

**M. H. C.D.**

**MISSION IN HEALTH CARE & DEVELOPMENT.  
MISSION EN SOINS DE SANTE ET DEVELOPPEMENT  
D.R.CONGO AND KENYA OFFICE  
LUVUNGI/ UVIRA – D.R. CONGO**

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**M.H.C.D D.R. CONGO AND KENYA**

**ACTIVITIES.**

**GENERAL REPORTS.**

**JANUARY TO JUNE 2011**

**BY:**

**DR. LUC MULIMBALIMBA – MASURURU**

**M. H. C. D DIRECTOR.**

# APPRECIATION

1. DR. ELAINE AND JOHN DIETSCH            Australia
2. NATHAN AND CATHY DIETSCH            U.S.A
3. GAEL HARRISON AND MISSION WORLD AID INC.  
Australia
4. DR. JULIE MONIS IVETT AND BIRTHING KITS FOUNDATION  
Australia
5. SUSAN DONALDSON                            U.K.
6. HILDEGARD FITZGERALD                    Australia
7. LEETON ROTARY CLUB                      Australia
8. PASTOR BILL STREGER AND KALEO CHURCH    U.S.A.
9. RONDA AND ARTHUR                        Australia.
10. GREEN GROVE FACTORY                    Australia.
11. WEST WAYLONG COMMUNITY CHURCH    Australia
12. ALL M.H.C.D FRIENDS WHO SUPPORT US IN ONE WAY OR THE  
OTHER.

## **SPECIAL THANKS.**

1. My parents Kahindja Masururu Andrew and Nabindu Kibiha Elizabeth –  
D.R. Congo
2. My wife Dellice Nafula Mulimbalimba, my son Masururu Mulimbalimba  
Andrew and my daughter Elizabeth Nabintu – D.R. Congo
3. Dr. Elaine and John Dietsch – Australia.
4. Nathan and Cathy Dietsch – U.S.A
5. Dr. Julie Monis Ivett and Birthing Kit Foundation Australia.
6. Ronda and Arthur – Australia.
7. Gael Harrison and Mission World Aid Inc. Australia.
8. All M.H.C.D staffs in D.R. Congo and Kenya.

I want to thank God for the far that He has brought me until and when I realized my vision of constructing the hospital. The vision that I had for several years has become a reality.

I don't have anything to offer to God and my savior Jesus Christ but I will continue to serve and help the vulnerable people and the needy particularly the orphaned and the street children and women.

I thank you God for everything that you have done for me, my family and all M.H.C.D D.R. Congo and Kenya mission.

## **INTRODUCTION**

Mission in Health Care and Development is a Non Governmental Organization, whose main objective is to fight chronic and hereditary diseases, providing proper and good health care to children and women, reducing poverty in Africa especially in the villages of Democratic Republic of Congo and Kenya and providing free education to orphaned and street children.

In D.R. Congo, we have opened three schools which are helping in providing free education to the street and orphaned children. One is in Sange village, another one in Kahororo village and another in Bukavu. We have two schools in Bungoma Kenya, one in Kanduyi and the other in Milo. We thank God as through these schools, we have been privileged to provide education to more than 700 children every year and some of the children are fairing on well and attaining good grades in the government schools.

Several years have passed by while I have been bearing the vision of constructing a hospital and what inspired me to do so is that I saw that the healthcare conditions in D.R. Congo was very bad. Many expectant women were dying on the roads as they lacked doctors to perform surgery (Caesarian birth) and this left many children to be orphaned at a tender age. Many children were dying of malaria and typhoid due to lack of medicines. Those who could get proper treatment were needed to have at least US\$ 5. Many people suffering from epilepsy were dying and others lived a miserable life of falling every day and others got burnt as they fell on fire and others banged their head on the ground and suffered a lot. All these were due to lack of proper health care and advice on epilepsy. In many villages I visited, many people considered epilepsy as a curse, others considered it as witchcraft and others considered it as a demonic attack. These resulted from lack of enough sensitization on epilepsy. To find a solution to this epileptic

problem, I began carrying out sensitization and mobilization in different villages where there were high cases of epileptic attack by organizing mobile clinics, providing free epileptic treatment and telling them that epilepsy is not a curse or a demonic attack but it is a disease just like any other diseases. We involved Impact Radio which is a communication department of M.H.C.D to sensitize and inform masses about epilepsy. Through Impact Radio, we are able to reach thousands of people every week. Through these programs and activities, we have been able to sensitize many people and pass the message across about epilepsy and other health care related issue. This is one of the M.H.C.D main objectives of fighting chronic and hereditary diseases and epilepsy is one of those diseases.

Another major problem was chronic diseases. Many people are suffering from chronic diseases like diabetes, high blood pressure, duodenum and peptic ulcers, HIV/ AIDS, chronic malaria and typhoid, gynaecological disorders and other chronic diseases. Many of these diseases were caused as a result of the wars. During the wars, many women and girls were raped even children below 8 years old. Many women were raped before their husband and children and this brought about a lot of stress, traumatism and infection and brought diseases like HIV/AIDS, high blood pressure, gonorrhoea, syphilis, fistula, e.t.c. Due to improper and poor feeding habits, others developed diseases such as ulcers, kwashiorkor, amoeba, malaria, typhoid, e.t.c.

People of D.R. Congo especially those living in villages are living a very pathetic and dehumanizing life as many of them can't get money for treatment as they are poor. All their properties (cows, goats, harvested food produce, e.t.c.) was looted during the wars and these has contributed to financial crisis among them hence limiting their ability to access proper medical care as in D.R. Congo, chronic and hereditary diseases treatment is very expensive like one

bottle of insulin is bought at US\$ 12, treatment of chronic malaria is US\$ 40 to US\$ 60, Caesarian birth at a Bukavu hospitals are from US\$ 150-200. All these bills make it very hard for the Congolese living in the villages to afford good and proper medical care and those who can afford, find it very difficult to access good medical services due to poor road networks and rugged terrains.

Before we opened the hospital, a young man of 25 years old from Buheba village approached me and told me “ Dr. Luc come and help me, my wife is expectant and she is on the verge of dying on the road as I can’t help her. She was in the village giving birth but the pelvic passage become small and she requires an operation and since the road networks are poor and the rugged terrains, I am unable to bring her to you.” After few hours, he received a call that the wife and the baby died before delivery. What shocked me was that they couldn’t return the body to the village due to rugged terrain and poor roads networks, they tied the body and buried it in the bush. By then, we had not constructed the hospital and there was no hospital near that could help them treat the mother on time.

Another day, I was in Luvungi and a child playing with other children fell from the tree and broke his arm, when they brought him to me and I discovered of the injury, I advised them to take him to a nearest hospital so that he can receive treatment, when they arrived there, they were told there is no doctor or even the plaster to be place on the kid. They were referred to a general hospital which is 60 kilometres from where they were and its US\$ 5 to reach there so they decided to use traditional medicine and the child became lamed as a result.

All these health problems are the ones that made me come up with a vision of coming up with hospital. The main objective of M.H.C.D hospital is to provide proper and good health care to the poor people living in the villages and to sensitize them on how to prevent diseases. Our hospital is also a birthing kits distribution and training centre for traditional midwives and traditional birth attendants.

I thank God so much who has made my vision to become a reality. Right now we have a hospital in Luvungi village called M.H.C.D Luvungi Naturopathic hospital. At our hospital we have different departments like: naturopathic, homeopathic, maternity, pediatric, theatre, pharmacy, laboratory, e.t.c.

I thank all M.H.C.D friends who supported me financially, morally and spiritually till M.H.C.D grew and had its own M.H.C.D community hospital.

I hope as you continue to read this report, you will know more that we have done in the past few months. Thank you so much for your love, care and support.

## **LUVUNGI NATUROPATHIC HOSPITAL**

Luvungi Naturopathic Hospital is located in Luvungi village of Ruzizi Valley, Uvira District, South Kivu Province in Democratic Republic of Congo. Uvira District the only district in D.R. Congo that is bordering four countries which are: Rwanda, Burundi, Tanzania and Zambia. Tanzania and Zambia link with Uvira district via Lake Tanganyika. Luvungi Naturopathic Hospital is a rural and community hospital and the only naturopathic hospital in Central Africa.

Luvungi Naturopathic Hospital has become a blessing to the people of D.R. Congo, Rwanda and Burundi. In May 2011, I consulted more than 600 patients among them patients from Burundi and Rwanda. Our maternity helped over 100 women to give birth and many of them were very poor people coming from rural villages while others were from towns.

At our hospital, the people living with chronic and hereditary diseases for so many years and they were using classic medicine that didn't treat or help them visited us and we gave them naturopathic and homeopathic medicine to try to help and treat them. We thank God because many of them through natural medicine are feeling better while others are getting healed.

In May, there is a woman who visited our hospital and she was suffering from cardiovascular diseases and she became paralysed as a result she couldn't walk and she spend most of her time sleeping and taking her long and short calls at the same place she was sleeping. Her husband abandoned her and her mother came and took care of her and she brought her to our hospital. When she arrived at our hospital she was still smelling and scars were over her. Her mother informed us that they had spend a lot of money at private hospitals and health centres and there was no change. I tried my best and treated her with naturopathic, homeopathic and classic

medicine. I realized that she was traumatized and she needed more counseling and guidance. She was also not eating, we put her on a diet and special food for one month. Our nurses were taking care of her day and night nursing her scars and changing her clothing and at the beginning of June, she went back home feeling better and walking on her own after a month of treatment. All villagers were very surprised to see that lady walking and that is one of the cases that gave our hospital a good reputation and made patients from Rwanda and Burundi to come to our hospital.

We also had another case of a mother suffering from duodenum ulcer that was very chronic and she was crying day and night due to the pain she was passing through. She visited our hospital and we gave her treatment and she got healed. There are so many cases that we have received.

We have the following department at our hospital:

1. Naturopathic and homeopathic department
2. Classic medicine department
3. Maternity department
4. Paediatric department

We have the following services:

1. Pharmacy
2. Laboratory
3. Consultation rooms
4. Theatre
5. Ambulance
6. Hospitalization
7. Nursing care

8. Health massage therapy
9. Canteen
10. Counseling and family health.

We have the following centres:

1. Birthing kit assembling and distribution centre.
2. Centre for prevention and treatment of epilepsy.
3. Baby orphanage.
4. Liver cirrhosis research centre.

## **BABY ORPHANAGE**

Last month we received a mother in our maternity that had come to deliver and those that brought this mother to our hospital were good Samaritans who picked her on the road while she is in labour and brought her to our hospital. When she arrived in the hospital, M.H.C.D midwives helped her attain a safe delivery, however she had wounds in her private parts and infections which we immediately begun to treat her and put her on antibiotics.

After two days after delivery, she was quiet and she was not in a normal state: she was not breastfeeding her babies and when you tell her to breastfeed the babies, she refuses. She wasn't eating and she was eating at her desired time. When she arrived at our hospital, she was dressed in shambles. This state made decide to carry out a research about her life and we discovered that she wasn't mentally handicapped and she came from a forest called Mirunga. All her life she had been spending in the forest and walking in the streets. She stayed at the hospital for one week as we waited for any friends or relatives who didn't show up for a week. We went

to Impact Radio to announce and it is after there that the father showed up and he told us that she was mentally handicapped and last time he saw her was a year ago. He told us that her mother died and she was an orphan. We told him to take her home with the babies but he refused stating that if she went home with her and the babies, she will kill them as there was a time she delivered and slept on the babies and they died. When I tried to inquire if there is any one at home who can take care of the babies, he told me that the mother died and there was no one to look after the babies. When I informed the medical officer of Uvira District, he told me that there was no baby orphanage in the whole of Uvira District. I was confused and asked myself so many questions.

At night I talked to my wife Dellice and we discussed on how to take care of those babies and she told me that already we have taken care of so many orphans and these two will not be a bother to us. After talking for some time, we decided to come up with a baby orphanage where we can take care of these babies. This was the reason that made us to come up with baby orphanage. Since we don't have a department of mentally handicapped, it made us to release the mother and we took the babies and we are taking care of them as at the moment. They are fairing on well and are health.

We employed two women who are taking care of them in shifts-one at night and the other one during the day. Since we haven't built the orphanage, we have taken them to paediatric department where they are sleeping with other children however it is very risk as they are mixed with other sick children and this is a great risk to them. We are hoping that God will open the way so that we will be able to built an orphanage for them as soon as possible. Upon hearing the information that we took the babies, the community was very great full and thanked us for what

we had done. We have been receiving messages of encouragement and appreciation from the communities and we thank God for that.

## **AMBULANCE**

People in Uvira district were not able to access good and proper medical attention as a result of poor road networks and rugged terrains which resulted to poor transport network. Those who were very sick and who needed urgent medical attention for the case of the emergencies also died due to lack of ambulance. Lack of ambulance made the people in Uvira district especially those living in villages suffer a lot as they couldn't afford to hire a taxi (which is very expensive about US\$ 30 to 50) and in other villages, there were no cars or taxi. The main form of transport was motor bicycle and bicycles as means of transport and this was very risk to ailing patients, for example, some were dropped on the ground.

We prayed and asked God to intervene so that we can be able to ease the cries of the Congolese people in these villages. God heard our prayer and send us M.H.C.D friend from Australia who supported us until we were able to get a mini-bus Mitsubishi Delica which is a four wheel drive that is used in D.R. Congo to access the poor roads and rugged terrains.

Since the population comprises of poor people, we offer free ambulance services. Dr. Luc pays for fuel and we gave them a hotline where they can call to reach out to our hospital for emergency services. The hotline number reaches out to the population via Impact Radio which is communication department of M.H.C.D and we always receive many patients per day. At our hospital, ambulance, hospitalization and lab test is free of charge people pay only for consultation and medicine. This helps us to be able to get something to pay doctor, nurses,

midwives and other staffs working at the hospital. We have not been able to give them salaries and what we offer to them are tokens to enable them buy something for their families. All our staffs are volunteers.

All the villagers were very happy and thanked us for the ambulance services as this is the only ambulance service in the whole community and is for free. We are not using this ambulance for our hospital only but we are using it even to other hospitals and health centres in Uvira district. It is also being used to help the bereaved families transport the body of the dead unlike before where families used to carry the body of their dead person for several kilometers and some buried their relatives in bushes. We thank God as this ambulance has become an important asset to the community as it is assisting the community with transporting the bodies of their dead ones and the sick people.

## **IMPACT RADIO F.M.**

Impact Radio F.M. is a communication department of M.H.C.D. rural and community radio station. It was started by Dr. Luc Mulimbalimba so as to sensitize and mobilize the community on primary health care, peace and reconciliation and to inform the local community of what is going on locally, nationally and internationally.

Before, lost children disappeared for several days and they couldn't be found easily. With the introduction of Impact Radio F.M., when children do disappear, their parents come to our radio station and we announce. After some time, they are found.

Impact Radio has been an asset in fighting against chronic and hereditary diseases. We have radio programmes that teach the community on how to prevent diseases and it has also helped us in the fight against epilepsy and to inform the community that epilepsy can be managed or treated. During immunizations, Impact Radio is used to inform the communities on where the immunization will be administered and the importance of immunization.

In D.R. Congo especially in Uvira District, people do value the radio so much and in the evenings, you will find a group of people listening to the radio. Whatever is said in the radio is considered with much importance than what is said in other ways as they know that whatever is spoken in the radio is censored by the government and local leaders.

## **EDUCATION**

M.H.C.D has a department called save the orphan and street children. At this department, we are providing free education, medical care and sometimes food to orphans and street children. In Africa especially in D.R. Congo and Kenya, education is very expensive. In order to prepare a good future for these children, we opened schools. In those schools, we teach them physical, moral and Christian education. We thank God because we have been able to train more than 700 children both in D.R. Congo and Kenya and many of them are now joining governmental primary schools and are they are performing well.

Most of the children when we met them were suffering from malnutrition, wounds, ringworms and jiggers like at Milo village, but right now all of them are in good health and they are fairing on well. For those who fall sick, we do provide free medical care and sometimes cloths.

In D.R. Congo, we have the following schools:

1. Kahororo primary school
2. Dietsch Academy (Sange Nursery School)
3. Green grove school which is in Bukavu.
4. There are other street and orphaned children whom we have admitted in government schools and we are paying school fees for them.

In Kenya, we have the following schools:

1. Joanne Naswa Academy Kanduyi
2. Joanne Naswa Academy Milo

For those in primary school like in Kahororo village, we provide to them all school equipment and material. All staffs who are teaching in all these schools are paid by M.H.C.D. They are volunteers but what we do offer them are tokens to help them fend for their families. We thank so much brother Nathan Dietsch who is helping us to pay teachers salary and rent in Sange especially in Joanne Naswa Academy in Kenya and Dietsch Academy in D.R. Congo. We also thank Hilda who is assisting us to pay for teachers' salary for Kahororo Primary School in D.R. Congo.

We have the following enrollment of pupils in our schools:

1. Kahororo Primary School 260 pupils with four classes (1,2,3 and 4), 5 staffs (4 teachers and headmaster)
2. Dietsch Academy (Sange Nursery School) 240 pupils with two classrooms (pre-nursery and nursery), 4 staffs (2 teachers, headmaster and medical officer)

3. Joanne Naswa Academy Kanduyi and Milo                      94 pupils with four classrooms (2 pre-nursery and 2 nursery in Kanduyi village and extension of Milo village), 6 staffs (4 teachers, headmistress and medical officer)
  
4. Green Grove School                      This year Green Grove has not been open due to financial problems. At this school, we are receiving the support of Aus\$ 50 each month and it was very difficult for us to run the school as it is in Bukavu town and the headmistress together with two teachers refused to work as volunteers as this amount of money couldn't satisfy them as salary. We talk to the headmistress of the school and she chose 10 pupils whom we are support in the government school with the support we are getting. We chose those who were very poor and whom we saw that needed to be supported. The headmistress of Green Grove Academy is the one who is monitoring their progress and receives the support, pays for them school fees and keeps the receipts. Other reason as to why we closed Green Grove School is that the person who we were renting started demanding more money for rent. Previous months we received a special support for Green Grove School and from that money, we purchased school materials like: school bags, uniform, exercise books, pens, e.t.c. and those who were sick, we provided free medical care for them. The headmistress is pregnant and where she comes from is very far from where the pupils are learning and the little amount that remained helped her pay for the taxi to ascertain her moving for m home to school and back. The following pupils are the beneficiaries of the support for Green Grove School:
  1. Byamungu Kulimushi,      10 years, Male, class 4 primary school.
  2. Bahati Nabashashu              11 years, Male, class 3 primary school.
  3. Rehema Makelele              8 years, female, class 3 primary school.
  4. Birugu Rubongo              7 years, female, class2 primary school.

5. Furaha Karubamba 10 years, female, class 2 primary school.
6. Machozi Aline 7 years, female, class 2 primary school.
7. Tantine Shukurani 5 years, female, class 1 primary school.
8. Furahisha Mapatano 6 years, female, class 1 primary school.
9. Ombeni Patrick 5 years, male, class 1 primary school.
10. Brigit Maombi 7 years, female, class 2 primary school.

All these children are total orphans and they are living with their grandmother or relatives and as you can detect from their ages, many of them delayed to learn due to lack of school fees. We are paying for each pupil US\$ 5 per month which totals to US\$ 50. The extra support we get usually help us buy school materials, uniforms, food for those suffering from malnutrition and medical care for them. We also give the headmistress something for transport and the working she is doing for monitoring the progress of the pupils. We are praying that God opens the doors for us so that next year we can get enough support to enable us continue with the school. We thank so much Green Grove Factory from Australia that is helping us to pay school fees for these 10 orphaned children. May God bless you so much.

## **BIRTHING KITS DISTRIBUTION CENTRE.**

M.H.C.D has a program of distributing birthing kits to expectant women, traditional midwives, rural health centres and hospitals and to train traditional midwives. Most of the expectant women in the villages of Kenya and D.R. Congo give birth with the help of traditional birth attendants. Most of the traditional birth attendants lack enough facilities to help attain a clean and safe delivery. With the support of Birthing Kit Foundation Australia, M.H.C.D is able to get birthing kits and distribute them to the expectant women and the birth attendants.

M.H.C.D also organizes training seminars to equip the birth attendants and midwives with sufficient skills so as to attain a clean and safe delivery, clean and safe birth environment, primary health care, labour, e.t.c. During these seminars, M.H.C.D provides accommodation, meals, gifts, birthing kits, midwifery books and knowledge to the midwives to help them serve the community and the expectant mothers efficiently and with enough skills and knowledge.

We also have birthing kits assembling and training centre in D.R. Congo where we do assemble birthing kits. Most of the birthing kits we get come from Birthing Kit Foundation Australia.

Usually due to high demand of the birthing kits, what is needed usually exceeds what we have and in order to avoid the birth attendants going back to their old unclean and unsafe ways of delivery, we do assemble birthing kits locally with the support from Birthing Kits Foundation Australia. We thank God so much for the Birthing Kits Foundation Australia for the support they are giving to us by providing to us birthing kits and supporting our traditional midwifery seminar.

## **AGRICULTURE AND LIVESTOCK**

In fighting hunger, M.H.C.D began a livestock rearing and agricultural project. The main objective of this project is to empower raped women of Ruzizi valley and Bafuliru Mountain and to assist patient who have come to receive treatment and they can't afford money to buy food. After harvesting, we will be providing free lunch to those patients who are poor and come from very far.

We did plant four acres of land with groundnuts and sweet potatoes. We have begun harvesting groundnuts. We will sale one part of the harvest so as to get money for supporting raped women

with micro-financing and the other part we will keep for seeds which we will plant in the next season and another part will be given to sick people as food. Sweet potatoes will be used for lunch for patients who come from very far and another part will be sold to raise money to support raped and other vulnerable women with micro-financing.

In livestock rearing, M.H.C.D distributed rabbit to every family in Kahororo village. We gave each family male and female rabbit and many of the rabbits have already produced and we bought the young rabbits and distributed to those families that had not received for the first time. Rabbit helps so much for fighting against malnutrition and it is very ease to keep.

## **REQUEST**

1. We are kindly please requesting you to pray for us so that the mission can fare on well.
2. We still need your care and advice so that this mission can continue growing and supporting more people
3. We need more volunteers who can support us in mission work especially doctors, nurses, midwives, teachers, counselors and anybody who fill he can help us in one way or the other.
4. At our hospital, we need medical equipments and materials like echography, radiography, e.t.c. which will help in the dictation of treatment and more investigation of diseases
5. We need medicine at our hospital. We receive so many patients and many of them are poor and cannot afford money to buy medicine but because we don't have enough medicine, it is difficult to give medicine freely.

## **CONCLUSION**

Thank you so much for reading this report. On behalf of M.H.C.D I do really thank you so much for the support that you have given to us and the care and prayers shown to us. May God richly reward you for your kindness, love, prayers, care and support. Keep on demonstrating the same values to us so that we will continue touching the lives of the poor and vulnerable members of the community in D.R. Congo and Kenya.

Thanks and may God bless you abundantly.

**DR. LUC MULIMBALIMBA MASURURU**

**M.H.C.D DIRECTOR**