

PROJECT ABSTRACT

Master of Business Administration

Adventist University of Africa

School of Postgraduate Studies

Title: CHALLENGES AFFECTING THE GROWTH OF SEVENTH-DAY
ADVENTIST HEALTHCARE INSTITUTIONS IN NORTH-EAST CONGO
UNION MISSION

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Healthcare service is one of the main methods of the Seventh-day Adventist Church to draw people to Jesus Christ as ultimate mission. To do so, a Seventh-day Adventist (SDA) health facility must effectively and efficiently deliver healthcare through its operations. However, the Adventist healthcare institutions in North-East Congo Union Mission (NECUM) are confronted with several challenges that have affected their performance over many years. The purpose of this study was to identify major challenges affecting the growth of healthcare and to find solutions that could minimize that challenges. Based on research questions, descriptive study was used for describing the Adventist Healthcare Institutions (AHCI) state. Descriptive survey strategy has been useful for data collection, analyzing data, and reporting results. Questionnaire method was developed to be the major instrument for data collection, with a supported interview method. Sixty-three (63) questionnaires from respondents were received out of sixty-eight (68) distributed to participants.

Findings from the study revealed that leadership, workforce, and financial factors are all sources of challenges affecting the progressive growth of the health facilities. These challenges can affect quality healthcare service which is part of the SDA identity and strategy for evangelism. As solutions, the church leadership and healthcare institution managers should work on these discovered challenges in order to turn the situation around.

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SEVENTH-DAY ADVENTIST HEALTHCARE INSTITUTIONS
IN NORTH-EAST CONGO UNION MISSION

A project

presented in partial fulfillment
of the requirements for the degree
Master of Business Administration

by

Habiyambere Ngayaboshya Eraston

April 2018

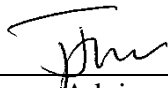
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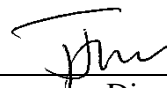
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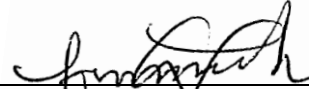
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To God the Glory

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ABBREVIATIONS

ACHE	American College of Healthcare Executives
AUA	Adventist University of Africa
AHCIs	Adventist Health Care Institutions
ECD	East – Central Africa Division
DRC	Democratic Republic of Congo
GCWP	General Conference Working Policy
GAMC	Goma Adventist Medical Center
HRM	Human Resources Management
NECUM	North-East Congo Union Mission
SDA	Seventh-day Adventist
STD	Standard Deviation
SWOT	Strengths, Weaknesses, Opportunities, Threats

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CHAPTER 1

INTRODUCTION

Background of the Study

The main objective of a business activity is to create a successful business. To reach this objective, the organization must prudently use financial, human, and plant resources and effectively allocate them to business activities for good performance achievement.

One of the strategies through which the Seventh-day Adventist Church preach the gospel is through healthcare institutions. As a result, the Church has established many health centers in various parts of the World. The Seventh-day Adventist Church worldwide has full ownership on all Adventist healthcare institutions (*General Conference of Seventh-day Adventist Working Policy*, 2014/2015). Seventh-day Adventist worldwide church is a strong organization well organized through its working policy with geographically and administratively decentralized leadership from the top to lowest level of the church structure.

Healthcare industry worldwide is facing various challenges, whether in developed or developing countries. Each year, the American College Healthcare Executive (ACHE) surveys community hospitals in order to identify the challenges their organizations are facing. The 2016 survey reveals that financial challenge is ranked number one (ACHE, 2017). Governments are trying to set national health strategic plans for improving the population health. The Democratic Republic of Congo is not an exception to this situation.

Thus, both profit and not-for-profit healthcare organizations are facing the same concerns.

The focus of this research is to identify the challenges affecting the growth of North-East Congo Union Mission (NECUM) Adventist healthcare Institutions. North-East Congo Union Mission is a Seventh-day Adventist Church administrative entity which represents the church in north-eastern region of DR Congo with its headquarters in Goma city.

Historically, the Seventh-day Adventist Church was established in DR Congo in 1920 by missionaries with mission of evangelism, creating dispensaries, and schools. The first Seventh-day Union Mission was organized in 1925 (Union Mission Congo – East/SN, 2001). There were forty-six (46) Adventist healthcare institutions (AHCIs) operating in NECUM territory and are disseminated over Fields/Missions and institutions.

Some AHCIs were established in 1927, 60s, 70s, 90s as dispensaries or small health center units, however, many of them are facing a lot of issues in running effectively their operations. After many decades, few of AHCIs have slow growth, but most of them are in state of stagnation, declination, deterioration, and some have bankruptcy or closed their healthcare activities, and abandoning the buildings stand alone. The AHCIs provide health service to the community for its well-being, and through this health facility, they demonstrate compassion in order to draw people to Jesus Christ. Therefore, the objectives of this study are primarily to identify challenges that Adventist healthcare institutions are facing in their operations, how this is affecting their growth and propose solutions to overcome those challenges.

Statement of the Problem

The Seventh-day Adventist Church places strong emphasis on health and well-being. As result, healthcare service is one of the main methods of the Seventh-day Adventist Church to draw people to Jesus Christ. In order to achieve this mission, a Seventh-day Adventist health facility must effectively and efficiently deliver healthcare through its operations. However, the Adventist healthcare institutions in NECUM are confronted with several challenges that have affected their performance over the years. This study investigated the specific challenges and subsequently offered recommendations to improve the health delivery of Adventist healthcare institutions in NECUM.

Research Questions

Research questions were as follows:

1. What challenges are affecting the growth of Adventist healthcare institutions?
2. What is the level of growth of Adventist healthcare institutions in NECUM?
3. What are the solutions that can be proposed to minimize these challenges and turn the situation around?

Conceptual Framework

The conceptual framework presented in Figure 1 shows how the health care challenges are summarized into relevant independent and dependent variables.

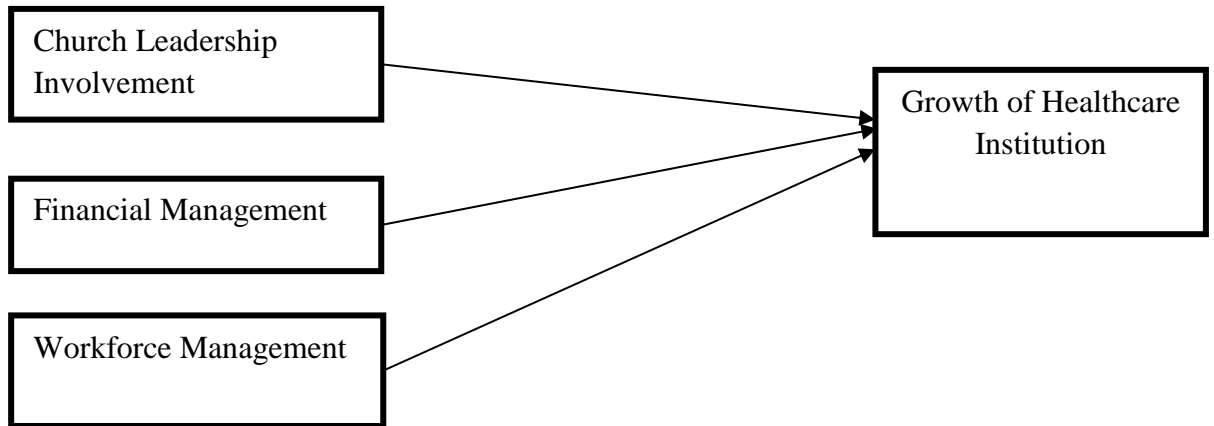


Figure 1. Conceptual Framework of the Study

The above conceptual framework is built with three independent variables and one dependent variable. Leadership involvement, financial management, and workforce management are independent variables, and growth as dependent variable. Leadership involvement sets the vision, value and influence how the healthcare institutions should operate in order to improve the effectiveness and efficiency, performance, and if necessary make changes for corrective actions.

Workforce management refers to the employees at all levels who carry out the leadership's vision for execution in order to provide healthcare services. Therefore, good leaders motivate managers/workers and provide effective empowerment to the workforce management (delegate authority to the management) by creating an environment for them to motivate themselves and being accountable (Nickels, McHugh, & McHugh, 2010). Hence, workforce with skills, experiences, commitment, and accountability significantly contribute to problem-solution by increasing the growth and development of Adventist healthcare institution in NECUM.

In addition, financial management as independent variable affects the business growth. Poor working capital management (shortage of inventory, uncollectible receivables, and inability to pay off creditor), insufficient of cash (Funds) available to run current operations of AHCI, absence of cash budgeting for future projection, and poor internal control system can affect negatively the growth and development of health care institutions. The growth of Adventist healthcare institutions-as dependent variable depends on combinations of church leadership involvement in controlling AHCI's management, qualified and skilled workforce well managed, and effective financial management. All these dynamics variables contribute significantly to the growth of AHCI by overcoming the challenges that handicap the business performance success of Adventist healthcare institution in NECUM.

Therefore, the growth is measured through some parameters like when AHCI gradually gaining of the market share as the number of patients/clients increases year after year, and when they generate enough income funds than what is needed for running operations. Because the healthcare workforce is well trained and empowered, then, the quality of health service has improved and consequently patients' satisfaction is met, because the same patients testify the good services and reputation of the AHCI to the community.

Significance of the Study

The outcome of the study will be helpful to the church leadership within NECUM at all levels, including healthcare institution managers, community, and other researchers. The outcome will help church administrators to identify the challenges confronting the healthcare centers which could be starting point to overcoming those challenges.

Also, the results of this research were benefit the Adventist healthcare institutions as far as solution for challenges is discovered, this will impact positively on their growth. When AHCI provides a good quality health services to community/society, the health and well-being of population increased, subsequently was able to produce and improve households' socio-economic development, even contributing to the country economic growth and church finance in general.

In the same direction, results from this study will benefit the government of DRC because citizens' health and well-being care is firstly its responsibility. Also, other researchers interested with this study area might pursue further study for more inputs and contributions to the healthcare institutions.

Scope & Limitation of the Study

This study was conducted within NECUM territory for the period covering 2017. There are so many challenges that AHCI face in NECUM, but this study dealt especially with leadership, finance, and workforce issues affecting the health facility. AHCI included in the study are Central Kivu Field, North Kivu Field, South Kivu Field, Upper Congo Field, Kibali-Ituri Mission, Université Adventiste de Lukanga, and Goma Adventist Medical Center.

Access to data was limited. The roads were so bad; some area could even not be accessible by vehicle or any transportation means. Some respondents did not provide answers to questionnaires distributed. Time availability, research financial costs for collection data, and lack of electricity, internet were most of constraints that the researcher faced.

Operational Definition of Terms

1. **Challenge:** For this study, challenge referred to any problem that handicaps the health institution to achieve its objectives or mission.
2. **Healthcare institution:** is any entity/organization that provides healthcare services for local community.
3. **Growth of institution:** In this study, the growth of Adventist healthcare referred to gaining more market share, providing good quality of healthcare services that meet the needs of patients' satisfaction, gradually increasing operating surplus funds, ultimately move from a lower healthcare status (small health unit - like dispensary) to higher status institution like medical Centre, hospitals, and enjoying positive reputation within the community.
4. **Church Leadership involvement:** is the level of the higher organization church leadership's committed participation and in the overall activities of the health institution.
5. **Workforce management:** For this study, workforce management referred to the healthcare personnel and support employees assigned different duties to work for health facility objective achievement.
6. **Financial management:** was been considered as the operational activity for procurement funds and effectively utilization of these funds for running operations of health institutions.

CHAPTER 2

REVIEW OF LITERATURE

Health is very important in life. Without good health, the family, community, organizations and countries suffer. Therefore, popular saying – ‘health is wealth’ confirms the importance of health. There are many factors that influence good health and well-being of a person. One major factor is the availability of quality healthcare services. Various countries including the DRC have attempted to improve the health care systems in the country but the burden is too much for the government alone. As a result, several non-governmental organizations such as the Seventh-day Adventist Church has established a number of health facilities around the world including DRC, however, the healthcare industry faces a lot of challenges.

Challenges Affecting Healthcare Industry

Many health forums and surveys are conducted by organizations, hospitals, medical centers, and specialists for investigating major challenges affecting the growth of healthcare industry and consequently setting strategies to outcome these issues. The finds revealed various challenges including financial issues at top, leadership, government factors, workforce (human resources), decision making and business operational process issues, matching personnel with medical institutions, shortage of health workers, care quality, patient satisfaction, and so forth.

Huron Consulting Group’ health forum gathering Doctors, analysts, and healthcare CEOs listed seven challenges troubling healthcare industry as follows (Huron, 2017): changes in industry, changing model for delivery care, partnership

with doctors, containing the costs, shortages of doctors, planning for growth, and pushing healthcare reform.

In 2016, the American College of Healthcare Executive (ACHE) survey, identified ten top issues affecting hospitals (ACHE, 2017) as follows: Financial challenges (less revenue, debts, etc.), government mandates, patient safety and quality, personnel shortages, Patient satisfaction, access to care, physician-hospital relations, population health management, technology, and reorganization (e.g., mergers, acquisitions, restructuring, and partnerships). According to Zelman, McCue, & Thomas (2014), professional issues, practical issues, viable financial, legislation, payments, delivery service, social system, uncertainty environment, costs pressure, internal control, and innovation and creativity are the biggest challenges facing the health care industry.

In Democratic Republic of Congo, the Ministry of health (2006) categorized six problems facing health sector as follows: Factors attributable to emergency situation (rationalization of health care), absence of proper frame of reference to define the health service zones, funding system (low State budget allocation), poor qualification and technical skills of health workers, human resources issues, absence of leadership for the sector from Ministry (lack of controlling health sector) to local area.

Church Leadership Involvement

Effective leadership in an organization is not easy to come by. According to (Colquitt, Lepine, & Wesson, 2013), leadership is the ability to influence a group toward the achievement of vision or set of goals. However, the question raised is to know the characteristics of good leadership. Many studies were made to identify the characteristics of the best leadership traits, behavior that makes leaders different from

other people. According to (Nickels, McHugh, &McHugh, 2010), good leaders are those who are well-groomed and tactful. A good leader motivates workers and creates an environment for them to motivate themselves.

Colquitt, Lepine, &Wesson (2013) also list extroversion, conscientiousness, openness, and emotional intelligence as common characteristics of good leaders. In addition, (Colquitt, Lepine, &Wesson, 2013) describe leadership dimensions as follows: (i) Developing and communicating vision, mission, value, and setting organizational objectives, (ii) Empowering workers, improving workers' knowledge, motivate, encourage workers to be accountable, and delegate authority to make decisions, and (iii) Controlling activity by measuring/evaluating the performance related to objectives, reward, and take corrective action if is necessary (Nickels, McHugh, &McHugh, 2010).

Lack of accountable and effective leadership may lead to business failure. Accountability is a serious issue; if organizations can't find an accountable leader, committed to the job, the firm is going to find it hard to make anything else work, and let alone the business (Lebow, & Spitzer, 2002). Many organization, therefore, suffer with managers, and workers who are not accountable and committed.

One of the most important things the leaders/managers have to do is making decision (Colquitt et al., 2013). Leader's decision making reflects the process the leader uses to generate and choose from a set of alternatives to solve a problem (Colquitt et al., 2013). Rational decision making is a process that consists of identifying the problem by examining the situation, to develop an exhaustive list of solutions alternatives, evaluate the alternatives, use accurate information to evaluate alternatives, and choose/select the best alternative that maximizes value or solves the problems. Laudon, and Jane (2012) describes decision making process as four stages:

Intelligence (problem discovery), Design (solution discovery), choice (choosing best solution), and implementation (solution testing to ensure that it works better).

Decision-making challenges are generally related to bound reality because decision makers do not have ability and resources to process available information, manager's behavior accountability, and leadership style which do not match with the organization.

The SDA Church leadership, specifically NECUM, as owner of all the health institutions in DRC should be involved in the of the healthcare facilities by communicating and implementing the vision, mission, and objectives, empowering workers, in order to ensure successful healthcare business at all levels. Thus, the healthcare centers in NECUM territory need high-level strong leadership and strong management for optimal effectiveness. As stipulated by Brihgam, & Ehenhardt (2005), a successful company must have skilled people, strong internal relationship, and sufficient capital to support operations.

Financial Management

Finance is the cornerstone of any successful organization. Today healthcare providers such as hospitals and medical centers are facing hostile environment and any entity that ignores finance functions runs the risks of financial deterioration, which ultimately can lead to bankruptcy (Gapenski, 2007). Ross, Westerfield, Jaffe, and Bley (2010) found that the most financial issues facing healthcare sector are classified into working capital or short-term finance management like inventory, accounts receivable, and accounts payable management. The combination of these items leads to cash conversion cycle (operating cycle and cash cycle).

Working Capital Management

Tennent (2014) defined working capital as the money tied up in inventory, and receivables, less payables. In other words, working capital describes the capital that an organization uses in its day-by-day business operations, calculated as the current assets minus the current liabilities. Working capital management is crucial for successful or failure of business. Its mismanagement could lead to serious problem even though the firm/institution may be well equipped and have heavy investments in property and plant. This means although noncurrent (fixed assets) provides capability to provide production of services/products, it is the combination of current assets and current liabilities (working capital) that turns that capability into services (Zelman, McCue, & Thomas, 2014). Therefore, an organization needs to monitor and utilize the two components of working capital— current assets and current liabilities, to ensure financially efficient operation of the organization. To effectively maintain adequate amount of both Current Asset and Current Liabilities, management must pay special attention to the management of inventory, receivables and cash which are the key components of the working capital.

Inventory Management

Inventories such as drugs and supplies constituted the most significant part of current assets of a healthcare facility. It is also essential for smooth running of the business activities. Since inventory can easily tie needed money up, it is important for management to consider its purchases and timings to ensure effective inventory management.

Receivables Management

Receivables simply meant debts owed to the healthcare facility by customers as a result of credit sales. Most of the services offered by Adventist healthcare facilities were paid by third parties such as employer companies or the church after the service. Having a large amount in accounts receivable meant that needed money is locked up which may affect the smooth daily operations of the hospital.

For that reason, credit policy should be set for credit standards and collection policy, monitoring the system, and good receivable control system. Receivable turnover ratio measures the ability to collect cash from customers and continue running activities. The higher ratio, the better, the lower receivable turnover indicates ineffectiveness in collecting dues from customers.

Cash Management

Health facilities needed cash to make payments for acquisition of resources and services for the normal conduct of their business. Cash includes not only coin and currency, but also cash equivalents such as interest-bearing savings and checking accounts (Zelman, McCue, & Thomas, 2014). The healthcare providers hold cash for daily operations, precautionary, and for speculative purposes (Zelman, McCue, & Thomas, 2014). To effectively manage cash, it is important to pay particular attention to the timing of cash inflows and outflows within the organization. Cash budgeting is an important tool to make projection of cash inflows and cash outflows over specified period in order to avoid cash shortages (Ross et al., 2013). Zelman et al. (2014) stated that the cash budget is made to minimize costs and plan ahead to finance deficits and invest excess cash by identifying the timing of its cash inflows and outflows.

Internal control

According to Harrison Jr., Horngren, Thomas, & Suwardu (2014), internal control is defined as a plan of organization and a system of procedures implanted by company management designed to accomplish its objectives, aim to safeguard asset, follow company policy, promote operational efficiency, ensure reliable accounting records, and comply with legal requirements.

The primary purposes of internal control are to: protect the assets (theft) of the organization and ensure the reliability of the accounting records (Gibson, 2017). That means to reduce error and fraud. The good way to prevent, to detect, and correct errors and fraud is to set a proper internal control system in organization. Harrison Jr, et al. (2014) stated two common types of fraud that impact business's finance: (1) Misappropriation of assets, which is a type of fraud committed by employees of an entity, (2) Fraudulent of financial reporting committed by company managers who make false reports and mislead entries in the books, making financial reports better than they are (cooking books).

The proper implementation of internal control system should be well designed and implemented in order to prevent, detect, to lead, and to correct institution assets and records keeping- cash, inventory, receivables, and fixed assets protection. Segregation of duties is a crucial element of internal control. Internal control system importance is found in various operational chains, including inventory (in purchasing, over storage, and over disbursement of assets), in cash management (petty cash, cash receipts, and banks), fixed assets, and accounting records/financial statements reporting (Gibson, 2017). Terry (2015) summarizes internal control into four categories for a good financial management as follows:

1. Separation of duties and power delegation (to prevent fraud and theft)

2. Cash control system to prevent the theft misappropriation, and lose of cash in cash receipts and disbursements)
3. Physical asset control (to hold asset register, maintenance politics, and insurance of assets)
4. Reconciliation of accounts (Bank, cash receipts, inventory register, and payroll)

Workforce (Human Resources) Management

Organization is managed and staffed by people. Without people organization cannot exist (Cascio, 2013). Managers are responsible for optimizing all resources available to them such material, capital, and human. In other words, Managers carry out leader's vision to people under its charge and responsible for executions of actions for business successful. According to Gomez, Gomez-Mejia, Balkin, & Cardy (2012), human resources challenges are broadly summarized into environment, organization and individual categories.

Environment Challenges

These types of challenges are external forces to the firm that influence organizational performance which are beyond management's control. Managers, therefore, need to monitor the external opportunities and threats. Those forces are like, rapid change, workforce diversity, legislation, worker skills, shortages of specialists and technical, natural disasters, etc.

Organization Challenges

Organization is a stable, formal social structure that takes resources and processes them to produce output. It hires and promotes employees on the basis of technical qualification and professionalism factors (Laudon, & Jane, 2012).

Organizational challenges are internal problems to the firm. Managers, therefore, might spot organizational issues and deal with them before they become major problems. Most issue facing organizations include competitive position (costs, quality, and distinctive capabilities), self-managed work teams, organizational culture, technology, organizational restructuring, downsize, and decentralization.

Individual Challenges

Human resources issues referred to individual level. The most workforce concerns are related to (Gomez et al., 2012):

- Productivity - adding value to product or service,
- Ability means hiring and selecting the best individual employee for a job
- Motivation- refers to a person's desire to do the best job
- Empowerment- consists of providing workers with skills and authority to make decisions that should traditionally be made by managers. In fact, empowerment can encourage or motivate employees to be creative and to take risks for the benefits of organization.
- Brain drain, ethical dilemmas and social responsibility, job insecurity, and accountability are other workforce's important elements for business performance.

There is a link between human resource management and finance. Effective management drives employee satisfaction that executes actions and creates innovation, then lead to customer satisfaction, and if customer's needs are met, the organization profitability and growth are reached (Cascio, 2013).

The Role of Government in Healthcare System

The healthcare and well-being of population is a permanent worry of any government. In Democratic Republic of Congo, healthcare sector constitutes crucial governments' preoccupation for good health and well-being of its population. The primary healthcare system is the strategy adopted by the government in order to provide healthcare accessible to majority of population. (Ministère de la Santé, 2006). The DRC health system is organized into three levels: The central (at national Ministry) level, central (at province levels), and local levels (at local health zone). The medical products purchase system is centralized by government, but the distributions of products are decentralized from national level to local health zone which is closer to population. Challenges affecting healthcare providers are identified in various ways according to the country politics.

According to the expert medical management report: shortage of drugs inventory, inappropriate drugs purchase, bad storage of drugs, poor administration, poor quality/safety to patients, low funding from State budget, corruption, inaccessibility to primary and adequate care are real challenges in DRC. The government therefore has a primary responsibility in or organizing and delivering health services and supervising providers as well as funding.

The Role of SDA Church in health sector

Adventist healthcare institutions are those health organizations that belong to the SDA Church and work under worldwide church's health philosophy by complying with its policies and guidelines described in the church working policy. The Seventh-day Church 'health ministry's goal includes revealing the compassion and care of our Lord Jesus through concern for the well-being of whole person (Seventh-day Adventist

Church, 2015). Health ministry, an integral part of gospel ministry and the mission of the church incorporate preaching, teaching, and healing (SDA GCWP, 2015).

The role of the Health Ministries Department of SDA Church at all levels is to carry out the world-wide church's vision, value, and philosophy up to lowest level for execution by healthcare institutions. The healthcare institutions need the higher church leadership involvement, financial support, healthcare skills staffed people, empowering workers, and control the institutions activities in order to achieve their objectives and church vision. In addition, the accounting systems should be promoted by church leadership and implemented in AHCI for transparency and evaluation of healthcare business activities performance because most of AHCI do not keep accounting records per SDA Church standards. The leadership control' weakness creates open opportunities to health care managers for fraud and theft behavior because these institutions are left uncontrolled and abandoned into the hands of managers who decide alone on management.

Operations of Healthcare Institutions: Business Process

The business processes referred to the manner in which work is organized, coordinated and focuses to produce a valuable product or service (Laudon, & Jane, 2012). The main goal in healthcare sector is to provide the higher quality of health services to the community at reasonable price that covers the costs. To achieve this goal, health care providers obtain cash as capital, purchase resources and pay bills, then provide health services, and proceed by billing patients and collection revenue. (Zelman et al., 2014).

The main operations are as follows: Receiving and take care of patients, Acquisition of drugs inventories and its payment process, Sales – refers to health

services invoicing to customers and cash collection process, Medicine/drugs inventory management, and Accounting system. Leadership and Human resource management, Legal and public relationship (external relationship), Board meeting for evaluation, planning, and decision making, Seminars conducting by sometime church leadership, NGOs, and government come in to pilot all.

CHAPTER 3

METHODOLOGY

Setting of the Study

This study dealt with challenges facing the Adventist healthcare institutions in NECUM. There are 46 healthcare institutions operating within NECUM territory, which are spread over five Fields/Missions and two institutions that form NECUM, and they are supervised by their respective fields/missions' administrations.

North East Congo Union Mission (NECUM) is a Seventh-day worldwide Church decentralized entity and its headquarters is located in the city of Goma, North-Kivu Province in Democratic Republic of Congo (DRC) in central Africa region. NECUM covers a wide territory with population of 22,298,384 and 627,792 km² (www.populationdata.net/cartes/kinshasa-satelite/, 2017). NECUM neighbor to six countries which are: Tanzania, Burundi, Rwanda, Uganda, South Sudan and Central Africa Republic. In 1927, the first Adventist healthcare institution named Kirundu healthcare center started operating at Kirundu station mission of SDA (in Upper Congo Field) when the Adventist gospel penetrated in North-East Congo Union Mission (Trans-Africa Division, 1974). From 1927 up to 2016, there were three (3) hospitals located in two fields, eight (8) medical centers (clinics), fifteen (15) healthcare centers, and twenty (20) dispensaries (postes de santé/ healthcare small units).

The common services that Adventist healthcare institutions provides include reception(welcome) of patients, medical records services, medical consultation, laboratory, medical prescriptions, pharmaceutical services and products, drugs dispensing, nursing treatment services, general medicine, dentistry, hospitalization (in patient), maternity, general surgery, internal medicine, etc. Nevertheless, many Adventist healthcare institutions are in vulnerable state.

The main issues in AHCI are characterized by poor medical infrastructures like buildings and equipment in gradual deterioration or small operating spaces, lack maintenance of assets, obsolete materials and healthcare work system, insufficient qualified and competent workforce, lack of specialist doctors and technicians, lack diversification of healthcare services, competitor's forces, poor strategic planning, and mismanagement. Financial issues, in term of working capital, capital funds for investment are serious challenges to ensure operations and future growth. The few (12 in all AHCI) doctors of medicine were almost generalists in same area.

Research Design

To understand the challenges of Adventist healthcare institutions in NECUM, this study used descriptive research design to analyze the source of challenges affecting the growth of healthcare institutions. Specifically, the survey research strategy has been used to collect data. Based on discovered challenges, the study addressed the problem through recommendations and suggestions.

Population & Sampling Procedure

All registered Adventist healthcare institutions operating within NECUM territory constituted the target population for this research.

There were about forty-six (46) health institutions spread through five Fields/Missions and institutions under NECUM administration as the Table 1 shows.

Table 1. Target Population of Adventist Healthcare Institution in NECUM

Central Kivu Field(CKF)	7	1	0	3	3	39
North Kivu Field (NKF)	25	2	6	3	14	269
South Kivu Field (SKF)	3	0	0	2	1	22
Upper Congo Field (UCF)	4	0	0	4	0	16
Kibali-Ituri (KIM)	5	0	0	3	2	18
UNILUK	1	0	1	0	0	20
Goma Adventist Medical Center	1	0	1	0	0	8
Total	46	3	8	15	20	392

Source: NECUM Health Ministries Office & Survey Results

Sampling Procedures

The 46 institutions were grouped into four (4) levels which were strong (hospitals), slight strong (medical centers), middle (health centers), and the small (unit healthcare) level institutions. These four categories formed the sub-groups or strata of the population. Hence, the study used stratified random sampling to select 14 Adventist healthcare institutions out of the 46 with 143 workers as the sample. Tables 2 and 3 show the details.

Table 2. Target Population and Stratified Sampling of Institutions

Institutions Levels	Institutions	Stratified Sampling
Hospital Centers (HC)	3	1
Medical Centers (MC)	8	3
Healthcare Centers (HC)	15	4
Units Centers (UC)	20	6
Total	46	14

Table 3. Sample Size Selection per Organization and Institution Levels

Organization	HC	MC	HC	UC	Total	WF
Central Kivu Field(CKF)	0	0	1	1	2	9
North Kivu Field (NKF)	1	1	1	4	7	81
South Kivu Field (SKF)	0	0	1	0	1	9
Upper Congo Field (UCF)	0	0	0	1	1	7
Kibali-Ituri Mission (KIM)	0	0	1	0	1	9
Université Adventiste de Lukange (UNILUK)	0	1	0	0	1	20
Goma Adventist Medical Center (GAMC)	0	1	0	0	1	8
Total	1	3	4	6	14	143

Instrument for Data Collection

Based on the review of literature and conceptual framework, questionnaires were formulated as major instruments that helped to collect data on ground. Interviews (both unstructured and structured) were also used for inquiring on preliminary AHCIs issues in order to investigate in depth the major challenges of healthcare facility. The questionnaires were divided into different sections that related to each study question and variables based on the research questions.

Instrument Validity and Reliability

The questionnaire was checked for face and content validity by AUA professors and some hospital personnel to determine if the questionnaire items adequately represent the variables being studied, how clear they are, and the extent to which they answer the research questions.

The instrument was also tested for its reliability (consistency and stability) using Cronbach's alpha coefficient method. It is noted that Cronbach's alpha coefficient should be at least 0.7 (Sekaran, & Bougie, 2013).

As results, leadership involvement variable had 11 items that measured the church leadership involvement dimension, its Cronbach's alpha was 0.74 which was significantly acceptable, and meant that there were consistency and stability inter-correlation among items.

Finance management dimension had also nine (after removing one item) items that measured the financial issues that handicapped the growth of AHCI, its Cronbach's alpha value was 0.702. Workforce management's Cronbach coefficient value was about 0.70 correlated with four out of six items (after removing two items), and growth AHCI as dependent variable had five selected items' measures (after removing one item) with alpha value of 0.716.

Ethical Considerations

This study kept respondents' protection and confidentiality as much as possible in data collection process. North-East Congo Union Mission as major sponsor and its subsidiary organizations were wondering how to handle the healthcare institutions issues. When the researcher raised this topic of study and requesting for authorization to conduct the research into the institutions, the Union administration and its entities expressed a high interest of the results from the study and requested for the researcher to do it seriously and come up with practical recommendations that should contribute to solve or minimize problems in Adventist healthcare sector.

Regarding respondent protection, first of all, the researcher clearly presented the reasons and the benefits of the study to the respondents. The research requested the respondent to be more truthful as possible and realist in their responses through questionnaires. But, the researcher avoided forcing the respondents, or using any influence to respondents.

The data collected has been reported in aggregates to protect respondents and access to the raw data is limited to only the research team. This is to protect the privacy and confidentiality of the respondents.

To further uphold ethical principles, intellectual materials from the work of other people included in my research are fully acknowledged in accordance with the American Psychological Association (APA) referencing style and AUA Standards for Written Work.

Data Collection Procedure

For the data collection process, the research first all searched the Union health ministries' departmental Director for the listing of all AHCI that were operating in NECUM. After selection of target sampled health institutions, researcher requested for authorization to Union and Fields/Missions presidents, and then, contacted the fields/missions health ministries' directors, and been in touched with responsible of each health institutions to inquire how businesses are operating on ground. The government health ministry representative offices were visited to inquire how healthcare system is organized in DRC. Request has been addressed to various healthcare persons for responding the distributed questionnaires through appointed skilled respondents in each healthcare institution and entity. The questionnaires were enclosed into envelopes and been sent to the respondent through confidential and safe way where the researcher could not physically reach.

The research collected telephone contact numbers and email addresses of respondents/administrators, and managers in order to make follow up. In this case, structured interview was used in face-to-face for reachable area, unstructured for determining the focus factors of study, phones and Internet for far areas.

Due to the geographic distance and accessibility constraints to reach physically every respondent, telephone, e-mails, internet means have been used for respondents that had these technology facilities.

Method of Data Analysis

The study used descriptive statistics to analyze the data that were collected through questionnaires. After collecting data from questionnaires, the study proceeded by coding the data, and then entered them into SPSS software package for various analyses. The statistical tools that were used are mainly, the frequency, percentage, means, and standard deviation to identify the central and tendency, and dispersion measures of the data from respondent's responses.

Product Design

The purpose of the study was to identify and gathering data about challenges that affecting the growth of AHICs in NECUM in order to recommend solutions. Strategic plan design was adopted as a solution to solving the challenges facing the AHICs. The strategy plan as long-term planning was broken down to operational activities which were day-to-day actions to run. To do so, the financial operating budget was found an important tool that could help to seek where the funds/resources should come from to cover and control the cost of the of strategic plan activities.

Organizational/Institutional Strategic Planning Overview

This study determined the Adventist healthcare institutions vision, mission statements, and objectives, then strategies to be used to achieve those objectives from long-term and break down to short-time or operational activities which were supported by operating budget for execution of healthcare institutional activities.

It is very important for Adventist healthcare institution to acquire a culture of planning in order to know where it has to go, the rationale of its existence and operate based on objectives.

Vision

Determined the healthcare institution's aspiration or the direction for its future business (where it was going). A brief vision statement was proposed for AHICs accordingly.

Mission

The mission described the healthcare organization's present business and purpose. It targeted to respond three questions as follows: "who we are, what we do, and why we are here." Adventist health care institution should always remind the mission to all workers and stakeholders.

Objectives

They were understood as an organization's performance targets that include both short and long terms. That means that objectives described the specific results which the AHICs' managements wanted to reach in order to achieve their mission. The study determined two types of objectives: Financial objectives (financial goals performance), and strategic objectives (market, competitive position, and future business prospects).

Strategy

Is the general approach that the healthcare institution set and committed to in order to achieve the objectives? The strategies showed how to do things in order to achieve the specific results. Through strategic plan, the main strategies for each focus goals were found out.

Operational Activities/Action Plans

They are the specific sub-activities or detail actions from each strategy that might be done into each cross-functional department of the AHCI. When the operational activities are established, then, the institution can prepare operating budget, and cash budget or financial planning during effective operating in order to be able to execute the healthcare institution' activities (action plans). After this, evaluation, and revising the strategic plan at all levels come in to ensure that the healthcare institution is on the right track to objectives achievement. Figure 2 shows a schematic diagram for the process.

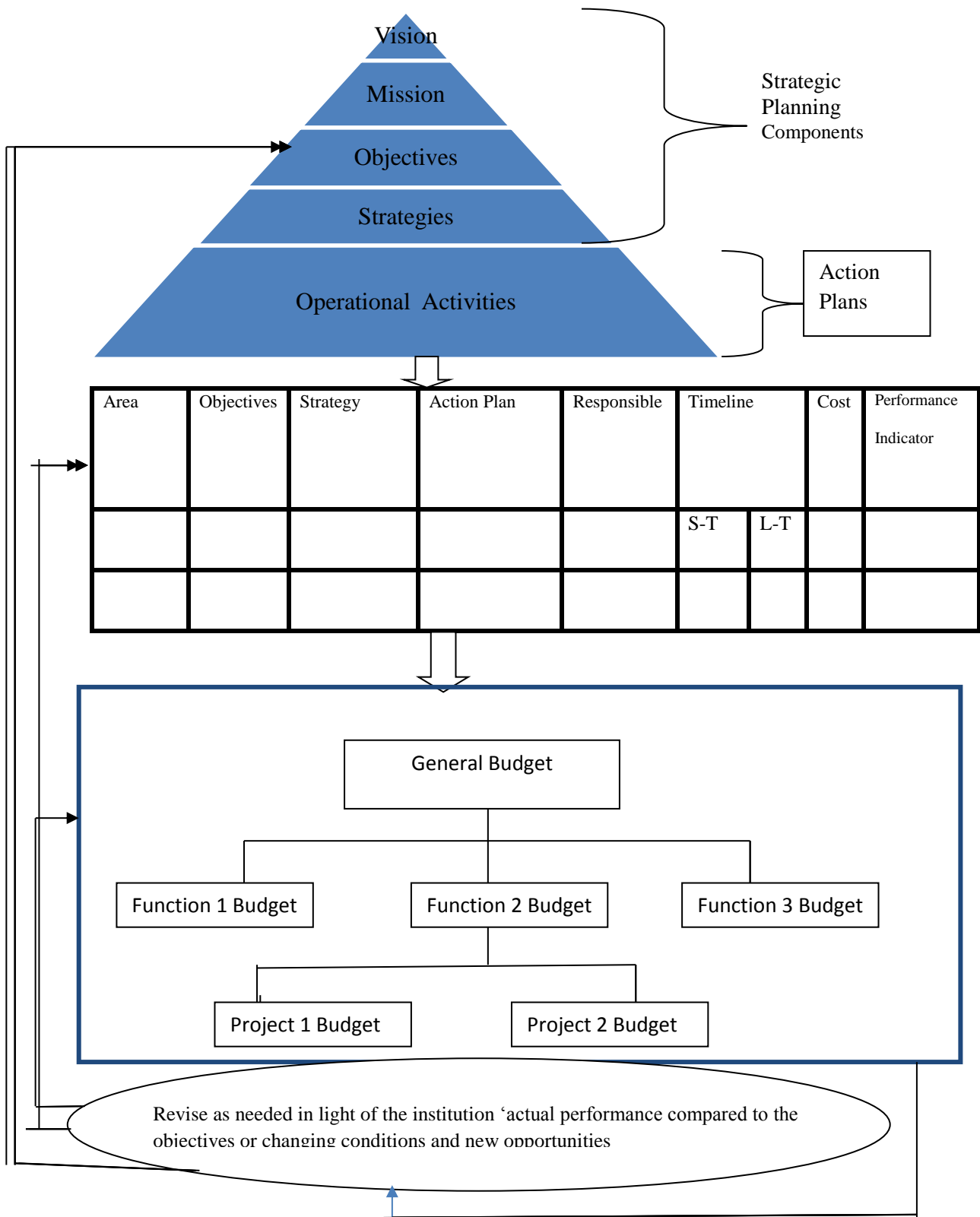


Figure 2. Schematic Strategic Plan Program Overview Design

CHAPTER 4

RESULTS & DISCUSSION

The results from questionnaires which are presented in this chapter include, the response rate of participants, characteristics of the participants, results to research questions, and solutions related to the raised study questions.

Response Rate of Participants

The results of this study relied on a selected sample of fourteen (14) Adventist healthcare institutions operating within North-East Congo Union Mission represented by 143 workers. Among 143 people that form 14 healthcare institutions sample size, 63 participated in the study. This means the response rate based on the number of complete responses to the survey was approximately 44%. The cost and time constraints, civilian wars in almost the region where the study was conducted (90% of NECUM territory were unsecured by wars), could not allow the researcher to collect the data from all 143 participants. Nevertheless, the researcher persisted in collecting data from participants who were available and willing to participant in the study in spite of challenging environment conditions.

General Characteristics of the Participants

The main parameters of the results presentation in this section are frequency and percentages of participants which are characterized by the number of service years, gender, and occupation of each respondent.

Table 4. Frequency Distribution of Respondents' According to Years of Service

Number of service years	Number of Respondents	Percentage (%)
Less than 5	23	36.50
5-10	14	22.20
11-20	7	11.10
21-30	12	19.10
Over 30	7	11.10
Total	63	100

Table 4 shows the years of service of respondents. 36.50% had worked less than 5 years range, approximately 22% between 5 and 10 years, 19% between 21 and 30 years, followed by 11% for both between 11-20, and for the range over than 30 years respectively. Hence, the respondents constituted a good mix of experienced workers, and are expected to provide reliable information of what they perceived on AHCI's state.

Table 5. Frequency Distribution according to Gender

Gender	Number of Respondents	Percentage (%)
Male	45	71.4
Female	18	28.6
Total	63	100

The results of the study displayed in Table 5 show that 71.4 % respondents were male, and 28.6 % female. This proved that both gender participated in in the study.

Table 6. Frequency Distribution according to Occupation of Respondents

Occupation/Position	Number of Respondents	Percentage (%)
Doctors of Medicine	7	11.10
Nurses	19	30.20
Lab Technicians	6	9.5
Business Managers	15	23.8
Other Positions	16	25.4
Total	63	100

The study found that about 30% of respondents were nurses, 25% had other positions than healthcare profession, 23.8% were business managers, 11% were medical doctors, and 9.5% were laboratory technicians. Thus, the frequency distribution of sampled respondents was represented by different workers, careers with various backgrounds.

**Research Questions One:
Challenges Affecting Adventist Healthcare Institutions**

One of the purpose of this study was to identify the major challenges affecting the AHCIS. The main variables of interest included church leadership involvement, financial, and workforce management challenges. Mean scores and standard deviations were used for the analysis and discussion of the results presented in Tables 8 – 10. The interpretation of the results was based on Table 7 below.

Table 7. Likert Scale Rating of the Study

Scale	Responses	Mean Interval	Explanation
1.	Strongly Disagree	0.01 – 1.00	Not challenging at all
2.	Disagree	1.01 – 2.00	Not Challenging
3.	Neutral	2.01 – 3.00	Not sure
4.	Agree	3.01 – 4.00	Challenging
5.	Strongly Agree	4.01 – 5.00	Very Challenging

Table 8. Church Leadership Challenges Confronting AHCIIs (n=63)

Leadership Challenges	Mean	Std. Deviation	Explanation
1. The church leadership often reminds employees about vision, mission, and objectives of the health facility.	3.53	1.14	Challenging
2. The institution's structure is clearly delineated at all levels of functions	3.14	1.18	Challenging
3. Higher organization ensures competent, and qualified managers at head of institution are hired	3.25	1.13	Challenging
4. Higher organization ensures honest managers at head of institution are hired	2.93	1.07	Not sure
5. The church leadership has positive relationship with government and external partners	3.06	1.25	Challenging
6. My institution receives regular visits from church leaders	2.90	1.20	Not sure
7. My institution receives financial support from church leaders	2.39	1.18	Not sure
8. Whenever a crisis happens, leadership is prompt to find out solution and update workers, then reorganizes the work system	2.87	1.18	Not sure
9. The leadership regularly evaluates activities, performance and initiates corrective actions to sustain the institution.	2.80	1.17	Not sure
10. This health facility is a top priority of the church leadership	3.11	1.24	Challenging
11. The manager monitors external opportunities and threats and reacts for the benefits of institution	3.17	1.11	Challenging
AVERAGE	3.01	1.16	Challenging

The table 8 shows the leadership challenges confronting AHCIIs in NECUM. From the results, it seems that a clear challenge confronting the AHCIIs is leaders reminding employees about the vision, mission and objectives of the health facility ($M= 3.53, SD = 1.14$). This shows that employees are not often reminded about what the healthcare facility stand for. The mission and vision statements are very important because they express the organization's purpose and why it exists. In order for employees to understand the mission and do mission, they have to be constantly reminded by church leaders about the important role each employee – medical doctor, nurse, cahier, etc. play in achieving the mission of the healthcare facility. Other challenges confronting the healthcare facilities include the organizational structure ($M = 3.14, SD = 1.18$), having qualified managers ($M = 3.25, SD = 1.13$), relationship with the government and other external parties ($M = 3.06, SD = 1.25$), having health facility as a top priority ($M = 3.11, SD = 1.24$) and monitoring the environment for opportunities and threats ($M = 3.17, SD = 1.11$).

Another result that stands out in Table 8 is where the respondents indicated their responses as ‘neutral,’ interpreted as ‘not sure.’ This may imply that most of the leadership practices are not so clear to the respondents. For example, they are not sure if higher organizations look for competent and qualified and honest managers to head the facilities. They cannot also determine clearly the visits of church leaders, whether their institution receives financial support from the church among others. This is a hint to leaders to clearly communicate their actions by word and deeds so that people are not confused. In general, the respondents perceive leadership as a challenge in their facilities. In other words; there are church leadership weaknesses in empowering, financial supporting, evaluating performance, solving problems, and

controlling the lower healthcare entities (Nickels, McHugh, &McHugh, 2010). Some institutions may be left struggling alone, the stronger survived and the vulnerable fail.

Table 9. Workforce Management Challenges Confronting AHCI's (n=63)

Workforce Management Challenges	Mean	Std. Deviation	Explanation
1. Recruitment process is done based on technical, professionalism factors and job requirement specifications	3.14	1.24	Challenging
2. Job descriptions for each employee are well defined and signed according to organizational structure of the institution	3.34	1.13	Challenging
3. Performance evaluation, and training strategies are used by managers to enhance employees' competences	2.87	1.32	Not sure
4. Director / head of the institution is a visionary, and committed person	3.50	.94	Challenging
AVERAGE	3.12	1.16	Challenging

Results presented in Table 9 revealed 3 clear challenges related to workforce management. On five-point scale, the mean score of 3.14 with a corresponding standard deviation of 1.24 implies that the respondents believe that the recruitment process is a challenge, implying that the process is not objective. In addition, a well-defined and signed job description is a challenge ($M = 3.34, SD = 1.13$). Another challenge is when the leader of their health facility is not showing visionary leadership and seem not to be committed as well ($M = 3.50, SD = .94$) This is very problematic because an effective leader must be perceived as visionary and committed in order to influence the people. A leader without a vision is powerless and without direction.

One item was rated as neutral and interpreted as unsure. Thus, respondents seem to indicate a lack of an opinion regarding whether performance evaluation and

training strategies are used ($M = 2.87$, $SD = 1.32$). Further findings from interviews, revealed that employees entrusted with healthcare institutions management perform services which are in conflict of interest with the entity where they are working. Therefore, evaluating performance and conducting training programs is not a priority. If managers don't effectively and efficiently evaluate and plan training strategies for improving the workers 'competence, and if the church top leadership don't effectively control or involved, this behavior might seriously affect negatively the growth and development of healthcare organizations.

Table 10. Financial Management Challenges Confronting Healthcare Institutions (n=63)

Financial Challenges	Mean	Std. Deviation	Explanation
1. The institution assets are well managed by the person entrusted at head of the institution	3.47	.86	Challenging
2. The institution often faces cash/capital shortage to run operations	3.58	1.21	Challenging
3. Shortage of medicine/ drugs is a big issue to sustain operations	3.61	1.21	Challenging
4. Patients and debtors that owe institution do not reimburse on time	3.41	1.25	Challenging
5. There is a high account receivable and uncollectible	3.67	1.00	Challenging
6. To pay on time debts incurred/ payables to suppliers and creditors is a big issue	3.28	1.09	Challenging
7. Strategies to raise revenues are low to cover operating expenditures	3.42	1.20	Challenging
8. The deficiency of the standardized accounting system adversely affects the transparency of the institution's management	3.04	1.28	Challenging
9. The purchasing power of the population is low for acquiring effective health care	3.52	1.35	Challenging
AVERAGE	3.44	1.16	Challenging

The research results shown through the Table 10 revealed the financial management challenges facing the AHCI. The respondents perceived all items that explained financial management issues as challenging with over 3.00 on the five-point scale measures. As it could be seen, the results confirmed that generally, there are challenges in the way assets are managed, the healthcare institutions were facing cash shortage to run day-to-day operations, shortage of medicine and drugs, patients and other debtors were not paying on time 3.41, accounts receivables and uncollectible receivables were equally perceived as a challenge.

In Addition, the healthcare institutions faced debts and they are unable to pay off the suppliers/creditors. Lack of strategies to raise revenues and lack of standardized accounting system also affect the transparency of the institution's management. Also, the purchase power of population is also a challenge.

This finding is similar to the results of Ross, Westerfield, Jaffe, and Bley(2010)who found that, the most financial issues facing healthcare sector are classified into working capital or short-term finance management like inventory, accounts receivable, and accounts payable management. In 2016, the American College of Healthcare Executive (ACHE) survey identified financial challenges as part of the ten top issues affecting hospitals (ACHE, 2017).

An open question was asked to research participants to list three major challenges affecting the growth of the health facility. Most of 63 respondents gave their own views. As a result, six main challenges were selected as common issues according to their weight. From compilation of many issues listed out, the Table 11 reports the main ones as follows:

Table 11. Major Challenges Affecting the Growth of Health Facility Table Scale (n=63)

Major Challenges facing AHCIS	Percentage % of responses
1. Lack of Church Leadership involvement and visits	25%
2. Lack of modern equipment and infrastructure	21%
3. Lack of Accountable managers	19%
4. Lack of financing- working capital management	14%
5. Strong competitors	12%
6. Shortage of specialist doctors and professional workers	10%
Total Percentage (%)	100%

From the table 11, results of study showed the level of challenges which most healthcare institutions were facing. The church leadership involvement and visits were ranked the highest, and came on top with 25%, followed by lack of modern medical infrastructure and equipment's resources (obsolete, small space, etc.) with 21%, at third position lack of accountable, and honest managers in institutions with 19%. Financial issues most related to working capital and low revenue with 14%. High and strong competitors and then shortage of specialist doctors and professional health workers came next with 12% and 10% respectively. This corroborates findings previously reported.

**Research Question Two:
What Is the Level of Growth of Adventist Healthcare
Institutions in NECUM?**

Since the AHCIs are faced with several problems, the researcher was interested in finding out about the level of growth of these institutions. Table 12 shows the findings.

Table 12. Scale Table for Growth of AHCIIs (n=63)

Growth state	Mean	Std. Deviation	Interpretation
1. My healthcare institution is gaining more and more market share in number of patients or clients	2.85	1.11	About the Same
2. The quality of healthcare service offered has improved	3.57	.89	High
3. The income level for running short-term operations in this healthcare institution has improved	2.88	.95	About the Same
4. The institution has moved from lower healthcare status to higher status in the course of its existence	2.96	1.17	About the Same
5. This institution is enjoying a growing positive reputation within the community	3.52	1.02	High
AVERAGE	3.16	1.03	High

Interpretation: 0.01 – 1.00= Very Low; 1.01 – 2.00 =Slightly Low, 2.01 – 3.00 = About the Same; 3.01 – 4.00 =High; 4.01 – 5.00= Very High

The findings in Table 12 showed that the average mean of 3.16 and a standard deviation of 1.03, implying an average high growth. However, a critical look at the Table shows that the Adventist healthcare institutions are not really growing. If fact, they are not getting anywhere in terms of gaining more market share ($M = 2.85$, $SD = 1.11$) even though 3.57 mean score shows that the quality of healthcare service has improved. Also, the mean of income level was found at 2.88 out of five-point scale measures. That meant income was not increasing (or decreasing) to run normal operations. In addition, the healthcare institutions' status is about the same, no improvement ($M = 2.96$, $SD = 1.17$). The results of this study revealed stagnation state. The findings also show that the ACHIs are enjoying some level of positive reputation in their community with a mean score of 3.16 and a standard deviation of 1.03, implied as high.

**Research Question Three:
What Are the Solutions that can Be Proposed
to Minimize These Challenges and
Turn the Situation Around?**

After identifying some of major challenges that might affect the growth of AHCI, it was crucial to work seriously on each challenge in order to overcome and address problems affecting the growth of health facility. The results of this study proposed the solutions for improvement as follows:

1. The active involvement of church leadership in AHCI operations is very important for their growth. Hence, the church leaders should develop, communicate clear vision, mission, and objectives for each healthcare institution.

They should hire competent and honest managers, empower, motivate workers, control, and evaluate healthcare institutions performance, and bring all managers/employees to be accountable as good stewards.
2. The lack of modern competitive infrastructure and medical equipment resources can also affect the market share of the AHCI. The Church should invest in ultramodern medical equipment and well maintained in replacing the obsolete in healthcare institutions in order to increase the capability, quality of services provided and to confront the competitor's threats. This is also a means of attracting people to the Church.
3. Financial management system of health facility should be well managed, especially working capital management. Building strong cash management system, and operating budget practice based on action plans in order to ensure day-to-day operations that generate much cash inflows, setting credit policy to control for receivables. To establish a good internal control system per standards.

4. Shortage of Specialist medical doctors and professional workers with accountability: The Board and the leadership of the church must design an effective and efficient recruitment process that will ensure recruitment of, qualified employees who are ethical and committed to the mission of the church. Regular training of existing workers should be regularly planned for upgrading employees' skills and competences, then outsource workers for relevant medical specialized areas.

Reform and reorganization initiatives should be established for modernization of Adventist healthcare institutions.

5. In order to improve the state of AHCI's growth, it is important to assess the external and internal environments and set competitive strategies to gain competitive advantage and gain more market share. Therefore, a strategic plan is proposed to deliberately put the recommendations into action plans.

A Proposed Strategic Plan for AHCI's in NECUM

Strategic plan design was chosen by the research as program development proposal to Adventist healthcare institutions operating in NECUM. Because the AHCI's are dispersed in big geographic area, this program was designed as a proposal model guidance that might be adjusted at each individual healthcare institution according to the reality of local environment.

Meanwhile, the researcher has been inspired to apply this program to Goma Adventist Medical Center (GAMC) because it is located closer to the researcher and is a direct subsidiary institution of NECUM. The strategic plan program is composed of cover page, introduction/background, brief broad external and internal environment analysis, SWOT analysis, focus goals, and the strategic planning description table.

NORTH-EAST CONGO UNION MISSION OF SDA
GOMA ADVENTIST MEDICAL CENTER (GAMC)
P.O. BOX 116 Goma, DRC

STRATEGIC PLAN FOR 2018 – 2022

April 2018

Background of Goma Adventist Medical Center

Goma Adventist Medical Center (GAMC) has been established in 2008 by North East Congo Attached Territory (NECAT), the actual NECUM. GAMC is an Adventist healthcare institution that is located in Goma city at headquarters of NECUM, and the capital city of North Kivu province, DR Congo.

In east it is neighbor to Rwanda country, in north Nyiragongo Volcano Mountain and Virunga national park, in its south, Kivu Lake, and the west Masisi administrative territory. Goma city has a concentrated population around one million in 2012. (Retrieved on Friday 5th, 2016, <https://www.google.com/search?>).

It is located at 1°140'45.012" S latitude, and 29°13'22,080'E longitude (Retrieved on Friday 5th, 2016, <http://www.tiptopglobe.com/>). After two years of operations, in 2010 this institution has been closed due to management issues, and it reopened in 2014. It was employing eight workers including two doctors, one doctor of general medicine and the second doctor of dentistry. Three nurses, one lab technician with university degrees, a business manager, a cashier, and one cleaner.

This strategic planning targeted four focus goals/perspectives which are: Leadership, workforce management, Financial, management, and growth perspective.

Vision, Mission, Core Values, and Objective of GAMC Proposed Statements

Vision

To be one of the best healthcare reference hospital that providing high quality and affordable healthcare services in great lakes region.

Mission

To witness the compassion of God by delivering quality holistic and affordable healthcare to all people in Christian context, making patients in well-being environment.

Core Values

Honesty, Holistic services, Hopeful.

Objective

To maintain the highest patients' value and gradually healthcare satisfaction at continually institutional profitability.

**Macro-External and Internal Environment Analysis-
PESTEL Analysis**

It is crucial, in strategic planning process to assess and understand the healthcare organization's situation vis-à-vis to its broad external environment forces (locally, country, worldwide levels) that may indirectly impact institution, but also the internal resources which are the immediate industry and competitive environment that direct impact organization in order to make an effective strategic plan (Thompson, et al., 2016).

The General External Environment of DR Congo

Healthcare industry in DR Congo is under liberal regime system. This makes easy entrance of strong competitors in healthcare sector in Goma city. The electricity supply is insufficient in whole country compared to the demand, and population growth. Donations & appropriations are sometimes granted by government and NGOs in humanitarian aspects if the institution is chartered by government.

The country is still recovering from a series of conflicts that broke out in the 1990s creating persisting economic and social problems.

Population migration from rural area to urban (city of Goma and around), traditional health treatments culture were serious concerns in eastern Congo area. High rate of unemployment, poor transportation infrastructure, and high inflation characterize the country. Internet availability was still low and expensive. A big population in rural areas did not access to new technology, information, and communication.

The Internal Environment

Goma Adventist Medical Center is operating in old small building. Both general and dental services are operating in the same building with limited space to accommodate all operating functions. There are inadequate medical beds, medical equipment including radiology equipment and furnishing (x-ray machine, ultrasound scanning, etc.), medical laboratory modern equipment, computers, etc. In brief, the infrastructure is not sufficient compared to the competitors around. More than 50% of healthcare personnel had high/university education skills, but with low professional experiences. The Number of customers is still low and this affects the operating revenue which is still low to cover the operating expenses. Working capital is at low level, no enough funds to run investments for increasing the production capacity to improve revenue. Existing assets utilization are not maximized, and lack of internal control system. The financial appropriation is insufficient.

SWOT Analysis: Institution's Strengths, Weaknesses, Opportunities, and Threats

SWOT is an analytical tool that consists of evaluating the institution's overall situation and translating the conclusions into strategic actions to better match the organization's strategy to its internal strengths and market opportunities, to correct

internal weaknesses, and to defend against external threats for its future well-being (Thompson, Peteraf, Gamble, & Strickland, 2016). Based on the macro-external and internal environments of the institutions, the top manager with his team could seat down and be able to evaluate the healthcare organization's opportunities, threats, strengths, and weaknesses that will lead to strategic planning making.

Table 13. Goma Adventist Medical Center's Strengths, Weaknesses, Opportunities, and Threats

Potential Strengths	Potential Weaknesses
<ul style="list-style-type: none"> • Strong brand-name image as Seventh-day Adventist Church Institution • High skilled dental doctor with university specialization degree • Job commitment workers, • High education skilled and knowledge of health personnel with university degree • Church leadership support in terms of leadership, financial management, • The location, near the lake/tourist area 	<ul style="list-style-type: none"> • Poor financial health for short and long term operations • Medical building is too small for activities • Poor internal management and teamwork organization harmony, and teamwork • Lack of existing assets utilization • Lack of strategic plan document • Poor internal control system in place • Lack of inventory system, credit policy management • Lack of specialist doctors and medical personnel • Uncollectible accounts receivable • Ineffectiveness of church leadership monitoring • Mobility of some healthcare personnel
Potential Market Opportunities	Potential External Threats to Institution
<ul style="list-style-type: none"> • Geographic location with rich in tourism, commercial town, gateway to outside country from eastern DRC region to East Africa, and overseas. • The population is a mixed-synergistic people from lot of areas • Dental potential market available-few dentistry in Goma. • Economic prosperity in Goma city due to mineral extraction and trading, commerce, agriculture, live store, and dynamic population with rapidly growth, • High presence of NGOs offices in Goma • High concentration of population due to rural movement fleeing insecurity in rural area • Entering into alliance- potential agreement with local and outside county medical specialists to face competitors in Goma city. • Government tax systems favorable for healthcare sector • Facility to obtain various type of medical products around the city or outside of the country • Good partnership with special customers based on agreements with organizations such as UN and local NGOs, private companies, business traders, firms, SDA entities. 	<ul style="list-style-type: none"> • Increasing of competitors among health industry in Goma due to the easy entrance of investors according to the government laws facilities • Growth of bargaining power of customers and suppliers • Shifting of patients to other healthcare organizations when their needs are not immediately met • Lack suppliers to provide their medical products to customers/GAMC without cash. • Political-economic instability of the country, inflation, and corruption • The product prices are not regulated by government authority, every supplier fixes freely the products selling prices (price fluctuations) • The healthcare service quotations are independently fixed in different healthcare organizations. • Existing of strong and reputed hospitals with big capital, high experience, technology, and donations around GAMC. • Presence of reputed specialist doctors operating in Goma market for long time. • Lack of electric energy in Goma and at GAMC • Insecurity during the night that makes hard patients to come in the healthcare center during the night hours.

Focus Goals/Perspectives

1. Goal #1 – Financial Management
2. Goal #2 – Workforce management
3. Goal #3 – Church Leadership
4. Goal # 4 – Growth of healthcare Institutions

Description of Objectives

1. Financial management:
 - a. Increase 10 % in annually net profit
 - b. Attract and retain more patients' satisfaction at 30% by 2022
 - c. Expand revenue opportunities by 10% annually
 - d. Achieving 110 % working capital by 2022
2. Workforce management
 - a. Realigning healthcare skilled, competent workers at right positions at 70%
 - b. Increase number of healthcare specialists by 2 in 5 years
 - c. Meeting patient satisfaction value by 70% in 5 years
 - d. Reorganization the healthcare institution work system to match objectives annually
3. Leadership perspective
 - a. Setting a clear Strategic Plan and inform to all employees by June 2018
 - b. Ensure honest and effective managers by 80% in 2022
 - c. Control management and evaluating the institutional performance 1 time per year
 - d. Improving skills, training, and competences of managers by 50% in 5 years

4. Growth perspective
 - a. Gaining 30% market share in 5 years
 - b. Obtaining hospital center status by 2022
 - c. Achieving financial self-supporting at 110% within 5 years

Healthcare Institution Strategic Plan Design Sample

NORTH-EAST CONGO UNION MISSION OF SDA

HEALTHCARE INSTITUTION NAME: **Goma Adventist Medical Center (GAMC)**

P.O. Box: 116 Goma, DRC

Table 14. Table of Strategic Plan Design

AREA/ PERSPETIVES	OBJECTIVES	STRATEGY	ACTION PLAN	RESPONSIBLE	TIMELINE		RESOURCES/ COST	PERFORMANCE INDICATOR
					S-T	L-T		
Financial management	1.Increase 10 % in annually net profit	-Good welcome to patients/Customers - Increase productivity capacity at best cost - Maximize operating revenue - Minimize expenses -Build internal control integrated framework	- High quality consultation &treatment services to patients -Acquiring modern resources - Billing for services at best prices -Making budget and control exp. -Separation of duties, and control activities	-Receptionist, Doctors , and healthcare personnel Business Manager Business manager Director	Jan.-Dec. 2018	Dec.2022	See the Operating budget \$1,000 \$1,000 \$300,00 \$10,000 \$1,200 \$50,000	-Survey evaluation form by patients -Financial Reports
	2.Attract and retain more patients satisfaction at 30% by 2022	- Acquire new patients/Customers - Apply to Risk management - Seeking for Financing and donations -Diversify services(both strategic and financial options)	- Purchase/payments process flowchart,- Collecting funds process - Filling insurance products form - Financial Accounting records and Reporting -Outsource, establish new services for in or out of healthcare industry	Medical Director Director/ CFO Medical Director	Jan. 2018 April 2018	T0 2022 To 2022 To 2020 2019		-Office Files - Requisition/Purchases Filling -Insurance company Print out (ARM) -Committee Votes # of projects financed Financial Statements - Organization structure operating functions
	3.Expand revenue opportunities by 10% annually	-To value regular patients and granting discounts and credit for service costs - Achieve patients satisfaction needs	-Provide specific attractive advantage - Seek new donors and financing organizations partners	Medical Director Business manager	March2018 March2018	April 2019		-% repeat patients -Purchases,

(Table continues)

Table 14 (Continued). Table of Strategic Plan Design

	4.Achieving 110 % working capital by 2022	- Apply best-cost competitive strategy	- Providing distinctive scary healthcare facility	Marketing Director	June 2018	March2020	\$100,000	Requisition, receiving report, and Financial Statements
		- Improving pharmacy service with various products/drugs –both specialty and generic medicines open to public	-Market penetration and development	Medical Director	Jan.2019	Jan 2019 Dec. 2019	\$20,000	-Patient Register statistics - % revenue from new service activities # of new medical specialists -% increase in revenue from new patients/customers
		- Making Marketing plan	- Identifying the best regular patients/customers	Business Manager			Per Budget	
		-Maximize existing asset utilization	- Investigating market needs	Business Manager	March 2018	Dec.2022		
		- Running new addition services	-To strength and grow existing business activities	Board of institution	Jan. 2018	April 2022		
		-Acquiring diverse medical specialists and modern technology equipment than rivals	- Make a call for experienced missionaries	Business manager	March 2018	Dec. 2022		
		- Increasing revenue and profitability from new activities	- Rehabilitate infrastructure,& build new buildings	Business manager				Sales Ledger
		- Increase & keeping cash inflows	- Design Project financing-focus in social humanitarian area	Director/Board	Febr.2018			Bank reconciliation
		- Collecting maximum receivables timely	- Purchase new medical equipment		March 2018		\$20,000 per month	Financial Statements
		-Pay off credit of suppliers and creditors	- Running of new profitability project to run		Per Credit policy deadline	To 2022	\$4,000 monthly	
		- Reduce expense to low costs	- Increase sales in cash inflows and banking			Per Credit Policy timeline		
		- Setting a strong internal control system	-Build enough cash reserve					
			-Setting credit policy for Receivable					
			-Establish receivables collection table time policy					
			- Collecting patient receivables process					
			-Check budget before expense					
			- Write internal control system					

(Table continues)

Table 14 (Continued). Table of Strategic Plan Design

Workforce Management	1.Realigning healthcare skilled, competent workers at right positions By December 2019	<ul style="list-style-type: none"> -Job analysis -Workers performance appraisal - Assigning/hiring/appointing skilled employees that well fit job requirement/Well staffing AHCI -Improve job motivation 	<ul style="list-style-type: none"> --Job description in written -Delineate the organizational structure of whole institution -Evaluate every employee performance using evaluation form with scale grades - Reward employees 'effort 	<ul style="list-style-type: none"> Medical Director & Church Leadership -HRM Director 	<ul style="list-style-type: none"> Jan.2018 Jan.2018 	<ul style="list-style-type: none"> Dec.2018 	<ul style="list-style-type: none"> \$500 	<ul style="list-style-type: none"> -Performance appraisal Questionnaire -% of patients complaints
	2.Increase number of healthcare specialists by 2 within 5 years	<ul style="list-style-type: none"> -Human resources planning - Provide sponsorship to workers high education/technical training - Organize regular professional training and Updating personnel knowledge 	<ul style="list-style-type: none"> -Making financial provision annually for bursary -Sponsoring 2 persons in surgery and Imagery Technology technician -Organizing training by calling local and outside trainers 	<ul style="list-style-type: none"> Leadership-CFO Medical Director 	<ul style="list-style-type: none"> Jan. 2018 Aug.2018 Aug.2018 	<ul style="list-style-type: none"> To 2021 Mar.2022 Dec.2021 	<ul style="list-style-type: none"> \$14,400 \$2,000 \$500 	<ul style="list-style-type: none"> # of persons sponsored # of Employee trained
	3.Meeting patient satisfaction value by 70% in 5 years	<ul style="list-style-type: none"> - Having friendly workers to patients -Delivering high quality healthcare - Provide the Best-cost healthcare provider than competitors - Make effort to find out solutions to patients as much as possible 	<ul style="list-style-type: none"> -Conduct survey on the need of the patient and provide appropriate services that meet his needs -Survey the market prices from competitors in industry - Sign contract agreement with local specialists Doctors and technicians 	<ul style="list-style-type: none"> Director/Church higher leadership Director/Business Manager Director/Business manager/ marketing Dir. 	<ul style="list-style-type: none"> Jan.2018 	<ul style="list-style-type: none"> Dec.2022 		<ul style="list-style-type: none"> -# of patients with profiled preferences - Compare prices with competitors 'prices -Idem # of contracts signed
Leadership Involvement	1.Setting a clear Strategic Plan in place by June 2018	<ul style="list-style-type: none"> - Putting in place strong Board members -Hiring honest and competent managers/Directors or Responsible -Involve employees at all levels in crafting strategic planning 	<ul style="list-style-type: none"> Overseeing annually the board of directors for evaluating and next period planning -Gathering workers team for making strategic plan -Respecting recruitment process universal standards 	<ul style="list-style-type: none"> Leadership and Medical Director 	<ul style="list-style-type: none"> April 2018 	<ul style="list-style-type: none"> Dec.2019 	<ul style="list-style-type: none"> \$500/board 	<ul style="list-style-type: none"> -Putting on public place in board view

(Table continues)

Table 14 (Continued). Table of Strategic Plan Design

			<ul style="list-style-type: none"> -Select the best and competent managers -Communicating institutional specific strategic plan cross functional department in writing 		Jan. 2018	Jan.2019	\$500	-# of managers hired
	2.Control and evaluating the institutional performance annually	<ul style="list-style-type: none"> -Board meeting regularly -Request monthly financial & administrative reports -Regular official visits to AHCI 	<ul style="list-style-type: none"> -Preparing in advance specific agenda for the any meeting - Analyzing critically financial performance and strategize if necessary for more performance 	-Board of institution/Chairman Medical /Manager	June 2028	Dec.2022	\$100	# of staff meeting for strategic plan explanation
	3.Improving skills, training , competences, and honest of managers by 80% in 5 years	<ul style="list-style-type: none"> -Making various public relation with partners and worldwide SDA Church for donations and financings -Getting government legal documents - Looking for sponsorship and allocate fairly financial resources for training 	<ul style="list-style-type: none"> -Conducting administrative visits to healthcare institution -Organizing healthcare professional, technician seminars locally and outside -Specialization training program 	Church higher Leadership Manager and Board members	Jan-Jun 2018	March 2022	\$500	# of Board meeting per year
	4.Reorganize/redesign the healthcare institution work system to match with objectives	<ul style="list-style-type: none"> -Empowering leadership management, financial management, -Evaluation work information system -Evaluate the income per function and employee - Find out weaknesses of the flow work information system -Building a good information system that fit with the institutional objectives 	<ul style="list-style-type: none"> -Internal audit: financial &strategic -Revisit strategic plan, objectives - revise the information system and adjust the work system and workers based on structure and competence of every employee. - Drop the nonprofit activity, and add the profit activity 	Church leadership Chairperson	Dec.2018	June 2022	\$2,000	Frequency of seminars # of persons trained
				Board Chairman	April 2018	Dec.2018	\$20,000	Amount obtained
					Jun. 2018		\$500	Flowchart design
					March 2018		\$100	-Narrative commission report

(Table continues)

Table 14 (Continued). Table of Strategic Plan Design

Growth of AHCI's	1. Gaining 30% market share in 5 years	<ul style="list-style-type: none"> -Motivating for vision achievement - Discover and attract new market segments of patients -Develop leadership management -Increase physical, human, & financial resources - Making good relationship with government - Complying with government healthcare regulations 	<ul style="list-style-type: none"> -Promoting the institutional strategy -Moving and reach the market segments/patients even at home -Acquiring Ambulance vehicle - Identify government legal requirement for hospital status -Running activities to achieve the legal requirements -Obtained powerful resources -Installations of equipment & other resources - Legal documents possession for Hospital status 	<ul style="list-style-type: none"> Marketing Director Depart. Business Manager Union President Representative Medical Manager Business Manager Board members Leadership/Manager Business manager 	<ul style="list-style-type: none"> Dec.2022 June 2022 Aug.2022 Oct.2022 	<ul style="list-style-type: none"> \$ 500 \$20,000 \$500 \$2,000 \$150.000 \$500 	<ul style="list-style-type: none"> -Patient Register statistic report -Employee evaluation form survey -Union commission evaluation report -Government Health Ministry survey report -Convention between healthcare inst. and government -Physical chartered document signed by government -Financial Statement -Bank reconciliation
	2. Obtaining hospital center status in 2022						
	3. Achieving financial self-supporting at 110% within 5 years	<ul style="list-style-type: none"> - Producing Financial Reports monthly -Maximize revenue and minimize exp. - Make corrective actions for achieving financial objectives 	<ul style="list-style-type: none"> - Analyzing financial statements regularly - Evaluate existing, and new complementally businesses 				

Conclusion

This strategic plan program was designed to serve as a flexible model sample that should be adjusted according to the context and reality of each healthcare organization environment and location. Any organization which did not strategy for its future well-being was exposed to the failure. Strategic plan is a powerful tool that gives future direction of the institution and allow to efficiently allocating resources and evaluating work performance, if necessary leadership or management makes corrective adjustment decisions for objectives/goals achievements.

Operating Budget for AHCIS

The annual operating budget is a compilation of all functional sub-budgets of the whole institution. This section dealt with financial budget which was composed by both operating and investing budgets. Based on strategic plan program, especially operational actions plan of the healthcare institution, the manager was at point to make a general budget. Preparation budget forms which were filled by each functional service responsible were collected and make a general budget that was submitted to the board for approval, afterward executed by the business manager. Health care providers as Non-for- Profit Organization include clinics, ambulatory care organizations, health maintenance, home health agencies, hospitals, and nursing homes that provide healthcare (Beams, Anthony, Bettinghaus, &Smith, 2015) should ensure that operating budgets are made at year-end. The budget as know is composed by Revenues and Expenses.

Revenues: Sources of Income

- Patient service revenues - include room and board, nursing services, and other professional services. Patient revenues are recorded at full established rates when service has been provided.

- Premium fees- subscriber fees agreements with partners
- Other Operating revenues – Revenue from services to patients other than for health care and revenues from sales and services provides to non-patients
- Gifts and donations - cash donation, and assets from various donors, and appropriations

Operating Expenses

- Healthcare organizations record operating expenses on an accrual basis and normally specify functional categories for nursing services (like medical and surgical, intensive care, nurseries, operating rooms), other professional services (like laboratories, radiology, anesthesiology, pharmacy), general services (housekeeping, maintenance, etc.), administrative services (personnel, purchasing, insurance, governing board), and depreciation provision.
- Capital Expenses – Are projection funds allocated to investment in long-life assets

Operating Budget Model

The budget is to serve as the instrument of financial authorization and control of the institution. The Operating Budget model is presented in Appendix C is composed by income and expense items that are regrouped into different functional activities and classification of accounts. The funds are categorized into unallocated and allocated funds. It is elaborated on based of the actual performance which is projected to next coming year. Total revenues equal to total expenses that means that the budget is balanced. .

Program Implementation

Due to the time limitation, the program design has not been implemented on ground during the research period. But we think that the results of this research had much contributed to healthcare institutions operating in North-East Congo Union Mission where it was applied.

CHAPTER 5

SUMMARY, CONCLUSION & RECOMMENDATIONS

Summary

Healthcare service is one of the main methods of the Seventh-day Adventist Church to draw people to Jesus Christ as ultimate mission. To do so, Seventh-day Adventist health facility must effectively and efficiently deliver healthcare through its operations. However, the Adventist healthcare institutions in NECUM are confronted with several challenges that have affected their performance over many years. Hence, the purpose of this study was to seek answers for three main questions which were at center of this research, and formulated as follows: (i) what challenges are affecting the growth of Adventist healthcare institutions? (ii) What is the level of growth of Adventist healthcare institutions in NECUM? , and (iii) what are the solutions that can be proposed to minimize these challenges and turn the situation around?

Based on research questions, descriptive study was used for describing the AHCI's state. Survey strategy has been useful for data collection, analyzing data, and reporting results. Questionnaire method was developed to be the major instrument for data collection, supported interview method. Sixty-three (63) questionnaires from respondents were received out of sixty-eight (68) distributed out.

Findings from the study revealed that as shown in tables 8 to 11, there are serious challenges in terms of empowering, financial supports, controlling operating, and planning for healthcare institutions' managements for their performance and development headed the list of challenges. Secondly, lack of modern infrastructure and medical equipment resources were found big concerns facing the AHCI. Financial management was found a big issue especially the working capital management(receivables, uncollectable receivables, inventory, payables)for running operations, but also the inability to raise consistent operating revenue. Competent, accountable, and honest managers were found as big issues. Shortage of specialist medical doctors and professional healthcare personnel, diversity of human resources, and teamwork were found as concerns that affecting Adventist healthcare institutions growth, and competitors' threats facing the health facilities. As solutions, the church leadership and healthcare institution managers should work on these discovered challenges in order to turn the situation around.

Conclusion

From the research results, we can conclude that there are genuine challenges confronting the Adventist Health institutions in NECUM. Leadership, workforce, financial factors are all sources of challenges affecting the progressive growth of the health facilities. This challenge can affect quality healthcare service which is part of the SDA identity and strategy for evangelism. Therefore, this study should motivate all stakeholders to play an active role in overcoming the challenges confronting these health institutions.

Recommendations

According to the research results, the following recommendations are proposed:

A. To Church Leaders

1. The active involvement of church leadership in AHCI's operations is very important for their growth. Hence, the church leaders should develop; communicate clear vision, mission, and objectives for each healthcare institution. They should hire competent and honest managers, empower, motivate workers, control, and evaluate healthcare institutions performance, and bring all managers/employees to be accountable as good stewards.
2. The lack of modern competitive infrastructure and medical equipment resources can also affect the market share of the AHCI's. The Church should invest in ultramodern medical equipment and well maintained in replacing the obsolete in healthcare institutions in order to increase the capability, quality of services provided and to confront the competitor's threats. This is also a means of attracting people to the Church.
3. The Board and the leadership of the church must design an effective and efficient recruitment process that will ensure recruitment of qualified employees who are ethical and committed to the mission of the church.

B. Hospital Administrators

1. Financial management system of health facility should be well managed, especially working capital management. Building strong cash management system, and operating budget practice based on action plans in order to ensure day-to-day operations that generate much cash inflows, setting credit policy to

control for receivables. To establish a good internal control system per standards.

2. Regular training of existing workers should be regularly planned for upgrading employees' skills and competences, then outsource workers for relevant medical specialized areas.

Reform and reorganization initiatives should be established for modernization of Adventist healthcare institutions.

In order to improve the state of AHCI's growth, it is important to assess the external and internal environments and set competitive strategies to gain competitive advantage and gain more market share. Therefore, a strategic plan is proposed to deliberately put the recommendations into action plans

Suggestions for Future Research

The research had just opened valuable insights on the study path of curiosity about the state of Adventist healthcare institutions in NECUM. As limited creature, it could not be possible to identify all challenges facing the healthcare institutions.

Therefore, the study encourages other researchers to conduct further study in medical technical perspective and find out other relevant factors that affecting the growth and development of healthcare institutions in DR Congo in general and within NECUM in particular. The study also recommended future researchers to consider an area such as: The relationship between the usage of modern medicine technology and the healthcare organizations' growth, and also conduct the study with bigger sample size of population.

APPENDIXES

APPENDIX A

Letter of Authorization



EGLISE ADVENTISTE
DU SEPTIEME JOUR

North East Congo Attached Territory
B.P. 116 GOMA/DRC
Q.Himbi, Avenue Alindi N°008
E-mail : erastoncbegoma@yahoo.fr
Tel. : +243 97241099

RE: Request for research data collection data

Goma. 02/11/2017


To: NECUM President

Dear Pastor,

I am pleased to come to you for requesting the authorization to conduct academic research into the Adventist healthcare institutions which are operating in various Fields/Mission and institutions under NECUM territory.

I'm doing Masters of Business Administration at Adventist University of Africa, whereby I am writing the project to finish my studies. I am much interested to study on CHALLENGES AFFECTING THE GROWTH OF HEALTHCARE INSTITUTIONS OPERATING WITHIN NECUM territory. Because the healthcare institutions are operating under NECUM' Fields/Missions administrations, and as I plan to collect data through distributing the questionnaires to healthcare institutions on ground, I will much appreciate it if I am granted the authorization in order to fulfill academic requirements.

Sincerely,


Eraston Habiyambere
AUA MBA student

C.C: - Executive Secretary, NECUM
- Treasurer, NECUM
- Fields/Mission Officers
- Adventist Healthcare Institutions Managers

*Approved by the
Union president of
North East Congo Union
Mission*



APPENDIX B

Questionnaires

Dear Respondent,

I am a student at Adventist University of Africa (AUA). This questionnaire is designed to study the state of Adventist healthcare institutions in North-East Congo Union Mission (NECUM). The information you provide will help us to better understand the aspects related to the growth of Adventist health institutions that are operating within NECUM. We are much interested in investigating on **challenges** affecting the **growth** of Adventist Healthcare Institutions (AHCIs).

Because you are the one who can give a correct picture how you experience or perceive the state of Adventist healthcare institutions locally, I request you to kindly respond to the questions frankly and honestly through the questionnaire as attached. Your response will be kept strictly confidential. In order to ensure the utmost privacy and that all information will remain confidential; please don't write your name on questionnaire. The completed questionnaire will not be made available to anyone other than research team.

Thank you in advance for your time and cooperation. We greatly appreciate the help in furthering this research endeavor.

Habiyambere N. Eraston
MBA Candidate at AUA

Please mark with (√) the appropriate response that apply to you.

1. Number of years worked in your healthcare institution 2. Your gender

- | | | | |
|-------------|-----|--------|-----|
| Less than 5 | [] | Male | [] |
| 5 - 10 | [] | Female | [] |
| 11 – 20 | [] | | |
| 21 – 30 | [] | | |
| Over 30 | [] | | |

3. What is your occupation?

- | | |
|------------------|-----|
| Medical Doctor | [] |
| Nurse | [] |
| Lab technician | [] |
| Business manager | [] |
| Other _____ | |

4. Education qualification levels of employees. Write the number into brackets

- | | |
|--|-----|
| No formal education | [] |
| Primary school | [] |
| A3 – (2 years of secondary medical school) | [] |
| A2 – (4 years of secondary medical school) | [] |
| A1 – (3 years of university nursing level) | [] |
| A0- Dr (Doctor of Medicine) | [] |
| Other study schools | [] |

Section 1: Church Leadership Involvement

Please circle the most appropriate number that describes your perception.

Strongly Disagree=1 Disagree=2 neutral=3 Agree=4 Strongly Agree=5					
1. The church leadership often reminds employees about vision, mission, and objectives of the health facility.	1	2	3	4	5
2. The institution’s structure is clearly delineated at all levels of functions	1	2	3	4	5
3. Higher organization ensures competent, and qualified managers at head of institution are hired	1	2	3	4	5
4. Higher organization ensures honest managers at head of institution are hired	1	2	3	4	5

5. The church leadership has positive relationship with government and external partners	1	2	3	4	5
6. 10. My institution receives regular visits from church leaders	1	2	3	4	5
7. 11. My institution receives financial support from church leaders	1	2	3	4	5
8. 12. Whenever a crisis happens, leadership is prompt to find out solution and update workers, then reorganizes the work system	1	2	3	4	5
9. 13. The leadership regularly evaluates activities, performance and initiates corrective actions to sustain the institution.	1	2	3	4	5
10. 14. This health facility is a top priority of the church leadership	1	2	3	4	5
11. 15. The manager monitors external opportunities and threats and reacts for the benefits of institution	1	2	3	4	5

Section 2: Workforce Management

Please circle the number that corresponds to your most appropriate response, using the scale below.

Strongly Disagree=1 Disagree=2 neutral=3 Agree=4 Strongly Agree=5					
1. 16. Recruitment process is done based on technical, professionalism factors and job requirement specifications	1	2	3	4	5
2. 17. The institution lack qualified and skilled health workforce	1	2	3	4	5
3. 18. Job descriptions for each employee are well defined and signed according to organizational structure of the institution	1	2	3	4	5
4. 19. Performance evaluation, and training strategies are used by managers to enhance employees' competences	1	2	3	4	5
5. 20. Director / head of the institution is a visionary, and committed person	1	2	3	4	5

6. 21. Physician-directors or manager and health personnel perform services which are in conflict of interest with the institution as employer	1	2	3	4	5
--	---	---	---	---	---

Section 3: Financial Management

Please circle the most appropriate answer, using the scale bellow.

Strongly Disagree=1	Disagree=2	Neutral=3	Agree=4	Strongly Agree=5	
1. The institution assets are well managed by the person entrusted at head of the institution	1	2	3	4	5
2. The institution often faces cash/capital shortage to run operations	1	2	3	4	5
3. Shortage of medicine/ drugs is a big issue to sustain operations	1	2	3	4	5
4. Patients and debtors that owe institution do not reimburse on time	1	2	3	4	5
5. There is a high accounts receivable and uncollectible	1	2	3	4	5
6. Inability to pay on time debts incurred/ payables to suppliers and creditors is a big issue	1	2	3	4	5
7. Strategies to raise revenues are low to cover operating expenditures	1	2	3	4	5
8. All funds received are deposited into the bank or kept in a secure place before its used according to petty cash standards	1	2	3	4	5
9. The deficiency of the standardized accounting system adversely affects the transparency of the institution's management	1	2	3	4	5
10. The purchasing power of the population is low for acquiring effective health care	1	2	3	4	5

Section 4: Growth of Healthcare Institution

Kindly circle the number corresponding to your most appropriate response, using the scale below.

Strongly Disagree=1 Disagree=2 neutral=3 Agree=4 Strongly Agree=5					
1. My healthcare institution is gaining more and more market share in number of patients or clients	1	2	3	4	5
2. The quality of healthcare service offered has improved	1	2	3	4	5
3. The income level for running short-term operations in this healthcare institution has improved	1	2	3	4	5
4. The institution has moved from lower healthcare status to higher status in the course of its existence	1	2	3	4	5
5. This institution is enjoying a growing positive reputation within the community	1	2	3	4	5
6. Political-economic instability and corruption negatively affected the development of the health institution	1	2	3	4	5

In your own view, list the three major challenges affecting the growth of this health facility.

I sincerely appreciate your time and cooperation that you have reserved to respond the questions.

Please check to make sure that you have not skipped any questions.

Thank you very much.

APPENDIX C

Interview Guide to AHCI's

Identification des Institutions de Santé Adventistes dans NECUM et Fields/Mission

1 Nom de l'organisation (Field/Mission) : Total de structures de santé:

N0	Nom des institutions	Status	Date de creation	Lieu - Location	Nombre du Personnel	Niv. Educ. du Responsable	Nombre niveau de Qualification				
							Dr /A0	A 1	A 2	A 3	Autres
1											
2											
3											
4											

ENCERCLEZ OUI ou NON SELON VOTRE APPRECIATION

2. Votre institution de santé dispose-t-elle de structure organisationnelle au complet ? Oui/Non
3. A-t-elle des Comité Directeur et Comité Administratif qui se réunissent régulièrement? Oui/Non
4. A-elle de plan stratégiques et les objectifs ? Oui/Non
5. Institution dispose-elle du système comptable (selon la comptabilité Adventiste)? Oui/Non
Si non, quelle est la raison?
-
6. Elaborez-vous des budgets de fonctionnement chaque année Oui/Non
7. Donne telle des rapports financiers à l'hierarchie (Field/Union) Oui/Non
8. Chaque ouvrier dispose-t-il de la description de tâches écrites Oui/Non
9. L'institution de santé, a-t-elle le Règlement de Travail de SDA? Oui/Non
10. En quoi, l'administration de l'église (Field/Mission) assiste votre institution de santé?

Merci beaucoup pour votre contribution.

APPENDIX C (Translation)

Interview Guide to AHCI

Identification of Adventist Healthcare Institutions in NECUM and Fields / Mission

1. Organization name (Field/Mission: _____) Total Healthcare institutions: _____

No	Name of Institution	Starting Date	Location	No of Personnel	Responsible Educ. Level	Number of Education Qualification Level				
						Dr(A0)	A1	A2	A3	Others
1										
2										
3										
4										

Dr (A0) = Doctor of Medicine; A1= Bachelor of Nursing; A2=Secondary School Degree in nursing; A3= Two Years of Nursing at Secondary School level; others= Miscellaneous education study area than healthcare.

Circle YES or NO According to your appreciation

2. Does your health institution have an entire organizational structure? Yes / No
3. Does it have board and Administrative Committee which regularly meet? Yes No
4. Do they have goals and strategic plans? Yes / No
5. Does the institution have the accounting system (based on Adventist accounting standards)?Yes No
If no, what is the reason?

6. Do you develop operating budgets each year? Yes / No
7. Does the institution produce and submit financial reports to the hierarchy (Field / Union)? Yes / No
8. Does every worker have the job description in written? Yes / No
9. Does each health institution have the SDA Work Policy? Yes/ No
10. How does the Church Administration (Field / Mission) assist your health institution?

Thank you very much for your contribution.

APPENDIX D

Operating Budget Design Sample for a Hospital

ABC ADVENTIST HOSPITAL

P.O. BOX. _____, _____, DRC

*All Amounts in
USD*

A. OPERATING REVENUE

No	Description	Operating Budget for 2018						Total Amount for 2018	Actual Dec. 2017		Total Amount	Budget 2017
		Unity	Freq	Qty	U.P	Amount	Allocated		Unalloc. Funds	Alloc. Funds		
	PATIENTS SERVICES REVENUES											
N 0. 1	General Medicine Dept.											
	Bed fees & Board Income	50 pces	20	30	10	6 000,00		6 000	6 000		6 000	5 400
	Consultation fees Inc.	Patient	1	200	5	1 000,00		1 000	1 000		1 000	900
	Drugs Income	cure	1	100	50	5 000,00		5 000	5 000		5 000	4 500
	Nursing income		1	150	40	6 000,00		6 000	6 000		6 000	5 400
	Dentistry income		5	50	100	25 000,00		25 000	25 000		25 000	22 500
	IPD Supplies Income		1	12	50	600,00		600	600		600	540
	Laboratory Income		1	60	10	600,00		600	600		600	540
	Maternity Income		1	15	120	1 800,00	1 500	3 300	2 300	1 000	3 300	2 970
	OPD Drugs Income		1	12	660	7 920,00		7 920	7 920		7 920	7 128
	OPD Supplies		1	12	500	6 000,00		6 000	6 000		6 000	5 400
	Registration Fees Income		1	400	5	2 000,00		2 000	2 000		2 000	1 800
	Surgery Income		1	20	150	3 000,00		3 000	3 000		3 000	2 700
	Radiology Income		1	40	15	600,00		600	600		600	540
	Total Patient Revenues					65 520,00	1 500,00	67 020	66 020	1 000	67 020	60 318,00

(Operating Budget continues)

Appendix D (continued). Operating Budget Design Sample for a Hospital

N 0 2	DEPARTMENTAL & SERVICE INCOME											
	House Rent Income		1	1	300	\$300,00		300	300		300	270
	Ambulance Vehicle		1	1	15 000		15 000	15 000	15 000		15 000	13 500
	Other Operating Income		1	20	100	\$2 000,00		2 000	2 000		2 000	1 800
	Total Departmental and Services					2 300	15 000	17 300	17 300	0	17 300	15 570
	TOTAL EARNED INCOME					67 820	16 500	84 320	83 320	1 000	84 320	75 888

B. OPERATING EXPENSES

N o t e s		Operating Budget for 2018						Total Amount	Actual Dec. 2017		Total Amt Actual 2017	Budget 2017
		Unity	Freq ,	Qty	Unit Price	Unall. Fds	Alloc.Fds		Unall.Fds	Alloc.Fds		
N 0 3	SALARY & ALLOWANCES											
	Basic Salary		10	12	280	33 600	720,00	34 320,00	34 320,00		34 320	30 888
	Auxiliary Salaries- Salary Grant Exp.		1	12	100	1 200		1 200,00	1 200,00		1 200	1 080
	Travel Allowance-Local		1	12	40	480		480,00	480,00		480	432
	Housing Allowance		1	12	120	1 440		1 440,00	1 440,00		1 440	1 296
	Utilities Allowance		1	12	100	1 200		1 200,00	1 200,00		1 200	1 080
	Medical Allowance		1	12	60	720		720,00	720,00		720	648
	Education Allowance		1	12	180	2 160		2 160,00	2 160,00		2 160	1 944
	Responsibility Allowance		1	12	80	960		960,00	960,00		960	864
	Social Security Allowance- INSS		1	12	60	720		720,00	720,00		720	648
	Income Tax Allowance		1	12	200	2 400		2 400,00	2 400,00		2 400	2 160
	Insurance Alliance : AD&D and Survivor		1	12	50	600		600,00	600,00		600	540
	Total Salaries and Allowances				1 270	45 480	720,00	46 200,00	46 200,00	0,00	46 200,00	41 580,00
N 0 4	DEPARTMENTAL AND SERVICE EXPENSES											
	workshop Expense		1	4	200	800		800,00	800,00		800	720

(Operating Budget continues)

Appendix D (continued). Operating Budget Design Sample for a Hospital

	Central Supplies Expense		1	12	50	600		600,00	600,00		600	540
	Charity Expense		1	12	10	120		120,00	120,00		120	108
	Hospital Drugs Expense		1	12	60	720		720,00	720,00		720	648
	Dental Expense		1	12	80	960		960,00	960,00		960	864
	Pharmacy Expense(COGS)		1	12	150	1 800		1 800,00	1 800,00		1 800	1 620
	Infusion Project Expense		1	12	50	600	1 200	1 800,00	1 800,00		1 800	1 620
	Laboratory Expense		1	12	20	240		240,00	240,00		240	216
	Maternity Expense		1	12	120	1 440		1 440,00	1 440,00		1 440	1 296
	Transportation Expense		1	12	120	1 440		1 440,00	1 440,00		1 440	1 296
	Moto vehicle /Mot Repair Expense		1	12	120	1 440		1 440,00	1 440,00		1 440	1 296
	OPD Supplies Expense		1	12	120	1 440		1 440,00	1 440,00		1 440	1 296
	Photocopy and Secretary service		1	12	10	120		120,00	120,00		120	108
	Staff house Equipment Exp and repair		1	12	120	1 440		1 440,00	1 440,00		1 440	1 296
	Stipend Expense		1	12	50	600		600,00	600,00		600	540
	Surgery Expense		1	12	60	720		720,00	720,00		720	648
	Telephone and postage Expense		1	12	30	360		360,00	360,00		360	324
	Radiology Expense (X-ray,Scan)		1	12	25	300		300,00	300,00		300	270
	Other Departmental Expense		1	12	250	3 000		3 000,00	3 000,00		3 000	2 700
	Total Department and Services Exp.				1 645	18 140	1 200	19 340,00	19 340,00	0	19 340	17 406
N05	GENERAL AND ADMINISTRATIVE EXP.											
	Committee Expense		1	2	400	800		800,00	800,00		800	720
	Compound Upkeep Expense		1	12	100	1 200		1 200,00	1 200,00		1 200	1 080
	Administrative Expense		1	12	20	240		240,00	240,00		240	216
	General Travel Expense		6	12	50	3 600		3 600,00	3 600,00		3 600	3 240
	Bank Charge Expense		1	12	10	120		120,00	120,00		120	108
	Telephone Expense : Communication		1	12	20	240		240,00	240,00		240	216
	Postage and Stamp Expense		1	12	10	120		120,00	120,00		120	108
	Office Supplies Expense		1	12	10	120		120,00	120,00		120	108
	Casual Laborers Expense		1	12	50	600		600,00	600,00		600	540
	Equipment Depreciation		1	12	10	120		120,00	120,00		120	108

(Operating Budget continues)

Appendix D (continued). Operating Budget Design Sample for a Hospital

Building Depreciation		1	12	20	240		240,00	240,00		240	216
Evangelism and Chaplains Expense		1	12	10	120		120,00	120,00		120	108
Fuel Expense		1	12	50	600		600,00	600,00		600	540
Maintenance and Repair Equipment, others		1	12	30	360		360,00	360,00		360	324
Overtime Expense		1	12	50	600		600,00	600,00		600	540
Seminars Expense		3	12	100	3 600		3 600,00	3 600,00		3 600	3 240
Uniforms Expense		1	12	15	180		180,00	180,00		180	162
Light and water Expense		1	12	15	180		180,00	180,00		180	162
Property Insurance		1	12	10	120		120,00	120,00		120	108
Computer & TIC Exp.		1	12	15	180		180,00	180,00		180	162
Watchmen and Security Expense		2	12	100	2 400		2 400,00	2 400,00		2 400	2 160
Bad debts		1	20	50	1 000		1 000,00	1 000,00		1 000	900
Legal Service and Public Relation Exp		1	12	100	1 200		1 200,00	1 200,00		1 200	1 080
Visa Expense		2	12	50	1 200		1 200,00	1 200,00		1 200	1 080
Workers in Contract Salary Exp		3	12	50	1 800		1 800,00	1 800,00		1 800	1 620
Other Operating Expense		1	12	153	1 840		1 840,00	1 840,00		1 840	1 656
Total General and Administrative Exp.				1 498	22 780	-	22 780,00	22 780,00	\$0,00	\$22 780	\$20 502
Total Operating Expenses					86 400	1 920	88 320	88 320	0	88 320	79 488
Excess (Deficit) Before Appropriation					-18 580	14 580	-4 000	-5 000	1 000	-4 000	-3 600

(Operating Budget continues)

Appendix D (continued). Operating Budget Design Sample for a Hospital

No		Operating Budget for 2018						Total Budget	Actual Dec. 2017		Tot. Actual	Budget
		Unity	Freq.	Qty	Unit Price	Unall. Fds	Alloc.Fds	Amount	Unall.Fds	Alloc. Fds	Amount	2017
No 6	APPROP. AND DONATIONS											
	Appropriation received		1	12	1000	12 000		\$12 000,00	10 800		10 800	10 800
	Contributions from Donors-Restricted		1	1	15000		15 000	\$15 000,00		13 500	13 500	13 500
	Other Special Apprpr.		1	1	1200	1 200		\$1 200,00	1 800		1 800	1 080
	Total Appropriation & Donation		1	1	17 200	13 200	15 000	28 200,00	12 600	13 500	26 100	25 380
	Excess (Deficit) After Appropriation					-5 380	29 580	24 200	7 600	14 500		21 780
No 7	C. INVESTMENT EXPENDITURE & RESERVES											
	Laboratory Machine	Mach	1	1	1 200	1 200	0	\$1 200,00			0	1 080
	Ultra Sound Machine	Mach	1	1	15 000	15 000	0	\$15 000,00			0	13 500
	Solar System Equipment	Kit	1	1	1 200	1 200	0	\$1 200,00			0	1 080
	Metallic Beds	Metallc	1	20	100		2 000	\$2 000,00			0	1 800
	Allocated Funds- Reserves		1	12	400		4 800	\$4 800,00			0	4 320
	Total Investment Expenses				17 900	17 400	6 800	24 200	0	0	0	21 780
	Excess (Deficit) of operating Budget					-22 780	22 780	0	7 600	14 500	0	0

APPENDIX E

Statistical Analyses

Demographic Distribution Tables

Occupation of Respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Medical Doctor	7	11.1	11.1	11.1
Nurse	19	30.2	30.2	41.3
Lab Technician	6	9.5	9.5	50.8
Valid Business Manager	15	23.8	23.8	74.6
Other	16	25.4	25.4	100.0
Total	63	100.0	100.0	

Sex of Respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	45	71.4	71.4	71.4
Female	18	28.6	28.6	100.0
Total	63	100.0	100.0	

Number of service

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 5	23	36.5	36.5	36.5
5 – 10	14	22.2	22.2	58.7
11-20	7	11.1	11.1	69.8
21-30	12	19.0	19.0	88.9
Over 30	7	11.1	11.1	100.0
Total	63	100.0	100.0	

Statistics

	Three major Challenges 1	Three major Challenges 2	Three major Challenges 3
N Valid	63	63	62
Missing	0	0	1

1. Leadership involvement table scale

RELIABILITY

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.746	.746	11

Descriptive Statistics

Items	N	Mean	Std. Deviation
DI1 The church leadership often reminds employees about vision, mission, and objectives of the health facility.	63	3.5397	1.14758
DI2 The institution's structure is clearly delineated at all levels of functions	63	3.1429	1.18943
DI3 Higher organization ensures competent, and qualified managers at head of institution are hired	63	3.2540	1.13547
DI4 Higher organization ensures honest managers at head of institution are hired	63	2.937	1.0757
DI5 The church leadership has positive relationship with government and external partners	63	3.0635	1.25561
DI6 My institution receives regular visits from church leaders	63	2.9048	1.20100
DI7 My institution receives financial support from church leaders	63	2.3968	1.18512
DI8 Whenever a crisis happens, leadership is prompt to find out solution and update workers, then reorganizes the work system	62	2.8710	1.18022
DI9 The leadership regularly evaluates activities, performance and initiates corrective actions to sustain the institution.	63	2.8095	1.17579
DI10 This health facility is a top priority of the church leadership	63	3.1111	1.24578
DI11 The manager monitors external opportunities and threats and reacts for the benefits of institution	63	3.1746	1.11500
Valid N (listwise)	62		

2. Workforce Management scale table

Reliability Statistics

Cronbach's Alpha	N of Items
.696	4

Descriptive Statistics

Descriptive Statistics

Items	N	Mean	Std. Deviation
WKF1 Recruitment process is done based on technical, professionalism factors and job requirement specifications	63	3.1429	1.24249
WKF2 The institution lack qualified and skilled health workforce	63	2.7460	1.36746
WKF3 Job descriptions for each employee are well defined and signed according to organizational structure of the institution	63	3.3492	1.13818
WKF4 Performance evaluation, and training strategies are used by managers to enhance employees' competences	63	2.8730	1.32582
WKF5 Director / head of the institution is a visionary, and committed person	63	3.5079	.94822
WKF6 Physician-directors or manager and health personnel perform services which are in conflict of interest with the institution as employer	62	2.4194	1.37362
Valid N (listwise)	62		

3. Financial Management Challenges

Cronbach's Alpha	N of Items
.702	9

Descriptive Statistics

Items	N	Mean	Std. Deviation
FIN1 The institution assets are well managed by the person entrusted at head of the institution	63	3.4762	.85868
FIN2 The institution often faces cash/capital shortage to run operations	63	3.5873	1.21330
FIN3 Shortage of medicine/ drugs is a big issue to sustain operations	63	3.6190	1.21055
FIN4 Patients and debtors that owe institution do not reimburse on time	63	3.4127	1.25254
FIN5 There is a high accounts receivable and uncollectible	62	3.6774	1.00448
FIN6 To pay on time debts incurred/ payables to suppliers and creditors is a big issue	63	3.2857	1.09881
FIN7 Strategies to raise revenues are low to cover operating expenditures	63	3.4286	1.20100

FIN8 All funds received are deposited into the bank or kept in a secure place before its used according to petty cash standards	63	3.6667	1.29515
FIN9 The deficiency of the standardized accounting system adversely affects the transparency of the institution's management	63	3.0476	1.28802
FIN10 The purchasing power of the population is low for acquiring effective health care	63	3.5238	1.35429
Valid N (listwise)	62		

4. Growth of Healthcare Institutions

Reliability Statistics

Cronbach's Alpha	N of Items
.716	5

Descriptive Statistics

Items	N	Mean	Std. Deviation
GW1 My healthcare institution is gaining more and more market share in number of patients or clients	63	2.8571	1.11958
GW2 The quality of healthcare service offered has improved	63	3.5714	.89288
GW3 The income level for running short-term operations in this healthcare institution has improved	63	2.8889	.95227
GW4 The institution has moved from lower healthcare status to higher status in the course of its existence	63	2.9683	1.17732
GW5 This institution is enjoying a growing positive reputation within the community	63	3.5238	1.02952
GW6 Political-economic instability and corruption negatively affected the development of the health institution	63	3.5714	1.14602
Valid N (listwise)	63		

5. Major Challenges affecting the growth of AHCI

Three major Challenges 1

	Frequency	Percent	Valid Percent	Cumulative Percent
Lack of modern equipment and infrastructure	8	12.7	12.7	12.7
Lack of Accountability, honesty, and asset misappropriation	15	23.8	23.8	36.5
High and strong competitors	8	12.7	12.7	49.2
Lack of financing	2	3.2	3.2	52.4
Shortage of qualified specialist doctors and workers	1	1.6	1.6	54.0
Lack of teamwork and collaboration at workplace	5	7.9	7.9	61.9
Lack of Church Leadership involvement and visits	22	34.9	34.9	96.8
Politic instability and population poverty	1	1.6	1.6	98.4
Shortage of drugs and medical products	1	1.6	1.6	100.0
Total	63	100.0	100.0	

Three major Challenges 2

Items	Frequency	Percent	Valid Percent	Cumulative Percent
Lack of modern equipment and infrastructure	15	23.8	23.8	23.8
Lack of Accountability, honesty managers	8	12.7	12.7	36.5
High and strong competitors	6	9.5	9.5	46.0
Lack of financing	5	7.9	7.9	54.0
Shortage of qualified specialist doctors and workers	8	12.7	12.7	66.7

Lack of teamwork and collaboration at workplace	3	4.8	4.8	71.4
Poor salary	3	4.8	4.8	76.2
Lack of workers training	2	3.2	3.2	79.4
Lack of Church Leadership involvement and visits	9	14.3	14.3	93.7
Politic instability and population poverty	3	4.8	4.8	98.4
Shortage of drugs and medical products	1	1.6	1.6	100.0
Total	63	100.0	100.0	

Three major Challenges 3

	Frequency	Percent	Valid Percent	Cumulative Percent
Lack of modern equipment and infrastructure	9	14.3	14.5	14.5
Lack of Accountability, honesty, and asset misappropriation	6	9.5	9.7	24.2
High and strong competitors	5	7.9	8.1	32.3
Lack of financing	14	22.2	22.6	54.8
Shortage of qualified specialist doctors and workers	7	11.1	11.3	66.1
Lack of teamwork and collaboration at workplace	2	3.2	3.2	69.4
Poor salary	4	6.3	6.5	75.8
Lack of workers training	4	6.3	6.5	82.3
Lack of Church Leadership involvement and visits	6	9.5	9.7	91.9
Politic instability and population poverty	4	6.3	6.5	98.4
	1	1.6	1.6	100.0
Total	62	98.4	100.0	
Missing System	1	1.6		
Total	63	100.0		

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II. PERSONAL INFORMATION

Nationality: Congolese
Date of Birth: August 20, 1966
Place of Birth: Luusha
Gender : Male
Marital Status: Married
Number of Dependants: 3
Resident of: Goma, DR Congo

III. EDUCATION

Education Degrees

June 2013-2018: **MBA Candidate, Specialization in Finance**, at Adventist University of Africa, Nairobi, Kenya

2007-2010: **Postgraduate Diploma of Licence for Information Technology**

2007-2009: **Programme d'Etudes Approfondies (DEA), Gestion Financière et Comptable-Accounting and Finance** (not defended), at Université Pédagogique Nationale (UPN) - Kinshasa, DR Congo

1999-2001: **Postgraduate Diploma of License, in Management and Economics: Accounting and Finance**. At University of CEPROMAD-UNIC/ISGEA, Goma, DR Congo

- 1988-1993:** **Undergraduate Degree Diploma (BBA), Business of Administration,** Adventist University of Central Africa (AUCA), Rwanda
- 1980-1988:** Diplôme d'Etat des Humanités, Physics and Mathematics, at Kanyatsi Secondary School, DR Congo
- 1973-1979:** Certificate of Primary Schools, E.P Muleha, DR Congo

Trainings and Certifications

- 2011, 2012, and 2014:** Seminar and Training for SunPlus Accounting System Software, and Information Technology, in Bujumbura, Burundi by General Conference of SDA, Certificate obtained.
- 2010:** Training for OHADA Accounting System, in Goma/DRC, with Certificate diploma
- 2008:** Training for Journalism and Media in Goma, Certificate diploma
- 2006:** Training and workshop on the finance and Treasury Management, Nairobi, Kenya.
- 2004:** SunPlus Accounting System, and Risk Management-insurance training, by East-Central Africa Division, in Mombasa, Kenya, with certification.

IV. PROFESSIONAL EXPERIENCE

2016 - Present: Associate Treasurer, at North East Congo Union Mission of SDA

May 2011- 2015: Chief Finance Officer (Treasurer)

At Burundi Union Mission of Seventh-day Adventist Church

B.P. 1710 Bujumbura, Burundi, Av. C.P.L Rwagasore No 126

Main duties performed:

1. Oversees financial management, and protect the organization wealth
2. Prepares and controls the operating budgets
3. Manages all Bank Operations (deposits, transfers, withdraw, etc.)
4. Manages and monitor the organizational finance activities, and internal control system
5. Prepares the Audits (Both internal and external audits)
6. Supervises and coordinates the treasury department
7. Produces and report the financial statement monthly
8. Manages the Assets and Insurances, and retirement affairs

9. Authorizes the disbursements and budgetary control
10. Advises the CEO in finance area
11. Member of Executive Committee and other subcommittees
12. Chairs Construction, finance, and Bursary committees
13. Supervises all buildings projects
14. Supervises all the sub-entities treasury in whole national area, and accounting systems

2008- April 2011: Assistant Treasurer

North-East Congo Attached Territory, B.P. 116 Goma,
 DR Congo
 Q.Himbi, Av, Alindi No 008

2005 – 2008: Chief Accountant

North-East Congo Attached Territory, B.P. 116
 Goma, DR Congo
 Q.Himbi, Av, Alindi No 008

1. Supervises accounting service
2. Produces the financial statements
3. Keeps Asset Register
4. Ensures accounting and finance filing
5. Any others duties assigned by the supervisor
6. In charge of income tax
7. Ensures Insurance affairs (persons and properties)

1996 -2005: Accountant

Association du Kivu central of SDA, B.P. 109 Goma,
 DR Congo

North-East Congo Attached Territory, B.P. 116 Goma

1. In charge of accounting book-records
2. Financial Statements Reporting

1995 – 1996: Internal Auditor

Association du Kivu central of SDA, B.P. 109 Goma, DR Congo

1. Conducts the audit and control the book-records of all local churches within Association
2. Charge in inventory
3. Reports the audit to the administration

1994 – 1995: Teacher of Accounting at Secondary School

Secondary school of accountancy and administration, at Butare/Mokoto secondary school, North-Kivu, DR Congo.

V. SKILLS

Technical Area: Computer Skills and Accounting

Skill	Level	Years Practiced
Computer Maintenance and Repair	Good	1966 – 2012 (16 years)
Database Design Management		
a. Database: SQL Server, Oracle	Intermediate	2010 – Present
b. Programming: ULM, VB, C #	Intermediate	2010 - Present
c. IT- Network Administration:	Very good	2010 - Present
With Windows Server 2003, Linux/fedora		
MS Windows, MsWord, Excel,	Very good	More than 18 years
Power Point, MsAccess, Keyboard	Very good	More than 20 Years
Accounting System implementation	Very good	More than 14 years

VI. LANGUAGES

Languages	Level
French	Expert
English	Good
Swahili	Expert

VII. INTERESTS

I personally like the noble job of teaching, accounting, budgetary, financial management, and research.