F	4500
21/01/2015	MHCDBU07F	5000
21/01/2015	MHCDBU08F	5000
TOTAL : 19.000 KIT RECEIVED		

We distributed them to the following provinces and Districts:

PROVINCE	NUMBER OF KITS DISTRIBUTED	OBSERVATION
SUD-KIVU	9.000 pcs	
NORD-KIVU	5.000 pcs	
KATANGA	5.000 pcs	
TOTAL : 19.000 pcs DISTRIBUTED		

3.3. ACTIVITIES:

Our Birthing kits program has the following activities:

1. Traditional midwifery seminars where we train traditional midwives and birth attendants.
2. Midwifery training of trainers program where we train professional health workers who visit villages training traditional midwives and community health workers.
3. Birthing kits distribution involved with the distribution of kits even to places inaccessible.
4. Locally made birthing kits, a program involving making the kits locally and it's like a self-help project that helps in improving lives of very many vulnerable women.
5. Birthing kits sensitization and education: We use impact Radio and television, a department of MHCD to sensitize and educate the community on how to use birthing kits and its value. We have a radio and television show that runs thrice per week and it's brought a huge impact.
6. We have another program of improving lives of traditional midwives through microfinancing, agriculture, fish farming and

bicycle distribution to them to act as ambulance to nearest health centres.

3.4. ADMINISTRATORS/OFFICE:

MHCD has created a midwifery office that will be involved with birthing kits activities. The office will be in direct contact with the Birthing Kits Foundation Australia when Dr.Luc Mulimbalimba is busy with other activities. The committee was present but we have officially recognised it and will be full time work for birthing kits.

Below are their names and details:

N°	NAME	EDUCATION	POSITION	TEL & EMAIL
01.	DELLICE NAFULA MULIMBALIMBA	DEGREE IN ECONOMY	GENERAL SECRETARY	+243819820195 dellnatts@yahoo.com
02.	MUTULA RUGANIZA AMANI	DEGREE IN PUBLIC HEALTH	ADMINISTRATOR	+243993861005 mhcdafrika@gmail.com
03.	LUHALA MBIRIZE LOPE	DIPLOMA IN EDUCATION	DISTRIBUTION OFFICER	+243993152564
04	MAKUTA KANJOGOLO	DIPLOMA IN COMMUNITY HEALTH	PUBLIC RELATION OFFICER	+243990315463
05	NGOMA NAMBONE REINE	DIPLIMA IN MIDWIFERY AND NURSING	IN CHARGE OF MIDWIFERY CLUBS	+243976460402
06	NOELLA MASURURU	DEGREE IN MANAGEMENT	DEVELOPMENT & MICROFINANCING OFFICER	+243997780110 mhcdafrika@gmail.com

3.5. BIRTHING KIT CENTRE PROJECT:

This project we would like to start for supporting the committee run their activities. The whole committee is full time and it can be very difficult for MHCD to manage them if they have no project to sustain them.

This is why we started the birthing kits centre that will have an internet café that will help in communication with the Birthing Kits Foundation Australia since we do not have any connection in Luvungi. Other people and organisations in Luvungi and Uvira shall be connected to the world and will help the centre have some income for the office.

We shall also open a computer training centre and library for secondary school students, primary and secondary school teachers and other people who would like to carry out research and learn computer. Community health workers and traditional midwives with primary or high school knowledge shall also be enrolled into the program.

There shall be a tailoring school for the traditional midwives who are illiterate so they can have an income generating activity.

3.6. TRAINING OF TRAINERS STUDENTS ACTIVITIES:

After the training of the trainers program, we sent participants into the villages to open midwifery clubs and train traditional midwives but in seeing the program did not have support like transport, food and some end month salary/thanks, most of them never visited the villages.

There are some districts that tried their best to send participants to the villages and where they went they were very successful. They trained so many midwives and opened midwifery clubs in just a short time. This is a prove that if

support is available, many traditional midwives can be trained and a huge impact felt across.

Below are provinces, districts, villages and the number of traditional midwives trained:

PROVINCE	DISTRICT	VILLAGE	NUMBER OF TBA'S TRAINED	MIDWIFERY CLUB FORMED
SUD-KIVU	UVIRA	LUBARIKA	120	3
		BUHEBA	80	2
		KIGOMA	60	1
		LUPANGO	60	1
		MULENGE	150	3
		LEMERA	100	2
	FIZI	MAKOBOLA	100	2
		BARAKA	100	3
		MBOKO	60	1
	WALUNGU/MWANGA	KAMANYOLA	80	2
		NGOMO	130	3
NORD-KIVU	NYIRAGONGO	MUTAHU	50	1
		KANYASI	50	1
		MUHOGO	25	1
KATANGA (SHABA)	KALEMIE	KAMUKOGONDO	70	2
		MOBA	40	1
		TEMBWE	30	1
TOTAL			1.305	30

From september 2014 to july 2015 we trained 1305 traditional midwives and Traditional birth attendant and we create 30 midwifery clubs



Dr. Luc and the Team visited Walungu District in South Kivu Province.



Dr. Luc in Walungu village.



Dr. Luc and the MHCD Team distribute the Birthing Kits to Expectant women and Traditional Midwives.



Prof. Masu Ga Rugamika distribute birthing kits in Walungu village.



Women are very happy to receive birthing kits.



Expectant women and Dr. Luc with birthing kits.



A woman who has delivered by use of birthing kits.

3.7. IMPACT OF BIRTHING KIT AND SURVEY FORM:

Before visiting a village and training traditional midwives, the trainers had to carry survey to have knowledge on the mortality rate. Most of the village's mortality rates was 70%. But after sensitization, training of traditional midwives and birthing kits distribution, this rate dropped to 20%. In some villages like Lubarika and Buheba, the rate dropped to zero. This is a good sign and it shows birthing kits are very instrumental in reducing infant mortality and infections.

3.8. COLLABORATION WITH MINISTRY OF HEALTH:

The ministry of Health assisted in the transportation of birthing kits. We used their vehicle to transport the kits from MHCD Luvungi Hospital to different places and villages in Uvira District, Fizi and Walungu. They helped us also mobilise the community on the use of birthing kits and their value.

The photo below shows Dr. Luc and the Director Musafiri from the Ministry of Health going to distribute birthing kits:



Director Musafiri from Ministry of Health and Dr. Luc on the way to Fizi district with Birthing kits.



The road and Bridge are very dangerous, so Dr.Luc is thinking on how they will cross over the bridge.

Thank you very much for reading this report. I hope that through it you have understood the impact of the kits in D.R.Congo. Birthing kits helped a lot in reducing infant mortality and infection in D.R.Congo and this is why we really need them.

We appreciate all your efforts and sacrifice towards the birthing kits project.

4. MHCD MOBILE CLINIC CAR:

It's been a long time since MHCD began looking for a car to assist in the mobile clinic, transportation of staffs and visitors, distribution of birthing kits to places passable by vehicles and transportation of patients. In November 2015, we were blessed to get support from Dr. Julie Monis Ivett and we bought a vehicle with a 7 seat capacity.

When the vehicle arrived at the MHCD grounds, it started with Kit's distribution and helped in connecting Doctors between Luvungi Hospital and Uvira MHCD clinic. Before the MHCD Administrator had to use public transport to travel to Bukavu, a distance of 60km to purchase medicines and the road is very bad and this brought about so many challenges ie, upto 5 hour travelling, torn medicine boxes and fatigue. Since we got the car it's now very easy.

Below are the photos of the vehicle.





5. SAVE THE ORPHANED AND STREET CHILDREN PROGRAMME:

As a result of war, many children were left orphans in DRC and could not afford education. In DRC, Nursery school, primary and secondary educations are all payable. Again, most people live below the poverty line meaning most children are cut out of education or schooling. In helping the children, MHCD started a program called save the orphaned and street children where free education is provided to children.

We run 4 schools namely Kahororo School in Kahororo village with nursery and primary classes, Dietsch Academy in Sange village also with a nursery, Green grove school in Lubarika village with a nursery and MHCD school in Luvungi village with a nursery. We also have 3 schools in Bungoma Kenya namely Joanne Naswa Academy in Kanduyi, MHCD Academy in Milo village and Bukananachi nursery school in Bukananachi village.

Since we started this program in the year 2005, more than 5000 children have benefited with the free education, some are in secondary school at present, others joined tertiary institutions like tailoring, carpentry and driving and are continuing very well. The program has helped a lot in reducing poverty and providing a brighter future for the children.





6. MIDWIFERY AND NURSING SCHOOL:

MHCD opened this school for the sake of reducing infant mortality, promote mother and child health and primary health care. After discovering that there are no health centres in many villages and where there were health centres there were no trained midwives or nurses and this increased infant mortality and morbidity rates. In solving this, we decided to open a school so we can train young women and girls in midwifery and nursing. We also got young men who joined the class. The school is going on well and for now we have more than 40 students. They learn for free and have accommodation at the school and this provides them with a environment whereby they can learn and practice at the Hospital.

The challenge we are facing is that its free education and so far only 4 have scholarships. Their education cost is USD 540 per annum, most of them are orphans coming from extremely poor families and they cannot afford this amount and this is why we allowed them to study for free as we look for well-wishers to fund their education. In supporting one student, you will be providing proper and good health care to the whole village.





7. WOMEN OFFLOAD CAMPAIGN:

This program was of great benefit to women who had for long endured suffering of carrying loads of luggage on their heads and backs because they now owned bicycles that greatly helped in easing their loads. Before the program, many women suffered the consequences of carrying the heavy luggage's on their bodies like chronic backaches, headaches, miscarriages and even death. Since we started bicycle distribution, they no longer have these problems. We distributed amongst women new and strong bicycles and they used them in carrying luggages, going to the market, fetching water and as an ambulance. In 2015, we distributed 110 bicycles. We purchased locally 90 of them and 20 others came with the container we received from Australia. We are so grateful to all the supporters, in one way or another who contributed to this great achievement. Through your support, you restored joy, hope and good health amongst many women and girls. They are really grateful for the bicycles and they always say thank you to MHCD and Australia for the generous donation.





8. IMPACT RADIO AND TELEVISION:

This is the media department of MHCD. They were great instruments in sensitization during the liberty surgical campaign. There are diseases like goitre and the cleft lip pallets which many people thought come about as a result of witchcraft or curses but through Impact Radio and Television, many patients were able to understand that they are diseases just like any others and true they came very many for the operations. Also in the sensitization of birthing kits and reduction of poverty, the media program came in handy through community development and health programs. We have also included an information program where the locals are able to stay in touch with whats happening in the national and international realm and the entertainment program that is both informative and entertaining.

The biggest challenge we are facing is that the program does not have any support, we kindly please request all well-wishers reading this report to please support us so we may be able to carry on. Impact radio and television has played a major role in the betterment of people's lives. In supporting Impact radio and Television you will be reaching the health and community development message to more than 30,000 people.



TV STUDIO

9. MOSQUITO NETS DISTRIBUTION:

Malaria is one of the killer diseases in Africa particularly the country of DRC. Many children under the age of 5 lose their lives due to malaria. Many expectant women and adults too lose their lives due to lack of proper medication or treatment of malaria. Malaria is preventable when an individual sleeps under a mosquito net. A single bed mosquito net costs 5USD and a Doublebed one is 10USD. Because of lack of funds, many people cannot afford this and so they are exposed to the mosquitoes hence becoming sick. A malaria treatment here costs USD30 to USD70 and this has proven to be expensive especially to many people coming from the villages because they live below the poverty line.

In solving this, MHCD started a program of distribution of mosquito nets to expectant women, women with small children and other vulnerable women who are needy. In 2015 we distributed 420 mosquito nets.

We are so grateful to Anne Miller, zonta club Australia and Pastor Paul and Pamela Segneri for supporting this program. Our vision is distributing over 1000 mosquito nets in 2016.

10. APRIL 2016 LIBERTY SURGICAL AND MEDICAL CAMPAIGN:

At the beginning of this report, you read a lot about the medical campaign we had in 2015. The second phase of the campaign will be in April 2016 and we are planning to have it for 4 months. We really need your support and prayer so we can succeed because the campaign is very demanding in terms of time and money. You helped us in 2015 and we are still requesting you to assist us once again.

The program has saved lives of so many people and brought back hope, joy, prosperity and peace to many people who had given up in life.

11. MHCD 2016 VISION AND PROJECTS:

MHCD is a NGO whose main objective is to provide good, proper and affordable healthcare to people living in rural areas and villages, poverty reduction and the promotion of mother and child health. In 2016, we have a vision focussing on 10 projects and all the projects focus on poverty reduction and improve lives of women and children. Many people in D.R.Congo live below the poverty line, getting food is an uphill task, medical care is not affordable and that's why we are focussing on these projects that shall benefit not only individuals but also families and communities. We request you to kindly please choose on a project or support us in whichever way you can. Your help will save and improve lives of women and children living in the Democratic Republic of Congo.

1. LIBERTY SURGICAL CAMPAIGN:

This program helps in providing proper, good and affordable health care to vulnerable and poor people living in Uvira district especially women and children. After receiving many patients at the MHCD Luvungi Hospital, we found out that there were many cases in need of different specialists. When we were sending them to go to other towns for treatment, they were unable due to the high costs of treatment, between USD150 –USD 500 of which they could no

t afford and most had to just go back to their homes to continue suffering their and some lost their lives. For example, operations for Hernia and appendix in Uvira is USD150, Goitre is USD 500 and there are no specialists for this in Uvira District so one has to travel outside town. Prostate surgery costs USD1000. This is quite a lot which the poor and vulnerable patients can never afford and this is why they just gave up and went to their homes to suffer from there.

This is why MHCD together with Luvungi Hospital started this program for the sake of providing free operations to vulnerable and poor people. We get specialists from Kinshasa and Nairobi in different domains especially gynaecology, paediatrics, surgery, ophthalmology, dentistry, neurology, orthopaedic, physiotherapy and anaesthetists. They come to Luvungi MHCD Hospital for a month or two conducting the operations and providing special care. Through this program, we have already assisted more than 5000 patients and operated more than 800.

The campaign has brought huge impact on the community, many families that had separated due to diseases are now together, women

who had been rejected in the communities are now integrated and living in peace with other people, it has brought peace, joy, reconciliation, hope, prosperity and poverty reduction in so many families and communities. Minor operations cost USD70, Standard operations cost USD150 and major ones cost USD300.

Nº	DISEASES	Number of Patients waiting to be operated	Cost In USD	Total In USD
01	Hernia, Appendicitis	345	70	24,150
02	Dental care	160	70	11,200
03	Fibroids, Ovarian Cysts, Myome	630	70	44,100
04	Eye operation (Cataract)	225	150	33,750
05	Hydroceles	68	150	10,200
06	Goitre	156	300	46,800
07	Fistula	52	300	15,600
08	Clef left and pallet	120	300	36,000
09	Prostate	92	300	27,600
10	Vaginal prolapsis	68	300	20,400



Before



After

Goitre operation

2. WOMEN OFFLOAD CAMPAIGN:

This program involves the distribution of new and strong bicycles to vulnerable women and girls. Women are on the frontline in poverty reduction and raising living standards of their families in D.R.Congo. The problem is that due to poverty, they have to travel for very long distances by foot carrying with them heavy loads of upto 50kgs on their backs and heads so they can feed their families and get some money. This brings forth for them chronic backaches, headaches, migraine and gynaecological disorders and some even lose their lives.

In finding a solution to all this, we started the program bicycle for health and development where we distribute new and strong bicycles to vulnerable women especially widows, raped victims and young single mothers. We also distribute to traditional midwives and community health workers so it can help them in improving health care in their villages.

Bicycles help in carrying the heavy loads instead of carrying them on the heads and backs, fetching water from the rivers and transportation of sick people as an ambulance. One bicycle costs USD120 and we have already distributed more than 100 bicycles. Our vision is to distribute 1000 bicycles by the end of the year 2016. In providing bicycles to the women, you will be helping reduce poverty in the whole family and empower the women.



Before



After



3. NUTRITIONAL CENTRE:

80% of the population in Uvira district practice agriculture. Due to insecurity, many of them do not go to their farms and this caused very many children suffer from malnutrition due to lack of enough food. The orphaned and displaced children are the ones who are most vulnerable.

MHCD has a nutritional centre in Luvungi that serves the children suffering from malnutrition.

In 2016, we are planning to support 300 malnutrition children with food, medical care and agricultural activities or small business.

After receiving treatment; we shall be giving their mother support (money) for the sake of fighting malnutrition and hunger in the family. Many of these children come with malaria complications that have resulted into anaemia because they stay at home for long without seeking treatment due to poverty. Each shall have a budget of USD 150 for full treatment and preventing malnutrition, malaria and anaemia in their family. (USD 60 for nutritional food, USD 40 for medical care and USD 50 for small business or agricultural project that will help their families fight malnutrition and reducing poverty).



Before



After

4. CITY OF HOPE CHILDREN HOME:

In the whole of Ruzizi valley and the Bafuliru Mountains, there was no orphanage or a centre taking care of street or other vulnerable children.

Children with no parents usually have lost direction in life because they do not have anywhere to go unless someone supports them. Some end up losing their lives. MHCD began a project of construction the city of hope children's home that will have 10 houses. Each house will have 3 bedrooms, sitting room, kitchen, toilet and bathroom and will have a capacity of hosting 8 children.

We shall pick on guardians from the raped victims or widows who will be taking care them as their mothers. This will help them feel that they are in a family at their homes. The construction of one house will cost USD9,000\$. We kindly please request well-wishers to support us so that this project can be successful.



City of Hope Children's Home plan

5. GREAT LAKE MEDICAL INSTITUTE:

This programme involves giving scholarships to young girls to learn midwifery. In D.R.Congo, we have a pigmy's community that lives deep in the forests with no quick access to medical care and also other villages with no health centres. We chose 2 girls from 20 villages and

those with secondary school education level who we enrolled in the midwifery school. When they finish education they will be going back to their villages and assist with deliveries, promote primary health care, family planning, immunizations and to train traditional midwives. We selected 40 students and each of them has to pay USD42 per month hence USD504 per year. When you support one student, you will be providing health care to more than 6000 people.



6. WOMEN MICROFINANCING PROGRAMME:

This program involves itself with poverty reduction and women empowerment especially vulnerable women who have gone through so many difficulties in life and have no support whatsoever. We give them each USD50 to USD100 that helps them carry out small businesses like selling bread, vegetables, fruits, fish, clothes, shoes etc. For some we give them money that they invest in farming, pig farming, tailoring, carpentry etc.

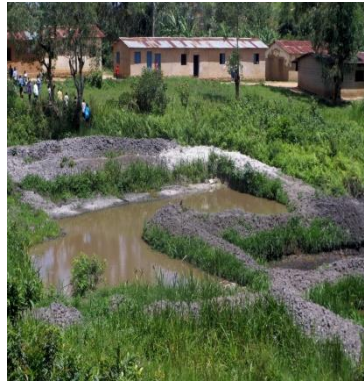
Since we began, many families improved their lives, those who were living in grass thatched houses that are associated with poverty are now living under iron-sheet houses, some have been able to send their children to school, and some can take care of basic health care needs, clothing and food.

Malnutrition rate has greatly reduced courtesy of the program and the women involved in prostitution due to difficult lives have had their ways of life changed for the better.

In 2016, we are planning to support 460 women with micro financing programme



Agricultural Project



Fish pond Project



Bread selling project

7. MICRO HYDRO POWER PROJECT:

MHCD was successful in constructing 100 bed capacity hospital in Luvungi village. We have the services like echography, dental radiography, laboratory, theatre, blood banking, maternity and intensive care unit that need electricity 24 hours. It has been very difficult working especially at night due to lack of electricity. We have a generator at the hospital but because our patients are very poor, they cannot afford any contribution towards the purchase of fuel. Sometimes women were giving birth at night and the doctors and midwives had a rough time helping them deliver due to the darkness. We have on many occasions received patients at night requiring operation but since we have no adequate light, we have to transfer them but again they refuse because of the costs of operation in other hospitals that is usually very high.

In finding a solution to this problem, MHCD started a micro hydro power project for the sake of bringing electricity to the whole hospital, some houses and street of Luvungi village. The project is 80% through; we have some technical problems especially diverting water to spin the turbine so we can get power. There is electricity in the power house already. We are requesting all well-wishers for their support so we may finish the project and have power 24hrs. We are in need of support to finish the project completely and have power at the hospital and Luvungi village.



Water wheel



Dome



Street light

8. THEATRE CONSTRUCTION:

Since we began the liberty surgical campaign in June 2015, we received very many sick people of different cases in need of surgery. These people had suffered from different complications for so many days and could not afford funds to cover their medical care. Very many too lost their lives. Through the campaign, vulnerable and poor people of Uvira District and even from neighbouring districts and countries like Burundi were operated on and this changed their lives and brought hope to and prosperity in their lives. Many of them can now go back to their daily lives and this has led to a reduction in poverty and fighting hunger in so many families.

The challenge we are facing is that every day we are receiving people with different complications in need of operations at Luvungi MHCD Hospital. Our theatre has become small and we cannot manage to operate many people due to lack of space.

In bringing a solution to this, MHCD has a project of the construction of theatre that will have 4 theatre beds, sterilised room, store room and ward for the patients that have been operated on. The building shall cost USD 20, 000 (AUD 28,000). MHCD already has equipment's for the theatre donated from Australia.

Please help us to promote mother and child health care through the construction of the new theatre.



9. WOMEN FOR MEDIA PROJECT:

MHCD has Impact Radio and Television which promote community health and development and the past five years have shown great impact brought about by media in fighting diseases like malaria, epilepsy, cholera, typhoid fever, worms and promoting community health and development.

Last year we started women for media project that we used women journalists in sensitizing other women in topics like how to use birthing kit, family planning, sexual violence, micro financing, agriculture, malaria and typhoid fever prevention and other different topics for women development and health.

When they go out for interviews they need transport, accommodation, recording materials, and at times lunch. This programme needs support for their development and women's progress. One radio programme when aired is listened to by over 20,000 people. To maintain the programme, MHCD is in need of USD 1200 per month for 3 radio stations each USD 400. We have radio in three locations namely Luvungi, Uvira town and Makobola in Fizi District.



10. SAVE THE ORPHANED AND STREET PROGRAMME (EDUCATION):

As a result of war, many children were left orphans in DRC and could not afford education. In DRC, Nursery school, primary and secondary educations are all payable. Again, most people live below the poverty line meaning most children are cut out of education or schooling. In helping the children, MHCD started a program called save the orphaned and street children where free education is provided to children.

We run 4 schools namely Kahororo School in Kahororo village with nursery and primary classes, Dietsch Academy in Sange village also with a nursery, Green grove school in Lubarika village with a nursery and MHCD school in Luvungi village with a nursery. We also have 3 schools in Bungoma Kenya namely Joanne Naswa Academy in Kanduyi, MHCD Academy in Milo village and Bukananachi nursery school in Bukananachi village.

Since we started this program in the year 2005, more than 5000 children have benefited with the free education, some are in secondary school at present, others joined tertiary institutions like tailoring, carpentry and driving and are continuing very well. The program has helped a lot in reducing poverty and providing a brighter future for the children.

In 2016, we are planning to support 120 children in Luvungi, 260 in Sange, 180 in Lubarika and 360 in Kahororo. Total of 920 children in D.R.Congo and about 300 in Kenya. Each child will need USD 60 for education.



11. KINSHASA BUMBA MHCD HOSPITAL PROJECT

Bumba Division is located in Commune de Ngaliema, Lukunga district, Kinshasa Province in Democratic Republic of Congo. It's part of Kinshasa Rural. Have 143 avenues and 13 locations. The population registered in 2014 of the division is 41,393 people. The main activities are agriculture and micro business like selling of tomatoes, vegetables, small fish and onions.

The main problem they are facing is healthcare, water, poor roads and erosion. The houses too were poorly constructed because most of the people living there are poor and vulnerable. During a rainy season the past month, roads were completely destroyed; many houses came down rendering many people homeless. Most children and women have since fallen sick. The region has got only 1 health centre and they are not able to cater for all the sick people.

After their ordeal was aired in one of the national television channels, Dr.Luc and some of the MHCD staffs went to visit the division and they could not believe the sufferings of the people. There was no clean water, just one pump for the whole division and some people had travelled for more than 3kms to fetch water. Some women have to literally wait for the water the whole day. They also discovered that the whole place had only one health centre managed by the Catholic Church and for the people living on the opposite side it's very hard to access it because of long distance and poor roads. While we were there, there was one child who was anaemic and he died on the way due to the long distance. Some women testified that many expectant women die on way especially for those whose labour comes at night. We visited some houses and we found some women and children were very sick with malaria and typhoid and they were just sleeping in their houses. When Dr.Luc asked why they couldn't go to the Hospital, they say they do not have transport to reach there and they cannot afford money to pay the hospital because it's expensive.

These testimonies touched the heart of Dr.Luc Mulimbalimba together with the MHCD staffs who visited the division and as MHCD we decided to construct a 30 bed hospital at the Bumba division. The engineer made the plan and he gave a budget of USD 42, 010. The Hospital will have

reception. Two consultation rooms,pharmacy,laboratory,nursing care room,theatre,maternity hall, wards for both men and women, paediatric ward and echography and radiography room. We shall also have pre and post natal care, birthing kits distribution centre, family planning and counselling centre.

We are appealing to all well-wishers reading this brochure to join hands with us so we may be able to realize this dream at Bumba.You can contribute cement, bricks, sand, stones, iron sheets, timber or any other materials you may feel like supporting them with us.

Any support shall be highly appreciated.



Plan of MHCD Bumba Hospital / Kinshasa Rural.

12. WATER PROJECT AT MHCD HOSPITAL-LUVUNGI

Since the construction of the Hospital in Luvungi, we have faced many difficulties accessing clean and reliable water. Mostly MHCD staffs and volunteers helped us in fetching the water from a river two kilometres away which was very challenging. Sometimes the need for water arose at night and some people had to go and fetch water in the pitch darkness which was very risky considering security issues. As you may be aware, running a hospital without reliable supply of water is not an easy task and so sometimes we had to hire people and pay them to bring us water.

In solving this problem and getting a durable solution, MHCD has planned to start a water project at the MHCD Compound that shall be able to supply water to the Hospital, Pamela community centre, Woodward place (a guesthouse for the women coming to do trainings at the Pamela community centre), medical school and the project shall also be of benefit to the surrounding population since they too shall get it. We kindly request all well-wishers to join hands with us so we may realise this initiative. Any contribution shall be highly appreciated.



Luvungi MHCD Hospital Doctors.

12. CONCLUSION:

Thank you very much for taking your time to go through the report. I believe you have been able to understand the activities we were able to carry out. There are some other activities we carried out and are not included here. We have outlined the main ones. We have included many photos in the report so you can fully understand what we did. As we had earlier on said, we are still in need of your support, love and care so we can succeed in the vision and work in 2016. We have a long journey ahead and we believe we shall be able to do that which we shall be able to in order to save the vulnerable people.

Again many thanks and may God bless you.

DR. LUC MULIMBALIMBA MASURURU

MHCD DIRECTOR.