

## PROJECT ABSTRACT

Master of Arts in Leadership

Adventist University of Africa

School of Postgraduate Studies

**TITLE: STRATEGIES TO ESTABLISH RELEVANT HEALTHCARE INSTITUTIONS FOR SUSTAINABLE HEALTHCARE PROVISION IN SOUTH KIVU, NORTH-EAST CONGO UNION MISSION, DEMOCRATIC REPUBLIC OF CONGO**

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Date completed: April 2018

Promotion and management of healthcare institutions have been a serious challenge of the South Kivu field, an institution which belongs to the Seventh-day Adventist church in North-East Congo Union Mission in the Democratic Republic of Congo. The Field tried to establish healthcare institutions and did not succeed yet the establishment of healthcare institutions could have positive effects on the Field and people of the area.

The purpose of this project was to establish a pilot healthcare institution within South Kivu Field, to determine strategies for implementation and contributing factors from this healthcare institution, and the impacts of those contributing factors within and outside it.

The study utilized a cross-sectional design method using both qualitative and quantitative data collection with a simple random sampling technique to select the

sample from Bunyakiri district members. At most the project analyzed the strengths; the weaknesses; the opportunities and threats which can be found in an area to enhance the development of a healthcare institution or to restrain it.

The study ended with the establishment of Bulungu healthcare institution within Bunyakiri district. Bulungu is the locality in the grouping of Kalonge, the territory of Kalehe, an extent under Bunyakiri district within South Kivu Field. This area was fixed according to the cartography of health zone as required by the government. At most the contributing factors from a healthcare institution and the strategies for implementation were approved by the respondents. The respondents explained also the willingness to support the healthcare institution once it began.

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INSTITUTIONS FOR SUSTAINABLE HEALTHCARE  
PROVISION IN SOUTH KIVU, NORTH-EAST  
CONGO UNION MISSION, DEMOCRATIC  
REPUBLIC OF CONGO

A project  
presented in partial fulfillment  
of the requirements for the degree  
Master of Arts in Leadership

by  
Mutimanwa Tchaka

April 2018

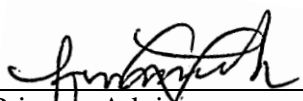


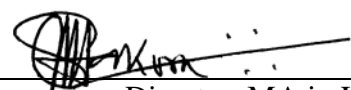
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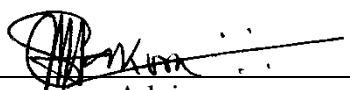
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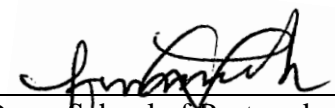
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This work is dedicated to South Kivu Field and my family for their support during the time of working for this degree.

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## LIST OF ABBREVIATIONS

AUA	Adventist University of Africa
DRC	Democratic Republic of Congo
ECD	East-Central Africa Division
HIV	Human Immunodeficiency Virus
NECUM	North-East Congo Union Mission
SDA	Seventh-day Adventist
SKF	South Kivu Field
SWOT	Strengths, Weakness, Opportunity and Threats
WHO	World Health Organization

## ACKNOWLEDGMENTS

This work could not be achieved without the assistance of some important persons and sustaining by some organizations. I thank the Seventh-day Adventist church at all levels beginning from GC, the ECD, The NECUM, and the South Kivu Field which provided funds that allowed us to follow this program of the master degree in leadership at AUA in Kenya.

I cannot ignore the contributions of the following: Dr. Shawna Vyhmeister, who took times to evaluate this topic and contributed to its agreement, Dr. Daniel Ganu, who accepted to lead this project at the moment of hopelessness to continue and finish it, even later, he accepted and engaged himself to work with me until the end.

Dr. Musa Nyakora who was chosen to be the reader of this research with urgency to fast-track the project to the very end. Dr. Susan Baker for all the interventions she did in the course of this research for the improvement.

Dr. Thaddee Katembo, who accepted, to begin with, even if he didn't reach the end, Pr. Malunza Monga Simba the South Kivu Field President for all counsels of encouragement and orientations he shared with me while running through this project.

Brother Martin Maneno, who accepted to read the work for the improvement of the efficiency of the language used, I also wish to acknowledge the excellent job done by my son Wilondja Mutimanwa Depardien, for his computer skills that enabled me to move on with my work without much difficulty.

Again I express my gratitude and regards to the above-mentioned people and may God the Almighty bless them. I am recognizable to any person who contributed to this project even if his name is not mentioned. I keep him or her dearly in my heart and I thank him for whatever he has so far for me.

## CHAPTER 1

### INTRODUCTION

#### **Background of the Study**

South Kivu Field is an ecclesiastic organization that belongs to the Seventh-day Adventist church with its headquarters located in Bukavu City, in the South Kivu Province of the Democratic Republic of Congo. It is one of the six fields that compose the North-East Congo Union Mission (NECUM), unions belonging to the East Central Africa Division. This field exists since 1990 and its main mission is to proclaim the everlasting message of God's grace as found in the book of Revelation 14: 6-12.

To fulfill this mission, this Field has three pillars. The main pillar is the evangelism that includes the in-reach program which means learning the word of God in Sabbath school classes in local churches. In addition to this pillar is an evangelistic crusade for outreach activities which is moving out of the church with the word of God and preach it to those who are outside the church. This main pillar is supported by two secondary pillars; which are the sector of education by organizing primary and secondary schools and the sector of healthcare that includes dispensaries; polyclinics and hospitals. The sector of healthcare institution is very important if it is well managed. The doctors, nurses, and other workers within a healthcare organization, if intentional and are aware of the medical missionary work could help this sector advance its course in the right direction.

Among the population outside the field, there are categories of people that cannot be reached by the gospel by using personal ministries or public evangelistic

crusade. However, they can be reached by medical services. The tool of healing can be used by an ecclesiastic organization like South Kivu Field to accomplish what cannot be accomplished by a usual evangelization; to respond to different needs of God's work and to fulfill its objectives. Through the sector of healing an ecclesiastic organization can play its unique role in the society, to heal the world affected by hurts; and to demonstrate a meaningful life. Christians have the responsibility to show the world how the love of God can heal and can give new life to men and women.

Promoting healthcare institutions as a Field with effective management can result in a variety of outcomes such as to promote health through healthcare and health education for behavior change, to promote or to develop evangelism and spirituality, to contribute to the community development, to increase the Field incomes and to reduce unemployment. Since its existence, this field had made many attempts to promote healthcare institutions without success. When it started, it had four health centers: Busobe health center in North Idjwi; Sange health center in Kalehe territory; Kalonge health center in the territory of Kalehe, and Bukavu health center in Bukavu town. Two of them were inherited from the Central Kivu Field while the other two were initiated by the South Kivu Field. The last two health centers operated for few years only and were closed.

The South Kivu Field tried to reopen Bukavu health center several times without success. Likewise, the Kalonge health center still exists by name without any activity. Currently, only two health centers are operated in the South Kivu Field: Sange health center and Busobe health center. South Kivu Field has been unable to start new health institutions and the District of Bunyakiri does not have any. The challenging observation is that other ecclesiastic denominations are operating several health centers and hospitals in the same area. When it comes to South Kivu Field, an

institution that belongs to the Seventh-day Adventist church, the sector of health institutions has had a serious problem with operations.

### **Statement of the Problem**

Proper management of healthcare institutions remains a need in South Kivu field. Any effort to establish and manage healthcare institutions in the field has not produced expected results. The improvement of two existing health centers which are still operating is poorly managed and its impact has not been felt and the other two have been closed down. A successfully managed healthcare institution is a great need. This project work sought to establish a pilot healthcare institution with the employment of the best strategies and factors that could contribute to establishing and sustaining a healthcare institution in Bunyakiri district within the South Kivu field.

### **Project Goal**

The research goal was to establish a sustainable healthcare institution at Bunyakiri station.

### **Specific Objectives**

The following research objectives would be realized at the end of the project:

1. To determine the relevance of establishing a sustainable healthcare institution in the South Kivu Field
2. To determine the best strategies for establishing a sustainable healthcare institution in the South Kivu Field
3. To determine the performance of existing healthcare institution facilities in Bunyakiri Station.

### **Barriers to the Study**

Important potential barriers to this project could be the attitude of the church members and South Kivu administrators towards the operation of health centers project due to failures in the successful operation of past healthcare institutions. In



addition, implementing the health center should also be in harmony with the government plan in a particular health zone. In the Democratic Republic of Congo, there is a law which stipulates that any healthcare institution can be placed in an area where there is a healthcare institution held by the government if it is not five kilometers away from the government healthcare institution. To minimize some of these potential barriers, the researcher tried to advocate the importance of healthcare institutions in promoting the gospel mission on the side of the Field and consider the geographic location of Bunyakiri health zone. The other difficulty had to do with data collection. First, since the language of the respondents was not English language, the researcher had a daunting task of translating a data collection instrument into a local language which was Swahili. Secondly; the researcher had to cover a vast distance to collect the needed data. Moreover, lack of relevant literature and some biases related to the identification of genuine contributing factors was one of the major barriers.

### **Purpose of the Study**

This project aimed to open a new healthcare institution in Bunyakiri station of the South Kivu Field. The study proposed a new plan to establish a new healthcare institution as a pilot study after previous healthcare institutions, had failed.

### **Significance of the Study**

Considering the challenging situation in the sector of health institutions in the South- Kivu Field, a project of reopening a new health center in one of its stations was very important. The present project will help church administrators of the field and the church members to identify contributing factors and strategies of operating and sustaining a health institution in Bunyakiri Station. The same factors and strategies could be applied to other stations.

The implementation of a new health center will respond to some needs of South Kivu Field in terms of evangelism, increasing incomes and promote a healthy lifestyle, reduce unemployment and enhance the community development. Church members of the Field in general and particularly those from Bunyakiri Station will discover the importance of this project.

This study will be a significant contribution in creating awareness of leaders in South Kivu Field; researchers and church members who will be interested to read it; will be aware of factors which affect the promotion of healthcare institutions and the way to deal with them and address them.

### **Delimitation of the Study**

This study was conducted in the South Kivu province which is a part of the expanded territory covered by the South- Kivu Field as an ecclesiastical zone of the Seventh-day Adventist Church. Specifically, the project of starting a new healthcare had a great importance in Bunyakiri Station. Data gathering had covered the period from July to August 2017. In terms of contents; the study identified contributing factors from healthcare institutions and the best strategies to establish a healthcare institution. At once, the analysis of the component to the acronym SWOT was done and finally, the suggestion of a plan to establish a new health center located in Bunyakiri Station was given.

## CHAPTER 2

### REVIEW OF RELATED LITERATURE

Christian authors had demonstrated that healthcare institutions were one of the ways to help people physically and spiritually. They agreed that the medical work can collaborate with other disciplines to assist patients and relatives and shared God's love and compassion for them. The chapter identifies and groups ideas from some authors according to some contributing factors of a healthcare institution.

#### **Evangelism Contribution**

According to Seaton (1976, pp. 86–87)

In the midst of human society, the Church of God has a unique role to fulfill. Its task is to heal the world it hurts and to give a sense to the life. Christians are called to tell and to show how God's love heals, saves and also creates new men and new women.

Hon (1968, p. 87) declared that:

Because of its scope, every church for the remotest in outback areas to the numerous churches in the different cities, medical missionary work can become an effective force in reaching great multitude that would not possibly be reached in any other way.

White (2010a, p. 240) affirmed that: “Medical missionary work gives an opportunity for carrying forward successful evangelistic work. It is as these lines of effort are united, that we may expect to gather the most precious fruit of the Lord.”

Reinert (2011, p. 12) started his thought by asking this question: “Is this a call for health professional in our hospitals to “heal” while in church our focus should be to preach? You would agree that all of us are disciples, and thus called to follow Christ’s example to heal and to preach: Luke 9:2. In fact, inspiration confirms that

“the Saviour commission to the disciples includes all the believers to the end of time. That means each local church can be a center for all personal health healing, restoring, and each member is called to be a medical missionary. Hence, the global goal of health ministry is “Every church a center for health in the community and each member a medical missionary.”

Johnghaeng (2015) cited the President of Northern Asia Pacific Division who explained that the mission of all the organization and institutions of Seventh-day Adventist church is to proclaim the three angels message in Revelation 14:6-13 to all people of every nation, tribe, and language at this last time of the history of the world. All employees of an Adventist organization must be involved in this step; without this mission, all that is done in the institutions of the church as schools, food factories, conferences, unions, divisions and general conference are meaningless and will digress into business-like other secular businesses.

Michel as cited by David (1979, pp.33-34), said that:

With medical success comes the demand for more service for more people. Shortly after moving from the old hospital we found that we were well treated three times by many outpatients, and twice well by many in- patients, as in the old hospital. The workload itself poses a threat to our purpose. It is for this reason that daily chapel services, weekly Bible study group, and religious emphasis weeks are part of our tradition.

Naef (2006) talking about how nurses interact with others said that in relating with others, nurses confront others as human being, they are connected with others through their shared humanity. The proximity here brings responsibility, that means being attentive to others as human beings. He continued saying that nurses are in the community and they have to bear witness.

White (2010b) declared that the Saviour gathered with men in purpose to make them happy; he shared his sympathy with them, responded to their needs, he attracted their reliance and then he called them to follow him.

Mathema (2015, p. 11) declared that:

The church is called upon to make disciples. It means that the church focuses on making disciples, and not just going, teaching and baptizing as is usually the case. Kuhne also makes a pertinent point when he states that the main point is making disciples.

White (2010b, p. 221) said:

Many of those who came to Christ for help had brought disease upon themselves; He did not refuse to heal them and when virtue from Him entered into these souls, they were convicted of sin and many were healed of their spiritual disease and as well as of their physical maladies.

Reid (2000, p. 782) quoted E.G White in the Handbook of Seventh-day

Adventist Theology commentary references series in these terms:

The physician should not give as much physical relief as possible to those who are seen to die in the grave, but he should also relief their burdened souls. Present before them the uplifted Savior. Let them behold the Lamb of God, who takes away the sin of the world. In the ministry of healing the physician is to be the co-workers with Christ. The Saviour ministered both the soul and the body. The gospel which He thought was a message of spiritual life and of physical restoration. Deliverance from sin and the healing of disease were linked together. The same ministry is committed to the Christian physician.

### **Promoting Healthy Lifestyle**

Paulsen (2015) stated that after working outside his own country for five decades, he and his wife got back in Norway their own country where they entered in Seventh-day Adventist Church of Myendalen which became their preferable church. This church far for 50 km from Oslo organized an exposition of health that was assisted by his wife Kari. It resulted that this event attracted more than 250 persons who entered the gate of the Seventh-day Adventist church to take part to a vegetarian meal, to follow the seminary on how to reduce weight and of nutrition. The event ended by creating a relationship pattern between the church and the government's ministry of health.

SukHee (2015) referred to a meeting held in Korea and reported that people who were gathered, were more attracted by the counsels about food, health, and

moderation as well as the gospel than their outer beauty also their inner beauty and health. Among 13000 visitors who were invited to an exposition period held by the Seventh-day Adventist church, about 600 of them decided to subscribe to home and health magazine published in Korea. Again, the mission is planning to deliver God's message through the healthcare message.

The East-Central Africa Division (ECD) of the SDA Church (2010) in a meeting of medical outreach held by ECD in Tanzania believed that the free medical dental and eye camp would have a positive impact on a Muslim who lived in the small island. The hope was that the health ministry endeavor was an opening door to evangelism.

Heck et al. (2014) declared that an institution of healthcare activities can create social support like clubs and mentor, and other things that reduce stress and foster self-care and contribute to a healthier climate in the area where people are gathered and lived, this shows that health and well-being are linked closely to mental health.

Haring (1973) determined that the medicine cannot work alone, it must work in solidarity with others disciplines and with the elite of the society and the church in purpose to bear the responsibility and the necessity of helping people who are in hurts and in troubles. Haring added that to install a health center or a medical center can help to change the ethics of the society and the church.

Haring (1973, p. 40) asserted that:

Besides the problem already mentioned namely, environmental pollution explosion and eugenics, physicians have raised their voices on issues such as excessive smoking, drug addiction, alcoholism, and particularly on a re-assessment of therapeutic interruption of pregnancy. These are all problems of social significance and necessitate interdisciplinary dialogue between medicine and jurisprudence, for instance.

White (2010b) asserted that when Jesus came for the first time, He was as a worried servant of human needs. He took the infirmities of the humanity and bore their sicknesses so He applied his ministry to every need of the people. He removed the burden of diseases, wretchedness, and sin. Jesus had a mission to restore health, peace, and perfection of character. He brought the complete restoration to men and women, White (2010a) added that by living healthy lifestyles, people are preparing mind to receive excellent knowledge; and prepare them for heaven.

Groene & Jorgensen (2005, p. 2) insisted that “Hospitals can also have a lasting impact on influencing the behavior of patients and relatives who are more responsive to health advice in a situation of experiencing ill-health.”

Van (1975, p. 16) asserted that:

Seventh-day Adventists have held this basic concept ever since the church was organized: the role of religion in relationship to health ministry yet remains to be fully explored. The key to health behavior change is motivation. In this essential area, spiritual or religious values need to be recognized as a major dimension of life and interest for most of the earth’s population.

Carey & Medico (2013, p. 47) declared that:

Likewise there is also increasing literature concerning the pastoral intervention of chaplains within healthcare contexts including within New-Zealand that indicate their active role in assisting patients, their families, and clinical staff with regard to behavioral issues and bioethical decision making.

### **Enhance the Community Development**

Hernandez (2013) cited White and asserted that the church must come close to the community. If less time had been given in sermonizing and personal ministry took more time, greater results would be seen. Circumstances have to be shared with people. The poor to be relieved, the sick cared for, the sorrow and bereaved comforted the inexperienced instructed. Wept with those who wept, rejoiced with those who rejoiced, these behave led by the power of persuasion, the power of prayer, the power of God’s love could not end without fruit.

Schantz & Steven (2015) asserted that when people were struggling in their personal lives by difficult situations, they became more receptive to the spiritual truth and easily they could seek the presence of God. Physical, psychological and political disasters or others could open people to the divine reality. Bereavement, national catastrophe, wars motivate the decision that led people to check the power that exceeds them. Long times ago the church had understood that people had a tendency to win souls in the zones that were affected by personal and social hardship.

Hernandez (2013, p. 11) asserted that: " There are many privations and necessities in the community where the church is located, which could be easily be met by our ministers, members, and professionals. Very often, however, we are isolated. The community does not feel any benefit from our presence. As we demonstrate our love to them and help them, we are genuinely opening the doors so that they may come visit us and become interested in our message. Projects can be launched to provide improvements in the region where the church is located or will be planted. Such as vocational courses in more need areas, health projects, family therapy groups among others. The role of Seventh-day Adventist community service will be fundamental."

White (2010a, p. 289) sustained that: "The gospel ministry is needed to give permanence and stability to the medical missionary work and the ministry needs the medical missionary work to demonstrate the practical working of the gospel. Neither part of the work is complete without the other."

White (2010c, p. 147) added that: "This is the high duty and precious privilege of the medical missionary. And personal ministry often prepares the way for this. God often reaches hearts through our efforts to relieve physical suffering."



Nyambegera (2008, p. 30) stated that: “People develop a feeling of ownership in the planning process only when they participate in developing the purpose, objectives, and activities. When they are involved, people will work hard to succeed because the plans belong to them.”

William cited by Arbuckle (2000) stated about the future insurance of the Catholic healthcare. There are two conditions that can make the Catholic healthcare to survive into the next century: Leaders of Catholic healthcare must be managerial and be able to respond to the actual situation of today’s markets and to do the best of the Catholic society and community.

Matos & Bernardes (2013, p. 595) declared:

When living in pain, social support may play a crucial role in the promotion and maintenance of older adult autonomy and independence. In fact, it may be fundamental to overcoming the barriers by the functional disability associated with chronic pain. In general social support available to older adults can be offered both by their informal (e.g. family and friends) and formal network (e.g. nursing and day care center), the latter implying paid care.

### **Reduce Unemployment and Increase Income**

The United States Department of Health determined that the civilian conservative corps provided employment to American youth and succeeded to conserve natural resources for the nation. During the time, it operated since June 30, 1978; the same organization gave work to 3 million of men. It succeeded to manage conservation for 25 years.

Kaló et al. (2014) led a study to determine the contribution of clinical trials to the gross domestic product. Their study ended by concluded that clinical trials increased revenue of Hungarian healthcare providers by US dollars 165.6 million. The value of investigational medical products was US dollars 67 million. Clinical trial

operation and management activities generated 900 jobs and US dollars 166.9 million in revenue among Clinical research organizations and pharmaceutical companies.

### **Reduce Unemployment and Increase Education**

Huckabay (2009) stated about a partnership between a healthcare Agency and an institution of education in California U.S which decided to promote the education of students in a nursing school. After agreement the healthcare Agency took the responsibility to pay full tuition, fees and books for the candidates with the condition that after learning and graduation they will be ready to work for the healthcare Agency. The university took the responsibility to prepare nurses for potential employment. Among the students some contracted to work for the healthcare Agency temporary and others as full time employees.

According to Lamb, Zimring, Chuzi, & Dutcher (2010, p. 243) “Today in spite of our best intention to create an interprofessional learning environment, bridging across healthcare and architecture engineering and the other fields relevant to various aspects of healthcare design is still rare. In addition to operational barriers to these programs like managing cross legislation or creating effective incentives for faculty, we have not developed the pedagogical foundation for students in multiple professions to integrate and innovate together.”

Attandoh, (2009) talking about critical infrastructure of health promotion in developing countries show that health infrastructure does not mean only physical structure like buildings, equipment, medical schools and biomedical systems that ready come to mind when people think about health infrastructure, but as described by Mittelmark may include a comprehensive framework health promotion, policy, training programmes, research capabilities, public education initiatives, monitoring and evaluation strategies.

The World Health Organization (WHO) cited in the Guide International asserted that implementation of a healthcare institution depends on organizational context or environmental. This implementation is concerned by three levels: first environment within the project, second environment that surrounds the project, and environment over which the manager has no control and influence

### **Theoretical Framework**

The researcher checked shelves of AUA library, but did not find any previous research which was done in this area. However, many foreign authors approached this area of study in various aspects. In the part of literature review, the researcher gave for example Matos and Sonia in their article insisting on social support to older adults with chronic pain and how a healthcare institution can intervene to their benefit.

The researcher cited also Carey and Laura in their study about chaplaincy within a healthcare institution, how a pastor can assist patients and relatives in regard to behavior issues and bioethical decision making. Those researchers insisted more on assisting patients physically and spiritually.

The Implementation of a healthcare institution can bring advantages not only to the institution that initiated it but to people who are inside it and who are outside it. It is easy to know and understand even that the area where the healthcare was installed can be affected.

When a healthcare institution is managed by a Christian headmaster and among his subordinates there are Christian workers and nurses; they can do much to install and promote spirituality in the institution regarding their behavior, their talks, the way that they show compassion and interest to those who are sick.

In their daily program; they can plan the time of sharing the gospel. Preaching the gospel to patients; making them understanding that Jesus has the power to heal

and to save; let them know that the fever can be gained by anyone who has faith in Jesus and still close to Him.

Missionary workers can help patients and relatives to understand that in his grace God put medicines in trees and herbs because He was aware that sickness will affect people related to sin but use these products and with the intervention of the Holy Spirit people will get healing. This is the way to elevate the name of God in their hearts and let them know the power of the Creator.

A healthcare institution does not deal only with spirituality inside the institution but outside too. When people who had come to seek for healing leave the institution they can share what they received in rapport to the power, the plan of salvation and the love of Jesus. A spiritual program within a healthcare institution is a benefit to workers, patients' relatives who come to take care of them and staff.

In the mind of people, when they refer to a healthcare institution, they understand that his main purpose is to cure illness; to help people to recover physical health when they are sick; this version cannot be rejected by anyone because people failed sickness and they have to receive healing. The true and the appropriated place to receive it are within the healthcare institution.

Sickness was the result of sin, everything that was created by God was affected when sin entered the world. In the environment appeared bacteria that cause illness, sickness and if they are not well treated; they end up by disease and sometimes lead to death. The role of a healthcare institution is to face these situations and to provide health to those who suffer from disease.

In His compassion and mercy, God inspired people to train and form others in the domain of medical so, they can get awareness and be able to treat those who are

the victim of sickness and bring them back down to good health. Certainly, the purpose of a healthcare institution is to provide health to people.

Another reason that makes people fall sick is the lack of a good lifestyle. The awareness of good lifestyle is a valor that can be shared in a healthcare institution held by a Christian organization. Responsible within can create an area of teaching people the benefit of practicing good healthy lifestyle and the importance of blessings retrieve from nature.

Workers within a healthcare institution can show people the benefit of the sun in which vitamin D is removed; the benefit of water that procures life; the importance of vegetation by the phenomenon of photon giving the oxygen during the day, gaze in the night and the benefit which is found when doing exercise. A healthcare institution can help people to prevent sickness by living a healthy lifestyle.

A healthcare institution can give a great contribution to the behavior change of patients and relatives who come to seek for healing by teaching benedictions that are found in natural creatures. The big problem in some places of the world today is the wrong nutrition, especially in the underdevelopment country.

Children are suffering from the wrong diet, and the reason is the lack of awareness of how to manage it, to plan and use it. Professionals in missionary medical of nutrition can help people who come to receive healing in their institutions of how to deal with nutrition; those who work in a healthcare institution can plan training of true food; how to use it and avoid excess.

The use of diet is a benediction that can be explored by people; the instruction on diet can be shared by a healthcare institution to those who are within. People can be taught which quality of food to eat, how and at which time to eat it. To understand this principle is a way that brings people to avoid illness. A healthcare institution can

define this practice of lifestyle as part of his task and when people leave it, they can practice it in their lives and prevent them from illness.

Water is another natural product that procures benediction and life to human being. People within a healthcare institution can be taught to use water to prevent themselves against sickness by practicing the cure of water, drinking six or eight glass of water per a day to eliminate residuum within the body and to facilitate the equilibrium of the body.

The importance of using hot water at the bath time that acts to the cells can be demonstrated even how hot water helps to fight against malaria. An ecclesiastical healthcare institution can make people understand how water helps to be healthier. The Sun is another natural creature that helps to be healthier; a healthcare institution holds by Christian institution can teach people to profit the benediction that is found in the Sun and the inconvenience that come from it when someone uses it wrongly by staying under the Sun for a long time. The Sun has vitamin D that the body needs as soon as the sun gets out and this permits bones to be developed, but staying under it for a long moment ends by destroying the germs over the surface of the body and affects the organism negatively.

Another flail today is the use of drugs; People begin to take cigarette, alcohol and other drugs slowly and day after another it becomes a habit and finally they become addicted, at this level to quit this habit become a serious problem and they come up to understand that for themselves they cannot leave the practice then they need a help from someone or from any organization. A healthcare institution can do much to respond to this need.

A healthcare institution can organize special meetings with those who use cigarette; drugs and teach them the plan of five days to cease with smoking. After

teaching them, the plan of an application must be made so, they can know to apply the plan themselves. Within the institution, a team of the following must be built and a time after an evaluation must be done to see if the concern had changed and surely quite the habit.

A healthcare institution can go beyond that by planning how to move and go outside to meet smokers and drug abuse; leading animation of anti-tobacco for those who use tobacco; helping them to be aware of the negative impact of tobacco and drugs used, how they affect negatively the memory, the body and the terrible consequences of getting the disease as cancer in the future that can lead even to death. For people who had become alcohol addicted; area of counselling can be prepared and taught the effects of alcohol to the organism; how alcohol destroys the body, the brain, and finishes by making a person to lose the self-control. Let those who take alcohol know that it leads to poverty and surrender the family to become miserable.

The only way to help alcoholic people is to organize a scope of counselling. A healthcare institution if it is held by missionary medical that had awareness in this matter, can do much and help the alcoholic to leave this conduct and to recover a healthier life. Immorality based on adultery is another problem that challenges people in different areas of the world.

A Christian healthcare institution can organize plan and area of sharing the commandments of God in putting emphasis on the seventh commandment that forbids adultery. Further, consequences can be demonstrated that come from sexuality outside of the marriage such as disease from a sexual relationship with a person who is affected by HIV. Within a healthcare institution, a scope of counselling can show people how immorality destabilizes a person and mortgage the social relationship with a partner or with another person. Doctors and nurses can deal not only with the

physical healing but also with the social healing in changing the behavior. A healthcare institution somehow is a business because it provides revenue. The installation of a healthcare institution requires who have to work within and these people must be trained in this specific area. It requires workers who have different levels of training such as Doctors in medicine; nurses; druggist and those who have to work in a laboratory.

It is also normal to add ordinal workers, those who have to take care and the property of the installation; even watchman cannot be forgotten too. Some of these people who have these qualifications are found in the environment and do not have employment. The implementation of a healthcare institution can allow these categories of people to be hired and to get a job. Among those who can be hired there are members of the church and those who are not members of the church. This business held by an ecclesiastical organization can be a help to the church, the community, and the government because it participates in reducing joblessness by distributing the employment.

If a healthcare institution belongs to an ecclesiastical organization like South Kivu Field, it cannot avoid the principle of the Bible that requires any person and organization to give back the part that belongs to God in occurrence the tithe. When the tithe gets in the church from a healthcare institution the income of the church necessary increase; again, the church can request some contributions from its own organizations and a healthcare institution which is one of them can contribute and this contribution can bring up the income into the church. This is the Importance of a healthcare implementation in an area and especially where the church work. But to attend this, the manager must hold a fair and confidential financial management.



The following chapter describes the methodology used in this research. The population that constituted respondents is presented; the technique of sampling: the kind of questionnaires; Data analysis; the plan of implementation and the evaluation that was done.

## CHAPTER 3

### METHODOLOGY

#### **Study Design**

The study employed a cross-sectional study design using both quantitative and qualitative means of data collection. In order to find out the support of people towards the establishment of a new healthcare institution, within the South Kivu Field, an open-ended questionnaire was administered to church members of Bunyakiri District. The quantitative data collection method was used to collect data from the church members of the district.

#### **Population**

Bunyakiri District is composed of five local churches: the church of Kambali with 155 members, the church of Kichanga with 176 members, the church of Mukowa with 100 members, the church of Bulambika with 172 members and the church of Chabunda with 187 members.

#### **Sample Size**

Ten percent (10%) of the members were picked using simple random sampling technique. The 10% picked from the total population of 790 composed the sample size which was 79 members. Through this sampling method, each unit of the population had an equal chance to be included in the sample. With this process, the selection was done without the knowledge of the respondents; it was when respondents were contacted that they discovered that they were part of the research.

They also signed a consent form to indicate their willingness to take part in the study and also to agree that they had their names if possible mentioned in the study.

The open-ended questions were submitted to workers of the two healthcare institutions who are current employees of the South Kivu Field. Another category of people to whom these questions were submitted, were leaders of the districts where these health centers are situated. This category was not part of the 10%; it concerned those who responded to the structured interview guide.

The survey in Bunyakiri district had helped to find out the thoughts of church members about this project and how they could sustain it when it started. The structured interview helped to understand the contributing factors that were considered in terms of strength, opportunities, weaknesses, and threats to start a health center. This helped to create awareness of the determinants that could make a healthcare institution succeed or failed and what strategies are needed to sustain it.

### **Survey Instrument**

The questionnaire was translated into Swahili to enable Swahili speakers to understand better the questions since the respondents were Swahili speakers. This was done to enable respondents to understand clearly the questionnaires in their own language and to be able to respond objectively. Data was collected from Bunyakiri district and healthcare centers which continued to work in South Kivu Field. The collection targeted the members of the district, workers healthcare centers and the district leaders affected by the Field in the area. Next, for qualitative data collection, data were grouped by category related to the dominating concept or main ideas and to each category a number was assigned (code).

## **Analysis of Data**

Both qualitative and quantitative data were analyzed. After data gathering from Bunyakiri district where a close-ended questionnaire was administrated; Data was grouped by similar responses according to each item. Results were interpreted and key ideas were brought out and advice was given to the healthcare center workers about starting a healthcare institution. An explanation was given on how to make a healthcare institution successful, sustainable and stabilize its progress. The research looked to recuperate ideas of the healthcare center workers according to the strengths, opportunities to exploit and the weaknesses and the threats to avoid for healthcare institution establishment.

The preparation of the project establishment began, it required looking for the infrastructure, materials, and workers. This preparation was followed by the installation. An attempt was made to ensure that materials and personals were readily available and the field was well informed by the department of health. The following group of members from Bunyakiri district who had been trained in different domains of healthcare and public health was formed. This group had as the role to watch to the management of the healthcare institution and to ensure the complete realization of the project.

## **Project Evaluation**

Since the month of July 2017, South Kivu field made contact with the office of health inspection province which represents the government in the matter of healthcare implementation to start a healthcare center in the Field. The agreement was reached that the Field established the healthcare center in Bunyakiri health zone presently at Kalonge grouping in the locality of Bulungu. This establishment was in conformity with the rule of the government that stipulate to establish a new healthcare

center far from five kilometers from a healthcare institution that belongs to the government. The Field and members of the area started to build the infrastructure that lodged this new healthcare institution, and this was achieved. Some materials to equip the center were collected. The process of recruitment of the personnel who would manage the healthcare center began in September.

For evaluation, the researcher conducted a complete evaluation six months after the implementation of the healthcare institution using a questionnaire to evaluate the relevance of establishing a sustainable healthcare institution in the South Kivu Field and also, to evaluate the best strategies needed to sustain a healthcare institution.

The following chapter deals with statistics related to the personal information of the respondents, quantitative data analysis after data collection in Bunyakiri district and qualitative data analysis after data collection from the workers of Shange healthcare center; Busobe healthcare center and the district leaders of the area. At each stage of the interpretation and data analysis, a conclusion was reached showing the results and the discussion made out by the researcher according to the opinion of the participants.

## CHAPTER 4

### RESULTS AND DISCUSSIONS

#### Quantitative Data Analysis

The researcher administered 79 questionnaires to the respondents in Bunyakiri district and all the 79 copies were retrieved. The table below presents the demographic characteristics of the respondents following the statistics presentations explain in term of percentage of responses came from the respondents and the discussions of the researcher.

#### Demographic Characteristics of the Respondents

The demographic characteristics of the respondents treat the following points; Gender statistics of the respondents, Age of the respondents, Marital status statistics of the respondents, level of education of the respondents, the nationality of the respondents and time spent in the Seventh-day Adventist church by the respondents. The rate of each characteristic concept is presented in tables below related to the percentage.

*Table 1. Gender Statistics of the Respondents*

Gender	Frequency	Percentage	Cumulative percentage
Male	50	63.30	63.29
Female	29	36.70	100
Total	79	100	

The larger part of the respondents (63.30%) was composed of men in comparison to women; this meant that men participated more in the study than women.

*Table 2. Age Distribution of the Respondents*

	Frequency	Percentage	Cumulative Percentage
Below 18	03	3.80	3.80
18-----30	37	46.83	50.63
31-----40	17	21.52	72.15
41-----50	22	27.85	100
Total	79	100	

Table 2 above shows the age bracket of the respondents. It was clear that the age bracket of 18-30 years formed the majority (46.83%). There was younger age group which meant that the district reserved a good future for the church in the area and young people participated more in the study.

*Table 3. Marital Status of the Respondents*

	Frequency	Percentage	Cumulative Percentage
Married	54	68.35	68.35
Single	24	30.38	98.73
Widow	01	1.27	100
Divorced	—	—	—
Separated	—	—	—
Total	79	100	

Table 3 above shows that 68.35% of the respondents were married. This percentage represented the high percentage of the respondents. None of the respondents was separated and divorced which showed a good picture of the church in the district.

*Table 4. Level of Education Statistics of the Respondents*

	Frequency	Percentage	Cumulative Percentage
Non Education	3	3.80	3.80
Primary school	19	24.05	27.85
Secondary school	47	59.49	87.34
Undergraduate	8	10.13	97.47
Graduate	2	2.53	100
Total	79	100	

The table 4 shows that 59.49 % of the respondents had secondary school level of education and only a few of them had undergraduate and graduate level of education. Secondary school was considered as middle level for a person to share a rational opinion.

*Table 5. Nationality Statistics of the Respondents*

	Frequency	Percentage	Cumulative Percentage
Congolese	79	100	100
Burundian	00	00	100
Rwandan	00	00	100
Others	00	00	100
Total	79	100	

Table 5 above shows that all of the respondents were Congolese. This was a rural area where people from other nationality were rare.

*Table 6. Time Spent in the Seventh-day Adventist Church*

	Frequency	Percentage	Cumulative Percentage
Less than one year	0	0	0
1---10	20	25.32	25.32
11—20	21	26.58	51.90
21—30	21	26.58	78.48
More than 30 years	17	21.52	100
Total	79	100	



The time spent in the church by the respondents varied between 11 to 30 years. This period was significant to know the need of the district related to the implementation of a healthcare institution.

## **Results and Discussions Based on the Research Questions**

### **Contributing Factors of a Healthcare Institution**

After data collections, analyses were followed according to contributing factors and each table below shows the results from the respondents and the discussion motivated by the researcher.

*Table 7. Reaching Out to Nonbelievers*

	Frequency	Percentage	Cumulative Percentage
Strongly Agree	67	84.82	84.82
Agree	11	13.92	98.74
Neutral	01	1.26	100
Disagree	00	00	—
Strongly disagree	00	00	—
Total	79	100	—

The table above shows that 84.82 % of respondents strongly agreed that the implementation of a healthcare institution could help the church to reach those who do not have the message of the Seventh-day Adventist church. There are categories of people who cannot be reached by the gospel using an ordinary method of public evangelism, personal evangelism or by acting positively on their behalf.

A healthcare institution, properly managed can constitute a tool to use to transmit the gospel to those who had not heard about it. This requires the hiring of persons that have the understanding of the Seventh-day Adventist message and to integrate sound spiritual activities with the health message. The researcher agreed

with the opinion of district members who accepted that the implementation of a healthcare institution could contribute to reaching non-believers with the gospel. The Field had to sustain this project for accomplishing his mission.

*Table 8. Financial Contribution to the Development of the Church*

	Frequency	Percentage	Cumulative Percentage
Strongly agree	46	58.23	58.23
Agree	26	32.91	91.14
Neutral	5	6.33	97.47
Disagree	2	2.53	100
Strongly disagree	0	0	—
Total	79	100	—

A significant percentage of district members 58.23% shared the opinion that the implementation of a healthcare institution could contribute to the financial development of the church. It's true that a healthcare institution can enhance the financial development of the church but it depends also on the fidelity of the person in charge of financial management.

If the management of the institution is rational and the workers are honest by returning tithe and offering, then the church can initiate developmental work that can impact positively the progress of the church. A few of the respondents refused the idea that the implementation of a healthcare institution could contribute to the financial development of the church. This position could be explained by the lack of awareness of the financial importance of a healthcare institution or the lack of interest in the project and the past experience of the mismanagement of other church projects.

*Table 9. Source of Employment for Church Members*

	Frequency	Percentage	Cumulative Percentage
Strongly agree	54	68.36	68.36
Agree	22	27.85	96.21
Neutral	3	3.79	100
Disagree	0	0	—
Strongly disagree	0	0	—
Total	79	100	—

The table shows that 68.36 % of the respondents maintained that the implementation of a healthcare institution could impact positively the empowerment of church members. Even if all members of the church could not be hired by a healthcare institution as soon as it began and in the following days; some of them who had quality could be taken according to the need of the healthcare institution.

*Table 10. Enhancement of the Financial Status of Church Members*

	Frequency	Percentage	Cumulative Percentage
Strongly agree	41	51.90	51.90
Agree	27	34.18	86.08
Neutral	04	5.06	91.14
Disagree	04	5.06	96.20
Strongly disagree	03	3.80	100
Total	79	100	—

The table 10 shows that 51.90 % of the respondents strongly agreed and 34.18 % agreed respectively that the implementation of a healthcare institution could enhance the financial status of church members. This statement was true for those who could get the chance to be hired by the institution; the more the healthcare institution would need workers, the more church members could be hired and if the payment was honestly done, the more their financial status could change. To maintain

a regular payment depends also on the financial management of the healthcare institution.

*Table 11. Increase in Educational Status of the Church Members and Non-church*

	Frequency	Percentage	Cumulative percentage
Strongly agree	42	53.17	53.17
Agree	30	37.97	91.14
Neutral	07	8.86	100
Strongly disagree	00	00	00
Disagree	00	00	00
Total	79	100	

The table above shows that 53.17 % of the respondents strongly agreed and 37.97 % agreed that a healthcare institution in an area could increase the educational status of church members and non-church members. This can be achieved by organizing the training session for the community members. Training conduct both to church members and non-church members about the principles of healthy living can largely increase their level of education about healthy good lifestyle. The teachings can also target workers within the healthcare institution to increase their awareness to the benefit of the healthy lifestyle.

*Table 12. A Source of Influence*

	Frequency	Percentage	Cumulative percentage
Strongly agree	44	55.70	55.70
Agree	32	40.50	96.20
Neutral	3	3.80	100
Disagree	00	00	—
Strongly disagree	00	00	—
Total	79	100	

The table 12 shows that 55.70 % of the respondents strongly agreed and 40.50 % agreed that the healthcare institution would be a great source of influence to the community. The majority of the respondents indicated that the implementation of a health institution in an area could be a source through which the behavior of people could be influenced in order to change positively.

A healthcare institution can do much to influence the health behavior of people. Many people because of the lack of knowledge and indiscipline had brought many diseases upon themselves by the way they lived. There are people in the society who are plunged into the state of drug addiction and cannot get out of the habit by themselves. There are those who became immoral with all wrong consequences that affect them and need help to get out of the habit. A healthcare institution can play a role to help those who were plunged in these states when they come to seek for healing and their relatives who come to watch on them. A training program of behavior change can be initiated for the people who live around the healthcare institution.

*Table 13. Adequately Taking Care of Healthcare Needs of the People in the Area*

	Frequency	Percentage	Cumulative Percentage
Strongly agree	54	68.35	68.35
Agree	24	30.38	98.73
Neutral	00	00	98.73
Disagree	00	00	98.73
Strongly disagree	01	1.27	100
Total	79	100	—

The result from Table 13 showed that 68.35 % of church members in Bunyakiri district believed that the presence of a healthcare institution in the area could respond to the healthcare needs of people. People fell ill and they need to be

treated by nurses or medical doctors to preserve their life. The area where this study targeted to implement the healthcare institution was in need of such healthcare institution. A successful implementation of the healthcare institution would be a great relief for people in the area. Instead of going far for treatment, they would be served at the place without spending energy and money for transportation.

*Table 14. Reduction in Premature Death*

	Frequency	Percentage	Cumulative percentage
Strongly agree	49	62.03	62.03
Agree	22	27.85	89.88
Neutral	05	6.33	96.21
Disagree	00	00	96.21
Strongly disagree	03	3.79	100
Total	79	100	—

From Table 14 above, 62.03% accepted that the presence of a healthcare institution could reduce premature death. The aim of a healthcare institution in the area is to prevent illness and to heal sick people. When sick people are treated immediately; they have a great chance to be healed. A healthcare institution can plan to prevent maladies by teaching people principles of safe lifestyle and how to avoid bacteria; let people understand that if they are affected by bacteria; they can go to the healthcare institution to be treated and so, they can prevent premature death.

*Table 15. Willingness to Support the Healthcare Institution*

	Frequency	Percentage	Cumulative percentage
Yes	75	94.94	94.94
No	04	5.06	100
Total	79	100	—

The percentage of those who accepted to support the healthcare institution was 94.94 %. This was a sign of encouragement for the Field and district members to move forward with the project. The members of the district were right when they expressed the will to sustain the success of the project because they are the first beneficiary of it in different ways; as explained above according to the contributing factors of a healthcare institution in an area.

### **The Best Strategies to Start and Sustain a Healthcare Institution**

The following stage was concerned by the analysis of data according to the best strategies for starting a healthcare institution according to the data collected from Bunyakiri district.

*Table 16. Proper Adequate Planning*

	Frequency	Percentage	Cumulative Percentage
Strongly agree	63	79.76	79.76
Agree	16	20.24	100
Neutral	00	00	—
Disagree	00	00	—
Strongly disagree	00	00	—
Total	79	100	—

From the table above 79.76 % of the respondents maintained that proper and adequate planning was indispensable before starting the project implementation of a healthcare institution. The success of any project depends on the proper and adequate planning. Without planning, initiators could not know how to begin, how to run through and how the project would reach the end. Planning could help the implementation and evaluation of the project in many ways. In a very specific way,

proper planning would help the project to be built on a solid foundation. The best strategy for leaders to reach the objectives of the project is good planning.

*Table 17. Funding to Start the Project*

	Frequency	Percentage	Cumulative percentage
Strongly agree	50	63.29	63.29
Agree	25	31.65	94.94
Neutral	04	5.06	100
Disagree	00	00	—
Strongly disagree	00	00	—
Total	79	100	—

From the table 17, 67.29 % of the respondents strongly agreed and 31.65 % agreed that there should be a fundraising before the implementation of a healthcare institution. Without fund, nothing can be done. A healthcare institution at the beginning needs fund to take care of different expenses. There are various expenses that need to be covered at the initial stage of the project. In this specific case, there was hope to succeed in the project because district members were ready to contribute money toward the project.

*Table 18. Strategic Location*

	Frequency	Percentage	Cumulative percentage
Strongly agree	50	63.29	63.29
Agree	28	35.44	98.73
Neutral	01	1.27	100
Strongly disagree	00	00	—
Disagree	00	00	—
Total	79	100	—

About 63% of the respondents strongly agreed and 35.44% agreed that finding a good location of the project was a key to its success. There are many factors which



can determine the strategic location of the healthcare institution. Among them, are people who will be willing to patronize the healthcare institution, ability of its services, the road for accessibility, availability of electricity and water, medicine and the ability to manage the risk of competition when it starts. To sustain a healthcare institution would have to take into consideration the best strategic location. This point is important because the initiator must think to assure the success of the implementation.

*Table 19. Management Board*

	Frequency	Percentage	Cumulative percentage
Strongly agree	61	77.22	77.22
Agree	15	18.98	96.20
Neutral	03	3.80	100
Strongly disagree	00	00	—
Disagree	00	00	—
Total	79	100	—

Table 19 above shows that 77.22% of the respondents strongly agreed that to constitute a management board was the best strategy to start and to sustain a healthcare institution. The management board is an important umbrella which will oversee what is going on within the healthcare institution; it is the body to which a periodical report can be given and that give orientation and also to conduct the evaluation. In this specific case, the researcher recommended constituting the management board to work in relationship with the manager of the institution.

*Table 20. Working Policy*

	Frequency	Percentage	Cumulative percentage
Strongly agree	53	67.09	67.09
Agree	23	29.12	96.21
Neutral	03	3.79	100
Strongly disagree	00	00	—
Disagree	00	00	—
Total	79	100	—

Table 20 shows that; 67.09 % of the respondents strongly agreed that the existence of a working policy was necessary to start and to sustain a healthcare institution. An institution which can work without a working policy will be plunged into a situation of confusion. A working policy is a document that establishes principles to which workers have to walk and to follow. This document help workers not to work as they think or they want. The working policy is a document that defines the conduct to follow within the organization. To ensure the good management of the healthcare institution; the researcher recommended to the administration a working policy of the healthcare institution which would contain the working condition of the organization.

*Table 21. Qualified Personnel*

	Frequency	Percentage	Cumulative percentage
Strongly agree	62	78.48	78.48
Agree	12	15.19	93.67
Neutral	04	5.06	98.73
Disagree	00	00	00
Strongly disagree	01	1.27	100
Total	79	100	—

Table 21 shows that78.49% of the respondents strongly agreed that the best strategy to start and to sustain a healthcare institution was to use qualified personnel.

A healthcare institution needs qualified personnel. Without qualified personnel, the running of the institution will not be effective. Medical workers deal with the human body; this is the matter of life where there is no place for unqualified personnel. Those who would manage this healthcare institution would be considered with attention. The researcher recommended the management board of the healthcare institution to take this aspect into consideration and to have attentiveness during the process of hiring workers. The majority of the respondents were right to explain that a healthcare institution must use qualified personnel.

*Table 22. Yearly Appraisals of All Employees*

	Frequency	Percentage	Cumulative percentage
Strongly agree	54	68.35	68.35
Agree	16	20.26	88.63
Neutral	07	8.86	97.47
Disagree	00	00	97.47
Strongly disagree	02	2.53	100
Total	79	100	—

The respondents shared the opinion that the best strategy to sustain a healthcare institution was to perform yearly appraisals of all employees. The yearly appraisal of the workers is necessary within the organization to help identify the effectiveness of the workers during the past year and to define a new destination the next year. On the other hand, the evaluation of employees helps to put them on the urge of positive performance. For the good management of the employees, the researcher recommended the management board and the manager to have yearly appraisals of all employees.

*Table 23. Yearly Budgets*

	Frequency	Percentage	Cumulative percentage
Strongly agree	39	49.36	49.36
Agree	34	43.04	92.40
Neutral	05	6.33	98.73
Disagree	00	00	98.73
Strongly disagree	01	1.27	100
Total	79	100	—

Almost all the respondents agreed with the exception of one respondent that they must be yearly budget prepared, Table 23. A budget is a tool that shows an organization the path to follow during the following year. A yearly budget helps the leader to know what to do and to master the financial management of the organization. The financial administration of an organization without a budget will be a fail. The manager will have difficult to understand how activities are running within the organization without a yearly budget. The researcher recommended the new healthcare institution to elaborate a budget every year and to work in conformity with it.

*Table 24. Adhering Strictly to the Budget*

	Frequency	Percentage	Cumulative percentage
Strongly agree	51	64.56	64.56
Agree	24	30.38	94.94
Neutral	04	5.06	100
Disagree	00	00	—
Strongly disagree	00	00	—
Total	79	100	—

Almost all the respondents, with the exception of 4 people who were neutral believed that there must be a strict adherence to the budget. The budget of an organization must be presented at the beginning of the year by the financial manager.

This must be presented to the management board of the organization and at once it is voted all workers must adhere to its implementation. The manager would avoid the risk to act outside the budget that could lead the institution to fail. For this specific case, the researcher recommended the financial manager to respect the budget while it was voted by the management board.

*Table 25. Quarterly Financial Report to the Management Board*

	Frequency	Percentage	Cumulative percentage
Strongly agree	52	65.83	65.83
Agree	19	24.05	89.88
Neutral	06	7.60	97.48
Disagree	01	1.26	98.74
Strongly disagree	01	1.26	100
Total	79	100	—

Table 25 shows that 65.83% of the respondents strongly agreed that the quarterly financial report must be given to the management board. A quarterly financial report to the management board of the institution is necessary; it allows those who are in charge of leading the institution to be aware of the financial status of the organization. Such report to the management board helps to understand if the institution is progressing or not. To ensure the transparency of the healthcare institution; the researcher recommended the manager to report the financial situation of the organization every quarter.

### **Qualitative Data Analysis**

For the qualitative data analysis; the researcher distributed a structured interview guide to workers of Shange healthcare center; Busobe healthcare center and to the district leaders of these two areas. In taking the information, each of the

interviewees gave his consent in relation to SWOT analysis. Below are the statements of each of the interviewee.

*Table 26. A Structured Interview for SWOT Analysis*

Interviewee	Strength	Weakness	Opportunities	Threats
A	Healthcare institution will help hire workers	Competition and lack of qualified SDA healthcare administrator	Availability of land, building, and willingness of church members to sacrifice.	Presence of spiritual healers and the heavy tax imposed by the government
B	Land with edifice For healthcare institution, money to start with, personnel qualified	Lack of medicine, Bad strategic location, lack of necessary equipment	Presence of a market, the presence of a school	Competition of others healthcare institution, nonqualified personnel, Use of the inappropriate edifice
C	Presence of the great number of people, sensitiveness of the need and possibility to create the following team	Lack of a watching team, lack of qualified personnel, lack of medicine, infrastructure, and others medical equipment	Cartography of the area, Good interaction with people, personality of the initiators	The bad manner to interact with people, bad strategic location, Competition of others medical institution
D	Presence of great number of people, unity of the initiators, money to start the project	Spirit od division, laziness of workers, sickness of the managers	Strategic location, land for the healthcare institution, money to start the healthcare institution	The poverty of patients, lack of sufficient equipment, bad behavior of nurses
E	Qualified personnel with good morality and spirituality, agreement of the government, strict respect of convention between the Field and the State	Unable to face competition from others institution, lack of land where to build the healthcare institution	Possession of land where to build the healthcare institution, strategic location, good interaction with the government, capacity to select personnel	To work outside the convention with the State, poverty of people in the area, lack of qualified personnel and medical equipment
F	Presence of the great number of people, unity among the initiators, Money for starting	Spirit of hating others colleagues, lack of qualified personnel, sickness of the initiators	Fund to pay rent for the building, Agreement from the government and to start the project	Small frequentation of people, lack of necessary equipment to be used

## **Results and Discussions Link to SWOT Analysis**

After recorded answers from different interviewees and after analyzed these answers the researcher expressed the ascertainment that answers from the

interviewees presented the similarity opinions related to every concept of SWOT acronym as it is presented in the table below.

*Table 27. Results from Respondents Linked to SWOT Analysis*

Strength	Weakness	Opportunities	Threats
Great number of people in the area, presence of qualified personnel with Adventist background, presence of land where to build the Healthcare institution, fund to start the project, need of the population of the area, able to build a following team, unity among the initiators of the project, agreement from the government, Strictly respect of the convention between the Field and the government, security of the area where the healthcare institution will work	Non-ability to face Competition from others healthcare institutions and lack of qualified SDA personnel and healthcare administrator, difficult to work with a small group, Bad strategic location link the cartography of the area, the lack necessary equipment, lack of unity based on segregation, laziness among workers, sicknesses of workers of the healthcare institution, lack of land or a house that belong to the healthcare institution, poverty of people in the area, lack of schedule following program	Presence of qualified manager to manage the healthcare institution, presence of nurses able to work in the healthcare institution, presence of a school and other institutions able to generate income, aptitude to interact with the environment, fund to begin the project, awareness of people in the area ,availability of land, building and willingness of church members to sacrifice.	Presence in the area other healthcare institutions, presence of spiritual healers and heavy tax impose by the government, lack of qualified personnel, inappropriate edifice for the healthcare institution, bad strategic location of the healthcare institution, lack of appropriate equipment, bad behaviour of workers, acting outside the convention with the state, poverty of people in the area

The researcher marked his consent to the claims of the respondent's structured interview guide. All statements gave above are valid and must be considered when planning to implement a healthcare institution in an area. A healthcare implemented that take strictly in consideration the concepts cited above has a great chance to prosper and to go ahead. The researcher recommended the South Kivu field to watch to these concepts at once it would launch to start the project.

### **Program Development Based on Findings**

This section talks about the program design. It presents the preparation, the implementation and the evaluation of the project.

## **Project Preparation**

The preparation of the project began by the contact with district members with the aimed of persuading them in accordance of the importance and necessity to implement the healthcare institution. The researcher explained the need for everyone to be involved and participate so, that the construction could start. The next stage was the contact with the responsibility of healthcare department who represented the government in the province of South Kivu Field. The discussion centered on the area where the institution would be situated according to the government cartography. Consent was made that the building would be placed at Bulungu locality in the grouping of Kalonge. Kalonge is one the groupings that composed the territory of Kalehe which is managed by Bunyakiri district.

After consent and approval of the department of healthcare in the province; district members were mobilized to contribute physically and by raising fund to construct the building. A member of the district gave the land where the building was placed. The staffs of the Field were also contacted to contribute. The date to begin the work of construction was decided and it was on July 16, 2017. District members met at the area of work where they contributed their workforce, time, and some materials. The last stage of the preparation was to check among church members of the district if there could be some of them who were in the domain of healthcare, who studied the matter and could be recruited to serve the institution. Two of them were found and one of them was appointed to manage the institution as the responsible.

## **Project Implementation**

The implementation of the project began with the work of constructing the house which would lodge the healthcare institution. This work started on July 16, 2017, and ended on August 14, 2017. The next stage was the recruitment of nurses



and two watchmen who would take care of the security for this place. Those two watchmen were appointed to work in rotation, one during the day and the other during the night. Among the nurses recruited one who responded to the name of Adula Maheshe was chosen to be responsible for the institution. He was considered as the leader of the institution and would respond to any requirement that relates to other institutions and the State.

An effort was made to meet the minister in charge of the department of healthcare in the province and the provincial inspector of healthcare on July 13, 2017; the president of the Field wrote to them, and this meeting took place and ended by the agreement of the project. The following stage was the contact with the medical director of Kalonge health zone who held the health structure of the area and where the project would operate. The principles in the Democratic Republic of Congo stipulate that any healthcare institution must belong to a health zone where it has to be registered and far from a healthcare institution which belongs to the State.

After this registration; the advertisement was done to wake up the attentiveness of people who stayed in the area; to let them know that soon a new healthcare institution would begin. For this project, the date of September 7, 2017, was the official opening date before the presence of the pastor in the area; the pastor who leads the department of health in the Field, the chief medical of health zone and the population of the area. Today the healthcare institution had done more than six months since it had begun.

### **Project Evaluation**

Six months after the beginning of the activities in the healthcare institution; the researcher returned in the area and submitted 79 evaluation questionnaires to district members to measure the impact of the healthcare institution to the church and

to people of the area. All the 79 evaluation questionnaires were collected. The tables below show the appreciations of district members related to the impact of the healthcare institution to the church and to people of the area.

*Table 28. Encouraged New Members Joining the Church*

	Frequency	Percentage	Cumulative percentage
Strongly agree	71	89.87	89.87
Agree	6	7.59	97.46
Neutral	1	1.27	98.73
Disagree	0	0	98.73
Strongly disagree	1	1.27	100
Total	79	100	

Table 28 shows that 89.87 % of the respondents accepted that since the healthcare institution began, new members were joining the church. The claim of the respondents proved that the implementation of the healthcare institution was an open door and had a positive influence in relation to new members joining the church. This was the proof that the healthcare institution was a tool of spreading the gospel; at this point, the research goal as new members joining the church was achieved.

*Table 29. The Positively Impacted Financial Standing of the Church*

	Frequency	Percentage	Cumulative percentage
Strongly agree	67	84.81	84.81
Agree	11	13.92	98.73
Neutral	00	00	98.73
Disagree	00	00	98.73
Strongly disagree	1	1.27	100
Total	79	100	

Table 29 shows that 84.81% of the respondents agreed that the implementation of the healthcare institution had a positive financial impact on the church since it

began. Only one person was not aware that the institution had a financial impact on the church but all others agreed with this statement. This was also the approval of the financial standing of the church as research goal.

*Table 30. Increased Educational Status of People*

	Frequency	Percentage	Cumulative Percentage
Strongly agree	67	84.81	84.81
Agree	12	15.19	100
Neutral	00	00	100
Disagree	00	00	100
Strongly disagree	00	00	100
Total	79	100	

Table 30 shows that all the respondents saw the educational effect of the healthcare institution since it started to operate in the area. The opinion of the respondents agreed with how the implementation of a healthcare institution could influence the educational status within it and outside it.

*Table 31. Helped to Reduce Unemployment*

	Frequency	Percentage	Cumulative percentage
Strongly agree	58	73.42	73.42
Agree	18	22.78	96.20
Neutral	01	1.27	97.47
Disagree	00	00	97.47
Strongly disagree	02	2.53	100
Total	79	100	

The table 31 shows that 73.42 % of the respondents strongly agreed that the implementation of the healthcare institution was reducing unemployment in the area. This could be at an insignificant level because the institution was at the beginning stage, but the respondents experiment this outcome since the institution started. This

result was the positive response to the research goal as helped to reduce unemployment.

*Table 32. Helped Positively Health Behavior Pattern of Church Members*

	Frequency	Percentage	Cumulative percentage
Strongly agree	59	74.69	74.69
Agree	18	22.78	97.47
Neutral	02	2.53	100
Disagree	00	00	100
Strongly disagree	00	00	100
Total	79	100	

Table 32 shows that 74.69 % of the respondents strongly agreed and 22.78 % agreed that the healthcare institution was helping positively the behavior change of church members. People in the area began to see the advantages of the healthcare institution. This was the confirmation of what aimed the research goal of helping health behavior pattern of church members. The presence of a healthcare institution was necessary a blessing for people of the area.

*Table 33. Helped Create the Good Image of the Church in the Area*

	Frequency	Percentage	Cumulative Percentage
Strongly agree	71	89.87	89.87
Agree	06	7.59	97.46
Neutral	02	2.54	100
Disagree	00	00	100
Strongly disagree	00	00	100
Total	79	100	

Table 33 shows that more than 89.87 % accepted that the presence of the healthcare institution was bringing a good image of the church in the area. The result from this table proves how the healthcare institution was representing the church in a

good way. This result was the approval of how the healthcare institution helped create the good image of the church in the area.

*Table 34. Helped Prevented Premature Death in the Area*

	Frequency	Percentage	Cumulative Percentage
Strongly agree	72	91.14	91.14
Agree	06	7.59	98.73
Neutral	01	1.27	100
Disagree	00	00	100
Strongly disagree	00	00	100
Total	79	100	

91.14 % members of the district had a strong agreement that the implementation of a healthcare institution could help to prevent premature death. This position confirmed this contributing factor from the healthcare institution in the area.

*Table 35. Financially Supported the Healthcare Center since Inception*

	Frequency	Percentage	Cumulative Percentage
Yes	69	87.34	87.34
No	10	12.66	100
Total	79	100	

Table 35 shows that 87.34 % of the respondents supported financially the healthcare institution since it started to work in the area and 12.66 % didn't give any contribution. The attitude of the district members to support financially the healthcare institution proved that members of the district understood that the project belonged to them and they wanted it to prosper. This great majority, who supported the institution, manifested their reception of the institution and their attitude proved that the project would prosper in the future.

*Table 36. Healthcare Institution Started Well*

	Frequency	Percentage	Cumulative percentage
Yes	57	72.15	72.15
No	22	27.85	100
Total	79	100	

Table 36 shows that 72.15 % of the respondents had seen the healthcare institution started well and 27.85 % had not appreciated how the healthcare institution started. Everybody could not see in the same direction but those who saw the healthcare institutions starting well were the majority. According to this consent of district members; the researcher believed to see the development of the healthcare institution in the future.

*Table 37. Healthcare Institution is Sustainable under Current Management*

	Frequency	Percentage	Cumulative Percentage
Yes	77	97.47	97.47
No	02	2.53	100
Total	79	100	

The table 37 shows that 97.47 % of the respondents appreciated the management of the healthcare institution and were ready to sustain it and 2.53 % didn't appreciate it and were not ready to sustain. The great majority were ready to sustain the institution; this position brought to conclude that the institution had a hopeful future.

In the relationship with the question in which way, do you think the establishment of the healthcare institution has been relevant to the church and the community at large? The respondents gave different responses as they are presented below.

It carries away the development of the church and the community; it helps to avoid premature death; it helps to build friendship and fellowship with people within the institution and outside the institution; it is the way to spread the gospel of Jesus to people and bring them in the church; it is the way to teach people a good lifestyle so, they can avoid sicknesses; the healthcare institution can provide income to the church; it can help members of the church to increase qualitatively and quantitatively; it is the way to educate and to provide counsels to people; it can help the church to build good relationship with people who stay in the healthcare institution and finally the presence of a healthcare institution is the way to provide employment to people who are in joblessness.

## CHAPTER 5

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter summarizes the findings of the research for strategies to promote relevancy healthcare institutions in South Kivu Field. Bunyakiri station was one of the ten stations of the Field which was targeted as a station where the research would be led. The chapter draws summary, conclusions, and recommendations that are relevant to the starting and the management of a healthcare institution.

#### **Summary**

The chapter one of this project introduced the problem of establishing and management of healthcare institutions within South Kivu Field which constituted a great need. The goal of the research was presented in three aspects:

To determine the relevancy of establishing a sustainable healthcare institution in South Kivu Field; to determine the best strategies for starting a sustainable healthcare institution in the South Kivu Field and to determine the performance of healthcare facilities in Bunyakiri Station. The review and literature consulted during the course of this research revealed the relevance of strategies to promote healthcare institutions by contributing factors of healthcare institutions within them and in the area where they could be implemented.

A cross-sectional design using both quantitative and qualitative data collection was utilized as the method. The quantitative method used a sample formed by using a simple random sample technique. For quantitative data collection, a closed-



ended questionnaire was submitted to Bunyakiri district members to measure the contributing factors and to determine strategies to establish healthcare institutions.

The qualitative data collection was based on a structured interview guide led to the district leaders where still worked two healthcare centers which belong to the Field and to workers of these two healthcare institutions; to determine the strengths and the opportunities to exploit and to identify the weaknesses and the threats to avoid. After data collection, interpretation and analyzed; Bunyakiri district members strongly agreed and agreed with the contributing factors and the strategies of implementation and they explained opinions according to SWOT Acronym as they are presented in the tables below:

*Table 38. Contributing Factors and Strategies Implementation*

Contributing Factors	Strategies implementation
Reaching people with the gospel, financial contribution of the development of the church, enhancement of the financial status of church members, a source of influence of health behavior of people within the healthcare institution and outside it, adequately taking care of healthcare needs of people in the area and reducing premature death	Proper adequate planning, strategic location, working policy, qualified personnel, year appraisal for all employees, yearly budget, adhering strictly to the budget, quarterly financial report to the management board

*Table 39. Results from respondents linked to SWOT Analysis*

Strengths	Weaknesses	Opportunities	Threats
Great number of people in the area, presence of qualified personnel with Adventist background, presence of land where to build the Healthcare institution, fund to start the project, need of the population of the area, able to build a following team, unity among the initiators of the project, agreement from the government, Strictly respect of the convention between the Field and the government, security in the area where the healthcare institution will work	Non-ability to face Competition from others healthcare institutions and lack of qualified SDA personnel and healthcare administrator , difficult to work with a small group, Bad strategic location link the cartography of the area, the lack necessary equipment, lack of unity based on segregation, laziness among workers, sicknesses of workers of the healthcare institution, lack of land or a house that belong to the healthcare institution, poverty of people in the area, lack of schedule following program	Presence of qualified manager to manage the healthcare institution, presence of nurses able to work in the healthcare institution, presence of a school and other institutions able to generate income, aptitude to interact with the environment, fund to begin the project, awareness of people in the area , availability of land, building and willingness of church members to sacrifice.	Presence in the area other healthcare institutions, presence of spiritual healers and heavy tax imposed by the government, lack of qualified personnel, inappropriate edifice for the healthcare institution, bad strategic location of the healthcare institution, lack of appropriate equipment, bad behaviour of workers, acting outside the convention with the state, poverty of people in the area

The findings of this research conveyed the will of Bunyakiri district members to involve in starting a healthcare institution and to sustain its stability. The contributing factors that carry away healthcare institution were improved by members of the district while they responded to research instrument.

The strategies to which to watch before starting a healthcare institution were strongly agreed and agreed by district members and each concept of SWOT acronym was treated and fixed according to the place where could be implemented a healthcare institution. The main contribution of this research was to render workers of an ecclesiastic healthcare institution in the discipleship of Jesus and to wake up the attentiveness of the reader to the interest of promoting and managing healthcare institutions.

## **Recommendations**

Running through this research, the researcher ended by giving these recommendations:

1. The South Kivu Feld leaders had to take care of strategies to start and to implement healthcare institutions.
2. To constitute in each healthcare institution a management board and a following group which would work with the manager of the healthcare institution.
3. To insist that for each quarter the manager of the healthcare institution gave a report to the management board.
4. To recruit qualified personnel who would work in the healthcare institution.
5. To proceed with the yearly appraisal of each worker who belonged to the healthcare institution.
6. To manage good interaction with people in the area; with others institution and the responsible of the government who held healthcare structure.
7. To maintain the evangelist mission, this is the purpose of the Field.
8. Good preparation before to start the implementation of a healthcare institution. It requests determination, money, and courage.

## **Suggestions for Future Research**

At the end of this work, the researcher pretended that all the aspects link to the contributing factors of a healthcare institution and the best strategies to implement it were not explored. The researcher understood that the approach utilized in dealing with this topic and the results obtained were not exhaustive so, the researcher encouraged other researchers who further will explore this topic to innovate ideas in the areas according to the contributing factors of a healthcare institution and the best strategies to implement it.

## APPENDICES

APPENDIX A  
CORRESPONDENCE



May 18<sup>th</sup>, 2017

Réf: EASJ/ASK/PRES/022/2017

Concern : **Permission Letter**

To Pastor Mutimanwa Tchaka  
Student at Adventist University of Africa  
at Bukavu/DR Congo

Dear Pastor,

By this letter, you are authorized to do your research work in churches of Bunyakiri Station in South Kivu Field. So, according to the importance of your academic requirement, we allow you to submit your questionnaire to our churches. Thereby, we ask our pastors and elders to open the door of our churches to you while presenting this letter.

Pastor, we wish you success in your work.

May God bless you.

Yours faithfully.



  
**MALUNZA MONGA SIMBA**  
President



SEVENTH-DAY ADVENTIST  
CHURCH  
EGLISE ADVENTISTE  
DU SEPTIEME JOUR

South-Kivu Field  
Association du Sud Kivu  
P.O. BOX 2527 BUKAVU  
B.P. 2527 BUKAVU  
PRESIDENT  
Tél. (+243) 997758784  
E-mail : constantmalunza@yahoo.fr

Bukavu le 13/06/2017

Jun 6, 2017  
Réf: EASJ/ASK/PRES/12/2017  
:SDAISK/PRES/12/2017

Transmis copie pour information à  
Transmissible copies to

- Monsieur le Chef de Division de la Santé Sud-Kivu à BUKAVU  
Monsieur Chef of Health Department in South-Kivu
- Monsieur l'Inspecteur Provincial de la Santé Sud-Kivu à BUKAVU  
Monsieur Provincial department of Health in South-Kivu

Objet: Transmission Convention-Cadre de partenariat

Subject: Transmission of Agreement Framework

A son Excellence le Ministre Provincial de la Santé Sud-Kivu BUKAVU  
To Excellence Minister of Health in South-Kivu Province  
Monsieur le Ministre Provincial,

Par la Présente, nous avons l'honneur de venir auprès de votre autorité vous transmettre ce dont l'objet est ci-haut élargé.

En effet, pour une bonne intégration nous avons jugé utile de vous transmettre la copie de notre Convention-Cadre de partenariat portant collaboration dans le domaine de la Santé entre le Gouvernement de la République Démocratique du Congo et notre Mission Evangélique des Adventistes du Septième Jour en vue de renforcer notre intégration dans ce ministère de Santé dont vous êtes responsable.

Veuillez agréer, son Excellence le Ministre Provincial, l'expression de mes sentiments patriotiques.



Pour l'Eglise Adventiste au Sud-Kivu

Pasteur MALUNZA MONGA SIMBA

Président et Représentant légal

DEMOCRATIC REPUBLIC OF CONGO

REPUBLIQUE DEMOCRATIQUE DU CONGO

DEPARTEMENT DE LA SANTE PUBLIQUE  
PROVINCE DU SUD-KIVU  
INSPECTION PROVINCIALE DE LA SANTE  
B.P. 1899 BUKAVU

DEPARTMENT OF PUBLIC HEALTH  
HEALTH PROVINCIAL INSPECTION  
P.O BOX 1899 BUKAVU

SUBJECT: BULUNGU-Kalonge  
Health Care Center Working

OBJET : Fonctionnement de centre  
de Santé de BULUNGU-KALONGE  
à BUNYAKIRI

BUKAVU, le 15 Juillet 2017

July 15, 2017

N/R 255/199/B.SSP/SK/20017

TRANSMIS copie pour information à :

*Transmissible information to:*

-Monsieur le Président de l'Association

Du SUD-KIVU à BUKAVU

*Mr. South-Kivu Field President  
at BUKAVU*

-Monsieur le coordinateur Médical du

Adventiste de Santé du SUD-KIVU

à BUKAVU

*-Mr. Adventist Medical Health  
Co-ordinator at South-Kivu  
Field - BUKAVU*

A Monsieur le Médecin Chef de Zone

de Santé Rurale de BUNYAKIRI

*To Chief Medical of BUNYAKIRI  
Rural Health Zone*

Monsieur le Médecin Chef de Zone,

Je présume que vous avez lu en copie

la lettre No 003/FH/ Dpt/ SK/2017 du 2 Février 2017 m'adresser par le coordinateur Médical du Ministère Adventiste de Santé relative à l'objet en marge.

Je vous demande d'effectuer une descente sur terrain et nous en faire un rapport technique tout en respectant les conditions de fonctionnalité d'un Centre de Santé au sein de la Zone de Santé.

Veillez agréer, Monsieur le Médecin Chef de Zone de Santé, l'expression de ma franche collaboration.

Le Médecin Inspecteur Provincial

DR JYAMBO Nyabuhanga



ZONE DE SANTE RURALE DE KALONGE  
CENTRE DE SANTE BULUNGU/ADVENTISTE  
KALONGE RURAL HEALTH ZONE  
BULUNGU HEALTH CARE CENTER.

To Mr. Gault-Kius Field  
Health Department

Objet : RAPPORT D'OUVERTURE  
DU CENTRE DE SANTE  
BULUNGU/ADVENTISTE  
ADVENTIST HEALTHCARE  
CENTER  
OPENING REPORT

A Monsieur le Directeur du  
departement de sante ASK  
Bukavu a Bukavu.

Monsieur,  
Mister,

L'honneur de vous informer par la présente nous avons  
l'objet en marge,

en effet, en date du 07/09/2017  
Nous avons débute les activités sanitaires à Kalonge, au  
cours de cette Journée, nous avons consulté six nouveaux  
cas, nous avons débute avec six agents d'où un infirmier,  
deux aides infirmiers, une sœur infirmière et deux ouvriers.

En fin nous vous prions de  
bien toujours vouloir assister urgemment, car notre  
structure n'a pas des matériels, médicaments, même la cuisine  
n'est totalement achevée.

Agréer Monsieur le Directeur du  
departement de la sante de l'ASK  
nos sentiments très dévoués.

- CC: Représentant légal de l'ASK.
- secrétaire exécutif de l'ASK
  - Trésorière de l'ASK
  - Directeur de Station de BUNYAKIRI
  - porteur de district de BUNYAKIRI

Fait à BUNYAKIRI, le 10/09  
2017  
  
A DOULA MAFETTE

0819641694  
852595473



SEVENTH-DAY ADVENTISTE CHURCH  
KASHESHA / KALONGE  
BUNYAKIRI DISTRICT

EGLISE ADVENTISTE DU 7<sup>ES</sup> JOUR  
KASHESHA / KALONGE  
DISTRICT DE BUNYAKIRI

B.P. 2527 BUKAVU  
P.O. Box 2527 BUKAVU  
Télé: 0819598152 / +243812901507

RAPPORT DE TRAVAUX DE CONSTRUCTION DU CENTRE DE  
SANTÉ BULUNGU / ADVENTISTE  
BULUNGU HEALTH CARE CENTER BUILDING  
REPORT

Ce rapport est effectué par l'ancien de l'église Monsieur:  
DIVIA MAPATANO MUPENDA, mandaté par l'église locale de KASHESHA.  
Après la séance d'harmonisation faite au niveau de la division  
provinciale de la santé sud-kiw au dossier du détournement du  
Centre de santé KASHESHA qui a été initié par notre église; mais  
pour créer la paix et la concorde au niveau local la décision  
a été prise en date du 21/06/2017 par le chef de division d'ouvrir  
un Centre de santé à BULUNGU qui restera confessionnel à l'église  
Adventiste du 7<sup>e</sup> Jour.

Cette décision a été optée par toute les parties et par les conseils  
donnés par les autorités ecclésiastiques de L'ASKF ensemble avec  
le docteur chargé de la santé dans notre UNION, nous étions convenus  
de commencer de nouveau une construction d'un bâtiment en  
fermis durable de 9m sur 6m qui pourra répondre aux urgences.  
Cet ainsi que le comité de l'église KASHESHA avec celui du  
district BUNYAKIRI avons adopté de débuter la construction de ce bâti-  
ment en date du 16/07/2017, ce projet doit prendre deux mois  
au plus tard selon la recommandation faite à la division provinciale  
de la santé du sud-kiw.

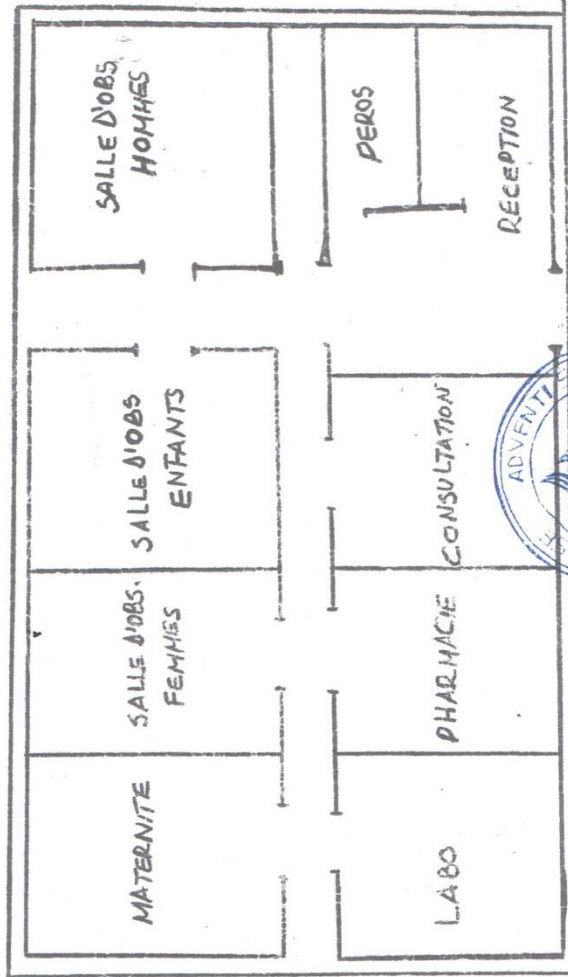
Ce pendant, nous nous sommes fixés l'objectif de terminer cette construction  
avant le temps pour que l'ouverture de centre sanitaire de bulungu ce  
14/08/2017 en présence de certaines autorités ecclésiastiques, sanitaires,  
et politico-administratives de Kalonge.

signalons que nous avons reçu une parcelle accessible offerte  
par un membre de notre église Monsieur BATHINDWA CIZA et une  
autre partie par un pasteur Adventiste, Monsieur MUGISHO MUKALI  
Ce deux parcelles nous ont donné la chance de trouver un  
bon terrain qui peut répondre aux besoins d'un centre de santé;  
mais sous convention avec l'église.

Cependant, les activités de construction ont commencé, la date  
prise, le 16/07/2017 et au jour d'hui la construction évolue  
car nous sommes déjà au niveau de tols, porte, fenêtres et...

EN ANNEXE le plan et le devis.

PLAN DU CENTRE DE SANTE BULUNGU/ADVENTISTE  
 KALONGE.  
 BULUNGU ADVENTIST HEALTHCARE CENTER.  
 PLAN.



MAPATAHO MUPENDA DIVIWI  
 KASHISHA KALONGE  
 BULUNGU  
 20/07/2017

BULUNGU ADVENTIST HEALTHCARE CENTER  
BUILDING CONSTRUCTION COST

DEVIS POUR LA CONSTRUCTION DU BATIMENT DU  
CENTRE DES ANTE BULUNGU ADVENTISTE /  
KALONGE.

N <sup>o</sup>	DESIGNATIONS	UNITE	qte	P.U	P.T	ACHAT LOCAL/ BUKAVU	STAT.	
	Tôles	pcs	35	10\$	350\$	Achat local	30 disponibles	
	Madriers	pcs	25	3\$	75\$	- 11 -	- 11 -	
	Sticks d'arbres	pcs	100	0.8\$	80\$	- 11 -	- 11 -	
	Chevrons	pcs	60	1\$	60\$	- 11 -	- 11 -	
	Planchettes	pcs	200	3\$	600\$	- 11 -	100 disponibles	
	Clous de 12cm	kg	10	2\$	20\$	- 11 -	8 kg disponibles	
	Clous de 10cm	kg	10	2\$	20\$	- 11 -	7 kg disponibles	
	Clous de 6cm	kg	15	3\$	45\$	- 11 -	8 kg disponibles	
	Clous de tôle	kg	6	3\$	18\$	- 11 -	4 kg disponibles	
	Ciments	pcs	20 sacs	15\$	300\$	BUKAVU	Non disponibles	
	Analettes	pcs	30	8\$	240\$	BUKAVU.	- 11 -	
	Secures des portes	pcs	8	10\$	80\$	BUKAVU	- 11 -	
	Peinture blanche	lts	5	15\$	75\$	BUKAVU	- 11 -	
	Peinture bleu	lts	4	15\$	60\$	- 11 -	- 11 -	
	Vitres	pcs	5	15\$	75\$	- 11 -	- 11 -	
	Portes	pcs	8	20\$	160\$	Local	4 disponibles	
	Charpentiens	pcs	8 pairs	1\$	8\$	- 11 -	1 paire disponibles	
	Fenêtres	pcs	9	10\$	90\$	- 11 -	Non disponibles	
	Charnières de fenêtres	pcs	9 paires	0.5\$	5\$	- 11 -	- 11 -	
	Main d'oeuvre	-	-	100\$	100\$	- 11 -	Maçons & Charpentiers	
	Maillons	8 m <sup>3</sup>	8 m <sup>3</sup>	5\$	40\$	- 11 -	disponibles	
	Sable	30 m <sup>3</sup>	30 m <sup>3</sup>	6\$	180\$	- 11 -	disponibles	
	Impreurs	-	-	100\$	100\$	participation local	pas tout à fait	
TOTAL							- - - 2781\$	-



Fait à Kashesha, le 20/07/2017  
Comité de l'Eglise Adventiste  
KASHESHA/KALONGE  
MADIMBO MUPENGA SIVIA  
Ancien de l'Eglise.

## ENGLISH TRANSLATION

Bukavu June 13, 2017

Ref: SDA/SKF/PRES/12/2017

Transmissible copies to

-Mister Chief of Health Department in South Kivu Field

-Mister Provincial Department of Health in South Kivu

### **Subject: Transmission of agreement Framework**

To Excellence Minister of Health in South Kivu Province

Mister Provincial Minister,

Through this present, we come near your authority to explain what is cited above in the subject.

So, for a good integration of our healthcare center, we have judged useful to transmit the agreement framework that carries the collaboration between the government of the Democratic Republic of Congo and the Seventh-day evangelic mission in the domain of health in the purpose to reinforce our integration in the health department whose you are responsible.

Please, agree with Excellence Minister for the expression of our patriotic feelings.

For the Seventh-day Adventist in South Kivu

Pastor Malunza Monga Simba

The DEMOCRATIC REPUBLIC OF CONGO  
DEPARTMENT OF PUBLIC HEALTH  
P.O Box 1899 BUKAVU

Bukavu, July 15, 2017  
N/R 255/199/B.SSP/SK/20017

Transmission information to :

- Mister South Kivu President at Bukavu
- Mister Medical Health Co-ordinator in South KivuField at Bukavu

Subject: Bulungu Healthcare Center Working

To Chief Medico Health Co-ordinator in South Kivu Field  
At Bukavu

Mister Chief of Medico Zone,

I assume that you get the copy of the letter no 003/FH/Dpt/SK/2017 dated February 2, 2017, directed to me by the Adventist Health Department coordinator related to the margin above.

I request you to descend to the area and do a technical report on the respect of a healthcare center working conditions within a health zone.

I hope you agree Mister Chief of health zone, my expression in honesty collaboration.

Provincial Medico Inspector

Lunyambo Nyabuhanga

KALONGE RURAL HEALTH ZONE  
BULUNGU HEALTHCARE CENTER

**Subject: Adventist healthcare center opening report**

**Transmissible copies :**

- South- Kivu legal deputy
- South Kivu Field
- South Kivu Treasurer
- Bunyakiri Station Director
- Bunyakiri District Leader

To Mister the Director of South Kivu Field health Department

Mister,

Through the present letter, we have the honor to inform you the subject over the margin.

In fact, on the date of September 7, 2017, during the morning health activities started at Kolonge. Six cases of patients were consulted; we have started with six agents among them one nurse, two nurses assistant, one sentinel and two workers.

Finally, we request constantly your assistance because our health structure does not have materials, medicine even the house is not achieved.

Please agree, Mister the Director of the health department in South Kivu Field our devote sentiments.

Done at Bunyakiri  
September 9, 2017

**Adula Maheshe**

**SEVENTH-DAY ADVENTIST CHURCH  
KASHESHA/ KALO NGE  
BUNYAKIRI DISTRICT  
P.O Box 2527 BUKAVU**

**BULUNGU HEALTHCARE CENTER BUILDING REPORT**

This report was done by the elder Divin Mapatano Mupenda who was mandated by the local church in a meeting held to the provincial health division in the South Kivu Province.

On the date of June 21, 2017; after misappropriation of Kashesha healthcare center by the health zone a consent between the Chief of health division in South Kivu and the Seventh-day Adventist church to erect another healthcare center at Bulungu that will remain belonging to the Seventh-day Adventist Church.

This decision was accepted by all the parts who took place in the meeting, together with the advice of South Kivu leaders and the Doctor who has the department of health at Union in charge.

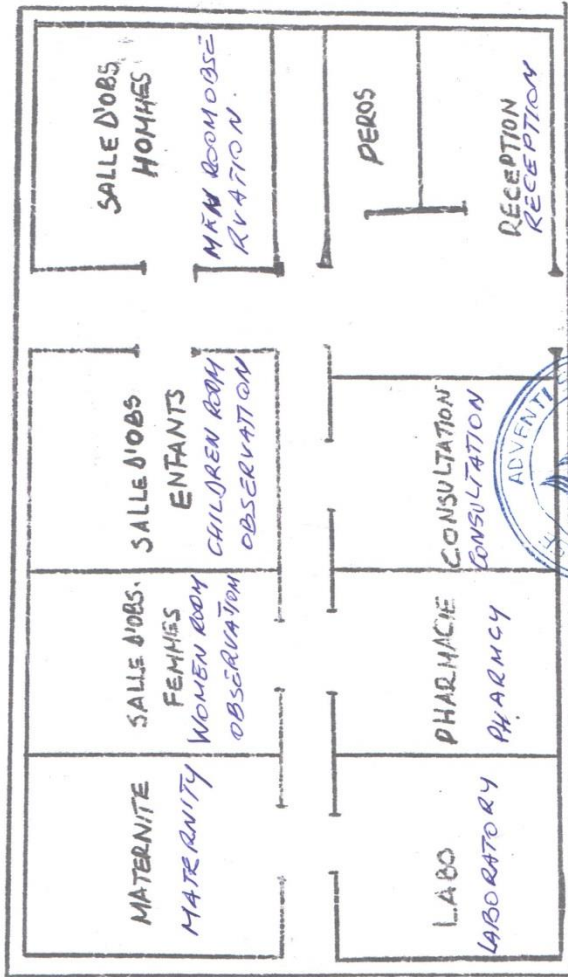
An agreement was done to construct a building of 9m Long and 6m Large. Then the church comity and Bunyakiri District comity adopted to start the construction on July 16, 2018. This work would take two months according to the recommendations of provincial health division in South Kivu province. However, we decided to finish the work early so that the activities could start on August 14, 2017, in the presence of the authority of the church, health and political- administrations of Kalonge.

We remind that a church member and a Seventh-day Adventist Pastor delivered the land on which the construction would be erected. This land has a strategic position; however the construction started on July 16, 2017; on that day it was at the level of sheet metals, doors, and windows.

On annex the Plan and the Budget of the construction.



PLAN DU CENTRE DE SANTE BULUNGU/ADVENTISTE  
 KALONGE.  
 BULUNGU ADVENTIST HEALTHCARE CENTER  
 PLAN.



MAPATANDI MUPENDA SINDU  
 de 11 09 2017  
 2010712017



**BULUNGU ADVENTIST HEALTHCARE CENTER BUILDING  
CONSTRUCTION BUDGET**

No	DESIGNATION	UNIT	Qte	U.P	T.P	Buy	Observation s
	Sheet metals	pieces	35	10\$	35\$	local	
	Sticks	pcs	100	0.8\$	80\$		
	Chevrons	pcs	60	1\$	60\$		
	Floor	pcs	200	3\$	600\$		
	Nails of 12 cm	kgs	10	2\$	20\$		
	Nails of 10 cm	kgs	10	2\$	20\$		
	Nails of 6 cm	kgs	15	3\$	45\$		
	Nails of sheet metal	kgs	6	3\$	18\$		
	Ciment	pcs	20 Sacs	15\$	300\$	Bukavu	
	Analytes	pcs	30	8\$	240\$		
	Lock doors	pcs	8	10\$	80\$		
	White Color	Boxes	5	15\$	75\$		
	Bleu Color	Boxes	4	15\$	60\$		
	Glass	pcs	5	15\$	75\$		
	Doors	pcs	8	20\$	160\$	Local	
	Hinge	pcs	8	1\$	8\$		
	Windows	pcs	9	10\$	90\$		
	Windows hinge	pcs	9	0.5\$	5\$		
	Workers cost			100\$	100\$		
	Small stones	8m3	8m3	5\$	40\$		
	Zibeline	Fut	3m3	6\$	180\$		
	Unexpected			100\$	100\$	Local participation	
Tt					2781\$		

NB: dl= dollars

Done in Kashesha/Kalonge

July 20, 2017

Seventh-day Adventist church comity

MAPATANO MUPENDA DIVIN

APPENDIX B  
DATA COLLECTION TOOLS

**ADVENTIST UNIVERSITY OF AFRICA  
QUESTIONNAIRES OF RESEARCH IN ENGLISH AND SWAHILI**

**INTRODUCTORY LETTER**

Pastor Mutimanwa Tchaka  
Seventh-day Adventist church  
South Kivu Field  
P.O Box 2527  
Bukavu DRC

April 11, 2017

Dear Sir/Madam,

I am conducting a research study to determine the feasibility of establishing a healthcare institution in South Kivu Field and Bunyakiri District.

I will need your assistance to respond honestly to the attached questionnaire. I assure you that any information provided on this sheet will be kept confidential. Please, do not write your name on this sheet. Fill in the appropriate answers and check the options that best apply to you. Please know that your cooperation will greatly help to accomplish this important study.

Thank you

**Sincerely**

**Pastor Mutimanwa Tchaka  
SKF Executive Secretary  
BARUA KWA WATAKAO JIBU  
Bwana/Bibi mpenzi,**

Ninaendesha majifunzo kwa kutambua ngisiya kuanzisha kituo cha afia katika shamba ya kivu ya kusini na katika Wilaya ya Bunyakiri

Ninahitaji msaada wako kwa kujibu kwa uaminifu maswali yanayo patikana hapo chini. Ninakuhakikishia kwaba maelezo utatoa kwenye kartasi hii itachugwa kwa siri. Usiandike jina lako kwenye kikartasi hiki. Jibu kwa swali hii ukitia kiviringo kwa ile unayoona ndiyo nzuri kwako. Ujuwe kwamba musaada wako utatusaidia kukamilisha kazi hii ya muhimu.

Asante

**Mutimanwa Tchaka**

**Katibu Mkuu Shamba ya Kusini**

**A. Personal information**

**Maelezo inayokuhusu**

Your gender: Male  Female

**Ginsia yako Mwanaume  Mwanamke**

Your age in years: Below 18  18-30  31-40  41-50  51 and above

**Miaka yako: 18 chini  18-30  31-40  41-50**

Your marital status: Married  Single  Widow  Divorced   
Separated

**Haliyaunyumba: Nimeowa (olewa)  iishipeke  Mjane  Kuachana**

Your level of education: No education  Primary school  Secondary   
Undergraduate  Graduate

**Ngazi ya elimu: Siku Soma  Shule la msingi  Secondari**

**Cycle ya Kwanza  Cycle ya Pili**

Your nationality: Congolese  Burundese  Rwandese  Others

**Uraiya wako: Congomani  Murundi  Munyarwada  Ungine**

How long have you been Seventh-day Adventist? less than One year  1-10 years   
11-20 Years  21-30 years  More than 30 years

**Umekuwa Muadventista tangu wakati gani?**

**Chini ya mwaka moja  Miaka 1-10  Miaka 11-20  Miaka 21-30**

**Miaka 30 Juu**

**B. Relevancy of Healthcare Institution**

**Questions related to contributing factors**

**Umuhimu wa Kituo cha Afya**

**Mahulizo kuhusu manbo mbalimbali yanayoweza fikiwa**

Please use the scale below to rate your views on the statement below. Circle the option which applies to you.

**Tumia kiwango hapo chini kuonyesha maoni yako kufatana na maelezo kwa kila mstari. Tia kiviringo kwa msemwa unayo kubaliana nayo.**

**Strongly Agree = 5, Agree= 4, Neutral=3, Disagree=2, Strongly Disagree=1**

**Nakubalikabisa=5, Nakubali=4, Sinamsimamo=3, Sikubali=2, Sikubali ()**

<b>Please rate the following as it relates to relevancy of healthcare institution in South Kivu Field Chagua kiwango kinacho ambatana na umuhimu wakituo cha afya ndani ya Shamba ya Kivu ya Kusini</b>						
7	Reaching out to non-believers <b>Kufikia wasioamini</b>	1	2	3	4	5
8	Financial contribution to the development of the church <b>Kupata pesa juu ya maendeleo ya kanisa</b>	1	2	3	4	5
9	Source of employment for church members <b>Chemchemi ya kazi kwa washiriki wa kanisa</b>	1	2	3	4	5
10	Enhancement of the financial status of church members <b>Kuongeza hali ya mapato kwa washiriki wa kanisa</b>	1	2	3	4	5
11	Increase in educational status of church and non-church members <b>Kukuza hali ya maadibisho ya waamini wa kanisa na wasioamini</b>	1	2	3	4	5
12	A source of influence of health behavior of people within and outside it <b>Kusaidia mwenendo nzuri ya maisha ya watu ndani ya kituo na inje ya kituo</b>	1	2	3	4	5
13	Adequately taking care of healthcare needs of the people in the area <b>Kushugulikia kihakika hitaji za afya kwa wakaaji wa eneo</b>	1	2	3	4	5
14	Reduction of premature death <b>Kupuguza kifo cha haraka</b>	1	2	3	4	5

If South Kivu Field start a healthcare center, will you be willing to support it for its progress. Yes () No ()

**Nitatowa mchango wangu kwa kusaidia ikiwa shamba ya kivu kusini itaanzisha Kituo cha afya : Ndiyo () Hapana ()**

**C. Best Strategies to start and sustain Healthcare Institution**

**Mipagilio mema kwa kuanzisha na kusaidia kituo cha afya**

Questions related to best strategies to start and sustain a healthcare institution

**Maulizo inayo husu mipangilio mema kwa kuanzisha na kusaidia kituo cha Afya**

Please use the scale below to rate your views on the statement below. Circle the option which applies to you.

**Tumia ngazi hapo chini kwa kuonyesha ukubali wako kwa misemwa ufuatao.**

**Tia kivirigo kwa ile Unayokubaliana nayo.**

**Strongly Agree = 5, Agree= 4, Neutral=3, Disagree=2, Strongly Disagree=1**

**Ninakubalikabisa=5, Nakubali=4, Sinamusimamo=3, Sikubali=2 Sikubalikabisa=1**

Please rate the following as it relates to good management and sustenance of healthcare institution						
Tumia ngazi ifuatayo inayokubaliana na ulezi bora na usaada kwa kituo cha Afya						
16	Proper adequate planning <b>Mipangilio mema</b>	1	2	3	4	5
17	Funding for starting the project <b>Pesa kwa kuanza kituo</b>	1	2	3	4	5
18	Strategic location <b>Mipangilio Mahalia</b>	1	2	3	4	5
19	Management board <b>Comaty usika na uongozi ao ulezi wa kituo</b>	1	2	3	4	5
20	Working policy <b>Kanuni za kazi</b>	1	2	3	4	5
21	Qualified personnel <b>Watumikaji wanaostahili</b>	1	2	3	4	5
22	Yearly appraisal of all employees <b>Uchunguzi mwakani kwa kila mtumikaji</b>	1	2	3	4	5
23	Yearly budget <b>Kupanga Bugeti ya mwaka</b>	1	2	3	4	5
24	Adhering strictly to the budget <b>Kuheshimu Bugeti iliyopangwa</b>	1	2	3	4	5
25	Quarterly financial report to management board <b>Kutowa ripoti ya feza kila Robo kwa kamati ya uongozi</b>	1	2	3	4	5

**ADVENTIST UNIVERSITY OF AFRICA  
QUESTIONNAIRE OF RESEARCH  
KANISA LA WA ADVENTISTA WA SABATO  
MASWALI YA UTAFITI**

**Post-Implementation questionnaire to evaluate the project  
Maswali ya kuchunguza hali ya kituo nyuma ya kuanzishwa**

Please use the scale below to rate your views. Circle the option which best applies to you.

**Tumia kiwango hapo chini kwa kuonyesha maoni yako. Tia kiviringo kwa ile inayoonekana nziri kwako.**

**Strongly Agree = 5, Agree= 4, Neutral=3, Disagree=2, Strongly Disagree=1 Nakubali kabisa=5, Nakubali=4, Sinaonyo=3 Sikubali=2, Sikubali Kabisa=1**

Please rate the following as it relates to the relevancy of the health institution since it started Chaguamojayamismwahapochiniinayoonyeshaumuhimuwakituo cha afyanyumayakuanzishwa						
1	Encouraged new members joining the church <b>Inasaidia washiriki wapya kuingia kanisani</b>	1	2	3	4	5
2	Positively impacted financial standing of the church <b>Inasaidia vema kanisa kusitawi kipesa</b>	1	2	3	4	5
3	Increased educational status of people <b>Inasaidia kupandisha hali ya maadibisho (Elimu) ya watu</b>	1	2	3	4	5
4	Helped in reducing unemployment <b>Inapuguza kutokuwa na kazi</b>	1	2	3	4	5
5	Helped positively health behavior pattern of church members <b>Inasaidiavemamabadilikoyatabiayawashirikiwakanisa</b>	1	2	3	4	5
6	Helped create good image of the church in the area <b>Inasaidia kuleta picha nzuri ya kanisa katika eneo</b>	1	2	3	4	5
7	Helped prevented premature death in the area <b>Inasaidia kuepuka kifo cha haraka katika eneo</b>	1	2	3	4	5

Have you financially supported the Health Center since its inception? Yes ( ) No ( )  
**Umewahi kutiwa mchango wa pesa tangu kituo hiki cha afya kuanzishwa.  
Ndiyo ( ) Hapana ( )**

Do you think the Healthcare institution started well? Yes ( ) No ( )  
**Unawaza kituo hiki cha afya kilianzishwa vizuri? Ndiyo ( ) Hapana ( )**

With the way, the Healthcare institution is being managed, do you think it is sustainable Yes ( ) No ( )  
**Kufatana na njisi kituo hiki cha afya kinatumika unafikiri kinaweza unywa mkono.  
Ndiyo ( ) Hapana ( )**

11. In what way, do you think the establishment of the healthcare institution been relevant to the church and the community at large?  
**Mu njia gani unafikiri kituo hiki cha afya ki muhimu kwa kanisa na wakaaji wa eneo?**

## APPENDIX C

### INTERVIEW GUIDE

Questions related to SWOT to guide the interview

#### **Maswali inoyohusu SWOT**

Please respond to the following questions

#### **Jaribu kutoa majibu kwa maswali ya fuatayo**

Strengths that can be found in the area of starting the healthcare institution

#### **Nguvu (forces) zinazohitajika kuchunguzwa ili kuanzishwe kituo cha Afya**

b.

c.

2. Weaknesses which should be avoided when starting a healthcare institution

#### **Uzaifu (faiblesse) wakuhepuka mbele ya kuanzisha kituo cha Afya**

a.

3. Opportunities (Opportunités) can be considered in the area of starting the healthcare Institution

#### **Bahati au urahisi wa kuchunguzwa mahalia mbele ya kuanzisha kituo cha afya**

a.

b.

c.

4. Threats (menaces) that needs to be controlled when starting the healthcare institution

#### **Hatari inayostahili kuchunguzwa kabla kuanzishwe kituo cha Afya**

a.

b.

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## VITA

Name: Mutimanwa Tchaka Dieudonne

Address: South Kivu Field Bukavu D.R Congo

Marital status: Married

### Educational Achievement:

1. Buholo 3 Catholic Primary School, Bukavu Town, 1966-1969.
2. Chai Catholic Primary School, Bukavu Town, 1970-1971.
3. Ibanda A Official Primary School, Bukavu Town, 1971-1972.
4. Mubanda Institute Official Secondary school, Kabare territory, 1973-1975.
5. Ibanda Institute Official Secondary School, Bukavu Town, 1976-1980

Diploma.

6. Adventist University of Lukanga, D.R Congo, Undergraduate Diploma 2003-2006.

### Working Experience:

1. Ordained Pastor
2. District Leader 1997-2003
3. Ministerial, Sabbath School, Youth and Education Field department, South Kivu Field, D.R Congo 2006-2009.
4. Station Director of Bunyakiri Station 2012-2015.
5. Executive Secretary, South Kivu Field, D.R Congo 2016-2017.