

M.H.C.D

MISSION IN HEALTH CARE AND DEVELOPMENT

MISSION EN SOINS DE SANTE ET DEVELOPPEMENT

LUVUNGI/UVIRA

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**M.H.C.D. D.R.CONGO AND KENYA
ACTIVITIES.
GENERAL REPORTS.
2012**

BY:

DR.LUC MULIMBALIMBA – MASURURU

M.H.C.D. DIRECTOR

APPRECIATION

1. DR. ELAINE AND JOHN DIETSCH Australia
2. NATHAN AND CATHY DIETSCH U.S.A
3. DR. JULIE MONIS IVETT Australia
4. JENNY WEAVER Australia
5. SARAH CUNNINGHAM Australia
6. DOONE WINNALL Australia
7. SUSAN DONALDSON U.K
8. HILDEGARD FITZGERALD Australia
9. RONDA BOYD Australia
10. MARION EDUARDS Australia
11. MARY MACFARLANE Australia
12. DAVID AND MEREDITH SYNNOT Australia
13. PAM-SHACKETON Australia
14. LEETON ROTARY CLUB Australia
15. WEST WAYLONG COMMUNITY CHURCH Australia
16. GREEN GROVE FACTORY Australia
17. ALL M.H.C.D. FRIENDS WHO SUPPORT US IN ONE WAY OR THE OTHER.
18. BIRTHING KITS FOUNDATION Australia
19. ANNE MILLER Australia
20. CHRISTOPHER MOORE Australia
21. DR.JOY O'HAZY Australia
22. DR. SUSAN M.RIDING Australia
23. MAGI GREGORY Australia
24. PASTOR BILL STREGER AND KALEO CHURCH. U.S.A
25. GAEL HARRISON AND MISSION WORLD AID INC Australia
26. GERARD BEAUCHEMIN U.S.A.

SPECIAL THANKS

1. My parents KAHINDJA MASURURU André and NABINDU KIBIHA Elizabeth D.R. Congo
2. My Wife Dellice NAFUTA MULIMBALIMBA, my son MASURURU MULIMBALIMBA André and my Daughters NABINDU MULIMBALIMBA Elizabeth and KADETWA MULIMBALIMBA Elaine. D.R. Congo.
3. My mission parents. Dr. Elaine and John DIETSCH. Australia
4. Dr. Julie MONIS IVETT and Birthing Kits Foundation Australia
5. Nathan and Cathy DIETSCH U.S.A
6. Ronda and Arthur BOYD Australia
7. All M.H.C.D. staffs in D.R. Congo and Kenya

I want to thank God for the far that He has brought me until I realized my vision of constructing the hospital, Community Bridge, Radio and Television station and nutritional centre. The vision that I had for several years has become a reality.

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

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

I. INTRODUCTION

Am very happy to inform you that we finished the year 2012 in peace and great joy and we succeeded to realize projects that we had planned to carry out. We are so grateful to all those who partnered with us in one way or another till we managed to carry out the projects.

The year 2012 we continued with the construction of luvungi naturopathic hospital, we constructed Community Bridge at Kamujeri River, we opened a nutritional centre, we continued with the micro-financing projects for women, we opened a TV station, we opened an epilepsy clinic and we carried out many other activities that you will get to read in this report. We succeeded to carry out all this activities through your advice, care, prayers, support and love. Once again thank you for all your efforts in supporting MHCD in the year 2012.

We are also grateful to let you know that MHCD emerged the best organization in carrying out projects in the year 2012. We were given a trophy, certificate of excellence together with certificate of merit and we were given a gift of tractor. We are so grateful to you for supporting us till we emerged top this year of 2012. Hoping you will enjoy our activities.

II. SAVE THE ORPHANED AND STREETCHILDREN PROGRAMME (EDUCATION PROGRAMME)

This programme started in bungoma Kenya in 2005.

The main objective of the programme is to help the vulnerable children especially the orphaned and street children, giving them free education, free medical care and providing them with basic needs like clothes. We provide food for those children suffering from malnutrition at the school. We realized that sending children to other school was very expensive and we could not manage to support all the many children and this made us to open our own school so we could manage and handle many children. We help and support so many children than sending them to other schools.

We focused so much on the children below 8 years of age because in Africa this are the children at the risk of losing lives very fast through poverty and diseases. in selecting the children we move from village to village, looking for the orphaned children who are being taken care of by their grand mothers, we move in centres looking for the street children, those living in the street and eating from there and also we support other vulnerable children who have parents but the parents are leading very difficult lives. We also support children who were born out of wedlock's and are suffering so much.

In Kenya and D.R. Congo, nursery school is very expensive. Many people cannot afford to send their children to school. In Kenya, the cheapest nursery school fee is kshs. 8,000 per year. In D.R.C it is about USD 150 per year for many people to afford this money it is very difficult and this is without food and medication.

To bring solution to this problem and to improve lives of children, we started 2 nursery schools in Kenya and D.R.C which are:

1. JOANNE NASWA ACADEMY IN BUNGOMA AND MILO KENYA AND
2. DIETSCH ACADEMY IN SANGE D.R.CONGO

These two schools have helped so much in Kenya and D.R.C to improve lives of vulnerable children. so many orphaned and street children who could not afford school fees, who had skin diseases due to improper hygiene and who could not walk properly due to the infestation of the jiggers , as at now have become very good children , are good looking, very clever and have a hope in life through Joanne Naswa Academy and Dietsch Academy.

This year 2012, Joanne Naswa Academy supported 72 pupils in Bungoma Kenya and Dietsch Academy supported 120 pupils in Sange D.R.Congo. Since we started, we have already provided free education to more than 430 Pupils in Kenya and more than 700 Pupils in D.R. Congo. We thank so much brother Nathan Dietsch and family who supported Joanne Naswa Academy and Dietsch academy. Thank you so much for paying teachers salary, purchasing medicine and treating the sick pupils and some time giving food to those suffering from malnutrition. Your support has greatly improved and saved lives of so many vulnerable children. Thank you so much for assisting more than 1000 Pupils in D.R. Congo and Kenya with free education and medical care and May God bless you abundantly. We still need your support and know that the children and their teachers love you so much and appreciate your support. We also thank you so much Pastor Bill and Kaleo church for your support. May God bless you too.

When we visited other villages, we found other villages with the same problem as Bungoma and Sange. In bringing a solution to those villages, we opened the following school;

1. Kahororo primary school in kahororo village, D.R. Congo
2. Green grove school Lubarika , D.R.Congo.

These two schools have had the same programme as Joanne Naswa Academy and Dietsch Academy, except Kahororo School with primary school from class one to four. We have a primary school in Kahororo because since the existence of the village, it has never had a school and the school in Kahororo was started by MHCD. For now, our school have pupils in the secondary school and we are very proud of this.

We thank so much Dr. Elaine and John Dietsch and other MHCD friends from Australia who support Kahororo School and we thank also green grove factory that supports the green grove school. In this year 2012, Kahororo School has 240 pupils and green grove school has 96 pupils. Since we started, we have supported more than 1400 pupils in Kahororo School and more than 400 pupils in Green Grove School.

This year we were successful to get funds from Dr. Elaine and John Dietsch Australia which helped in constructing 2 classrooms in green grove school Lubarika and one classroom in Kahororo School.

Dr. Luc MALIMBALIMBA supported MHCD with funds that helped in constructing another classroom in Kahororo School so Kahororo School had 2 other classrooms. We thank Dr. Elaine and John Dietsch together with Dr. Luc MULIMBALIMBA for supporting school construction in Lubarika and Kahororo villages.

In 2013 we are planning to construct 2 classrooms in Sange (Dietsch Academy) and 2 other classroom in Kahororo village because we have constructed only

2 classrooms and we have 4 classrooms and we have constructed only 2 permanent buildings so we need other 2 to complete 4 classrooms. We really need your prayers and support. Thank you all for everything you are doing in providing education and supporting vulnerable children in Kenya and D.R. Congo.

III. NUTRITIONAL, COUNSELING AND FAMILY PLANNING CENTRE

Since 1996, D.R. Congo has suffered from wars, wars that were brought about by our neighboring countries. The war brought to death more than 5,000,000 people, most people were poor; many children suffered malnutrition together with different diseases.

God helped us that from 2003 Congo experienced peace. In 2006, the first elections were carried out in Congo and the second was done in 2011. Since May, 2012, our neighboring country Rwanda supported some Congolese and they formed a rebel group called M-23. Since this time they have been killing and raping people in North Kivu Province and stealing people's properties. In December, 2012, they managed to overtake Goma town. Before entering Goma, there was a lot of insecurity in North Kivu Province and many people left and went back to their villages and districts. Among those people, there were also people from Uvira district.

The war caused so many displaced persons, people had to walk for more than 400km by foot climbing up and down hills without any food or water. This caused very many people to fall sick, many children suffered from malnutrition and many others lost lives. So many women and girls were raped and for them walking for more than 400km by foot brought lots of complications for them. When they reached in Uvira and Luvungi, they visited our hospital and clinic, they were very tired without eating and many of them were sick. We consulted them, gave them medicine and those who were very sick were

hospitalized. After treatment, we realized that many children were suffering from malnutrition and this made us open a nutritional centre. At our nutritional centre we made tests on the children and gave them food and medicine and nutritional porridge and in one month we assisted 375 children.

In looking for a sustainable solution to this problem, we set up a nutritional, counseling and family planning centre where we give their mothers advice on family planning, primary health care, agriculture, and small business. The women and girls who were raped are given counseling, those who are sick we treat them for free and we make integration for them in the communities.

In January 2011, we had already started constructing a nutritional, counseling and family planning centre but we never succeeded, to complete it. By good luck in September when I visited Australia and through Christmas support from Dr. Elaine and John Dietsch, we managed to finish the construction of the centre. I thank also so much Australia MHCD committee support group in Adelaide Dr. Julie, Jenny, Doone and Dr. Sarah for supporting us with funds that helped us to finalize nutritional counseling and family planning centre. This is why we called it Wagga wagga centre. I thank all Australia friends who supported Congolese displaced persons with food, medicine and sanitary towels for the girls. Your support was highly appreciated and it changed lives and helped so many children, women and elderly.

The nutritional programme is twice per week where we receive children, test them, treat and provide food for them. We are receiving so many children from all over Uvira district. Our target is to treat 375 children every month. The counseling centre is opened every day from 8.00 a.m to 5.00 p.m but we also have 2 days for special counseling sessions, movie sessions and they have time to share their experience. This is for all people. The family planning programmes are carried out in the same building that is the nutritional,

counseling and family planning centre. Again we are grateful to the Australia MHCD friends who helped us complete the construction of the building and who supported the programme. We thank you so much for every thing you are doing for us. Though your support we have been able to support and change lives of so many vulnerable people.

KAMUJERI COMMUNITY BRIDGE

Uvira district is an Agricultural district 80% of the population carry out agricultural activities. Most of these farmers have their farmlands away from their homes. The big problem is that there are no good roads leading to the lands and no bridges. This brings lots of difficulties because when people harvest, no vehicles/ cars reach the farms and carry the harvest to the market so a lot of the farm produce wastes away in the land. In Luvungi village, there is a river called Kamujeri and near the river there is another big river called Ruvubu. The Kamujeri river separates Luvungi village and Murunga village. It also links 6 big villages that are Kiringe, Ndolera, Bubeba , Lubarika, Katala and Nyamutiri. The problem was that in the Kamujeri River there was no bridge. Only a metallic material acting as a bridge that was helping people to connect among the villages. The 'Bridge' was very small and slippery and during the rainy season it was very dangerous. This brought a lot of problems to the extend of lives being lost.

During rains, the children who passed by the bridge used to slip into the water and they got carried away. There are some women who used to come from the farms and pass by the bridge and some fell and others broke their backs.

The bridge also links villages with Luvungi hospital so many patients who were coming for treatment at night especially expectant women were coming to deliver most of them slipped fell into the bridge and it brought lots of

problems to the women. So the 'Bridge' was very dangerous to the community and contributed a lot to the community not advancing development wise.

In bringing a solution to all these problems, in July, 2012, Dr. Luc MULIMBALIMBA commenced a project of constructing a good and permanent bridge at the river. He had a vision of constructing a bridge to be used by a heavy vehicle carrying 10 tones. He sensitized the community, purchased materials like stones, cement, sand, gravel, iron metals, etc... He also looked for an engineer from Uvira town and mason who began the construction of the bridge. In September the bridge had reached 75% of completion, but Dr. Luc faced financial problem of completing the construction of the bridge and by good luck, the same September, Dr. Luc who had been invited to Australia by birthing kits foundation Australia travelled to Australia. He got an opportunity to share in many places concerning MHCD activities and by good luck he got well wishers who united with him and when he came back he completed the bridge and it is now looking very well and helping so many people.

Since the construction of the bridge came to a completion, it has helped solve so many problems, reduce poverty in the villages and bringing development. Children can now pass by the bridge without any problem, the rates of accidents and deaths at the bridge has reduced to zero percentage, the farmers are now very happy because vehicles can reach to their farmlands and they sell their produce so their farmlands are easily accessible by vehicles. Patients coming to receive treatment at the hospital can do so any time, day or night without any fear of shipping into the river. During rainy or dry season, there's is easy accessibility to the villages. The bridge also has created employment to the youths. Youths can now make their local bricks. Sell them and they can get money. It has been a big blessing to the people of Uvira district.

Kamuji Community Bridge is one of the biggest achievements that Dr. Luc MULIMBALIMBA has carried out in Uvira district together with MHCD. I thank so much all MHCD friends from Australia who joined hands with me in one way or another so I may get to complete the construction of the bridge. Thank you and my God bless you abundantly. We still have other bridges in Uvira district that have also been bringing about the same problem like the previous one in Kamuji river and we are planning to construct other bridges in the district in next year, 2013. Kindly we are still in need of your support and prayer so that we might be able to build the other remaining bridges.

IV. MEDICAL AND PRIMARY HEALTHCARE DEPARTMENT

D.R. Congo is the second biggest country in Africa. It has more than 70 million people. since 1996, D.R. Congo was so much affected by wars, so many people died, many women and girls were raped , peoples property were stolen by rebels, many houses especially in villages were burnt, the war brought about a lot of diseases and poverty 80% of people living in villages lived below poverty line. Most people have one meal per day and there are many people who cannot afford the one meal. All these problems were brought about by war from our neighboring countries.

There are no good roads in D.R. Congo especially in the villages. Hospitals and health centres are very few and in selected places. Many people have to walk for more than 50km looking for a health centre or hospital where he/she will receive treatment. Again many of the health centres do not have medical doctors and the specialist doctors. An expectant woman experiencing a complication during delivery can be carried by people just on foot to go and look for a medical doctor who can perform a caesarian section and many of them die by the road side due to the far distance.

The few health centres and hospitals are not equipped with medical equipments especially in the rural areas. For example, in the whole of Uvira district, there was no dental surgeon or ophthalmologist. So all patients with teeth and eye problems had to travel to Bukavu town which is 120km or more to the neighboring Burundi country.

This used to cost them a lot of money in removing teeth or operating the eye. In the whole of Luvungi village which has more than 50,000 people, there is no echography or radiography machine. People who required examinations by echography or radiography had to travel for 60kms to Uvira town from Luvungi. Many of them spend a lot of money and those with no money never used to travel due to lack of finances for treatment and transport and all this raised death rates and poverty among communities. We wrote many health care problems in our previous reports of MHCD activities of year 2008, 2009, 2010, and 2011.

To bring a solution to all these problems MHCD started a project of constructing a hospital in Luvungi and we opened medical clinics and health centres in each village with more than 20,000 persons. The reason for opening or constructing Luvungi hospital was to reduce suffering of the many sick people travelling so far to look for medical treatment and who cannot afford medical care, provide proper and good health care to the people of Uvira district and to reduce infant mortality and morbidity rates. Since 2010 Luvungi hospital opened its doors and started receiving patients.

Every day we used to receive 30-50 new patients from different villages, towns even from our neighbouring countries Rwanda and Burundi. People were very happy especially the vulnerable loved so much to come and get treated at the hospital because we have quality and cheap treatment. In helping the women deliver without any problem, and to reduce infant mortality and morbidity rates we started a programme of free delivery at the hospital. All women who were coming to deliver at the hospital is for free.

At the Uvira clinic which is in town, we ask for usd 5 only for medicine, which other clinic they charge usd 30. The USD 5 is just like free delivery.

The war in Goma caused/brought so many children suffering from malnutrition. Many of the parents could not afford even USD 1 to purchase food because they are displaced persons. Most of the children came with the problem of malnutrition mixed with malaria and anemia which is very expensive to treat in other hospitals. Many of the children we started to treat them for free and for others we just asked a small amount that could and could help us in purchasing medicine and pay the doctors and nurses. We decided to open a nutritional centre where we are providing free nutritional porridge every day for the children, vegetables and nutrition food. The past month we assisted more than 375 children and the programme is progressing well. Through this programme we managed to assist and save lives of so many children. Their were even adult people who were suffering from malnutrition. So when we identify them we assist them with nutritional treatment.

Luvungi hospital has the following services :

1. Consultation rooms
2. Pharmacy
3. Wards for men and women
4. Paediatric department
5. Theatre
6. Echography
7. Dental clinic
8. Ophthalmology department
9. Epilepsy clinic
10. Medical laboratory
11. Nutritional centre

12. Counselling and family planning centre
13. Pre – natal and post natal clinics
14. Maternity
15. Naturopathy department
16. Homeopathy department
17. Community ambulance
18. Mobile clinics
19. Orphanage
20. Rehabilitation centre

Uvira naturopathic clinic has also the same services in the Luvungi naturopathic hospital .MHCD has also health centres and clinics in:

1. Kinshasa
2. Kiliba
3. Sange
4. Bukavu
5. Buheba
6. Goma
7. Bungoma Kenya
8. Lubumbashi

DENTAL CLINIC

Our dental clinic is the only clinic with a dental surgeon in the whole of Uvira district. Before opening the department, very many people had their teeth removed by general doctors or nurses. This brought about lots of problems because they had no experience and knowledge on teeth removal in turn so many complications were noted and others lost their lives also many used to lose a lot of money going to look for treatment far away and this brought poverty .Since we began our dental clinic, dental infections have reduced in

the communities, deaths occurring from dents have been reduced to zero and people do not spend a lot of money travelling so far looking for a doctor. This has brought development in the community and reduce poverty. We thank so much Prof Gerard Beauchemin from U.S.A. who started the dental clinic at the Luvungi hospital and Uvira clinic.

OPHTHALMOLOGY DEPARTMENT

Luvungi hospital again is the only hospital with an ophthalmologist in Uvira district. Before, many Congolese were travelling to Bujumbura Burundi, Bukavu, Kampala, Uganda and Nairobi Kenya just looking for an ophthalmologist but since we opened an ophthalmogy department at Uvira clinic and Luvungi hospital, people are not travelling very far away. We purchased ophthalmology operation kit, constructed a good operation theatre and hired an ophthalmogyst doctor from Kinshasa, capital city of D.R Congo who carries out all operations and has saved lives and helped so many people.

CENTRE FOR PREVENTION AND TREATMENT OF EPILEPSY

(EPILEPSY CLINIC)

Epilepsy is one of the killer diseases in DR Congo but so many people are not aware. Many people still believe that epilepsy is a curse, witchcraft or demonic. This causes many people suffering in the communities to be marginalised. Many people still believe that when an epileptic patient emits he or she will get infected thus when they fall down they are left by themselves because people fear to be infected. Because the patients i.e epileptic patients believe that it is due to witchcraft or demons when they fall they are taken to the witchdoctors other than the hospital.

To bring a solution to all these problems we started a centre for prevention and treatment of epilepsy, where we carry out research on epilepsy, epilepsy awareness and treatment of people suffering from epilepsy.

Since we started this programme it has helped a lot in reducing suffering of the epilepsy patients and people have realised that epilepsy can be managed and it is not a transmitted disease. This has been a successful programme and we succeeded to convince people to bring patients to the hospital than to the witchdoctors. We began also the program of training and equipping doctors on epilepsy management which is going on.

COMMUNITY AMBAULANCE

MHCD has an ambulance that goes from villages to villages which are very far and those who are very sick and cannot get to the hospital quickly it also helps in bringing the very sick patients from other health centres and clinics to Iuvungi hospital. This is the only ambulance in Ruzizi valley and Bafuliru Mountain. Everyday it travels 3-4 times caring the sick. It also helps in mobile clinics and medical outreaches.

We are so grateful to all those who have supported the medical and primary healthcare department in one way or another especially in this difficult time where we received so many displaced persons at the hospital. Your prayers, support and care comforted us and we appreciate it so much. As you have read, this is a mission hospital. We receive so many people in need than those who can afford to pay for medicine. So we are in great need of, medicine, food and porridge for the malnutrition children and hospital equipment. Our beds have become very few and are much in need of radiography machine, dental chairs, echography machine, EEG and ECG machine and any medical equipment or material. We are so much in need of medicine; people who can

help us purchase medicine because our greatest need is medicines. Our doctors and nurses are willing to work voluntarily for the sake of helping the very needy people in the communities and we thank them so much. We thank all MHCD friends from Australia who supported us with food and medicine for the displaced persons. We are still in need of your support and prayers. We shall be grateful too to get a volunteer to work at the MHCD hospital and clinics. You are very welcome.

V. MIDWIFERY PROGRAMME

In D.R Congo and Kenya we still have traditional midwives. Research carried out by MHCD shows that 75% of the women in D.R. Congo and Kenya give birth at home with the help of midwives. The big problem was that many of the traditional midwives did not have medical skills or midwifery materials. Pigmies in D.R Congo and Maasai Mara in Kenya still were delivering babies on skin animals or leaves they could take a piece of wood and use it in cutting the umbilical cord, traditional medicine was applied on the navel or a woman would spit on the navel and they believed it was medicine. All this brought about infections and added infant mortality rates.

To bring solution to all this problems, mhcd wrote to the birthing kits foundation Australia a letter of collaboration and partnership and requested them to support mhcd with birthing kits and since 2006 mhcd has been receiving birthing kits from bkfa. Before distribution of birthing kits to traditional midwives many of them had never seen birthing kits or medical gloves. In order to equip them with medical knowledge on midwifery we started a programme called traditional midwifery seminar where we teach them different topics like primary health care, midwifery, nutrition, how to use birthing kits, how to use local items when the birthing kit is not available, HIV/AIDS prevention and many other topics. Through traditional midwifery

seminar we have seen lots of changes and we have been successful in reducing infant mortality and morbidity rates. Distribution of birthing kits has helped so much in reducing HIV/AIDS infection and infant mortality and morbidity rates.

In this year 2012 we succeeded to organize 2 traditional midwifery seminars in north Kivu Province, Nyiragogo district , Kibati / Goma D.R. Congo and Rift valley province, Narok district, Maasai Mara Kenya. we trained a total of 200 midwives both in Kenya and Congo and distributed more than 10,000 birthing kits.

Still in 2012 we managed to make birthing kits locally. We made 2000 kits locally helped us so much in distributing to the traditional midwives in D.R. Congo. Our birthing kits assembling and distribution centre located at the Luvungi hospital is going on well.

There are many traditional midwives who face light problems at night while delivering. In December we managed to distribute solar lamps to 20 traditional midwives who are living in villages and in poor condition so that they can be able to help expectant women give birth at night without any problem. We distributed also blankets to the traditional midwives living in mountains and cannot afford money to purchase blankets. they were sleeping on the floor without blankets and they are very old and this had brought to them diseases like pneumonia and coughs and this is why we saw that it will be good to assist them with some blankets.

I thank so much birthing kits foundation Australia for supporting MHCD with funds for organising traditional midwifery seminar and making birthing kits locally .We thank also Dr. Elaine and John Dietsch together with Dr. Luc MULIMBALIMBA who are supporting birthing kits distribution in Kenya and D.R. Congo. Lastly, I thank Dr. Julie, Jenny, Susan and done for supporting

traditional midwives with solar lamps. I take this opportunity to thank MHCD friends from Australia who supported traditional midwives with blankets.

VI. LUVUNGI COMMUNITY MARKET

Luvungi is one of the biggest villages in Uvira district. It is the second centre in ranking after Uvira town. In 2011 more than 30,000 persons registered as electorates. So together with the children, under 17 years and old people, the Luvungi village can have more than 60,000 people. The main activity in luvungi is agriculture but because agriculture takes many months and many people do not earn salary end month many women engages themselves in small businesses. In the morning they do farming and afternoon they sell their items/goods in the market.

Most men in D.R. Congo are not employed. So the women shoulder all the family expenses. Morning they are farming afternoon is market. Research carried out by MHCD showed that most of the women of Uvira district especially Luvungi village, have a capital of between 10 USD to 70 USD. From this is where they can manage to feed more than 7 children.

The big problem is that because the market had not been build, during the rainy season the women used to face lots of difficulties, the same as in the dry season. In the rainy season, those dealing in the business of selling flour, rice, bread etc. faced difficulties preventing rain water from getting into their goods and they got a lot of losses. During the hot season, because of the hot sun, most of the women suffered chronic headaches because of having to stay in the sun for the whole day and that is without food and they eat only in the evening. Getting medication for treating themselves was very hard and waiting for the farm produce took a long time. Them being the sole bred winners of the family and with all the stress of bringing up large families just by

themselves, it used to be very very hard for them. Again, most of these women are in the fertile stage and they have babies with them. When they go to the market to sell their goods, they have to do it with one or 2 children or even 3. They have to carry the children even to their farms. These proved to be very difficult because most of the children suffered headaches, sunburns and were malnourished because just as the mother eats once per day so the children and the one meal is not balanced but due to the difficult life, they have to endure.

A good percentage of the vulnerable women, widows, raped women and young mothers, those who gave birth while still in their homes and they do not have husbands, who carry out business in the market are supported by MHCD micro financing programme.

To bring a solution to all these problems, Dr Luc Mulimbalimba took the initiative of constructing a community market. He started with one big building, 27m by 8m of which a good number of the small scale business women do their business from as at now. This building has helped so much the women in improving their lifestyle, get enough profits from their sales because as at now they do not lose their goods to rain, it has helped improve the health of the women and the children because they do not sit for long in the sun, has helped improve hygiene of the food they are selling because they store them in good and clean places, has helped the village to grow and look like a small town thus has helped in a great way to reduce poverty and bring development in the community.

We are so grateful to Dr. Luc MULIMBALIMBA who supported the construction of the Luvungi community market 100%. The villagers are so grateful to the construction of the market because since the creation of the market in 1976, no person had ever thought of constructing the market. They were so grateful

to see Dr. Luc Mulimbalimba together with MHCD construct it and it made the villagers very happy with the activities of MHCD in Luvungi village and Uvira district. Dr. Luc Mulimbalimba is planning to build another building in the market in the coming year, 2013. Kindly pray for us so that we may succeed to construct the building.

VII. IMPACT TELEVISION

Uvira district is one of the big districts in South Kivu Province and the only district of south Kivu province bordered by 4 countries that is Rwanda, Burundi, Tanzania and Zambia through lake Tanganyika.

Uvira district is near Bujumbura town, the capital city of Burundi. this makes Uvira to have mixed people and cultures. as stated earlier on, many men in D.R Congo are unemployed and this made many of them to go to towns, purchase televisions and the DVD players and they opened video shows in the villages and when people get in to watch, they have to pay a fee. The problem is that so as for them to get a lot of money, they used to play pornographic movies and these movies destroyed very many families and youths. Many girls got pregnant while still very young and many boys got sexually involved with the girls and women.

The youths used to run away from school to go and watch television and some of them had to even steal money from their homes just to get to pay for the films. In the video rooms they also used to air war films so much, considering that Congo is a war torn country and for many of the young men the spirit of fighting was planted in their heart's thus so many vices were brought about.

In bringing a solution to all these problems, Dr. Luc MULIMBALIMBA took an initiative of starting a TV project. In August, 2012, we launched impact Television in Luvungi /Uvira.

The main objective of impact television is to teach people on peace and reconciliation, primary health care, god's word and love and it is the only epilepsy television in central Africa. We teach the community on epilepsy awareness. At the impact television we play Christian music and we sensitize the communities on community development and self help projects.

Impact television has a great follow up in the villages where people have no television in their houses. One thing we did is to distribute community televisions in each village and avenues and every evening when people are through with the days chores and are resting, they watch the impact television together. Where there is no electricity the villagers contribute for fuel. There are many families also who have bought televisions in their houses. When it reaches evening, the TV is put in the garden and neighbors with no television come and they watch the television together. This programme has helped so much in bringing development in Uvira district, the video shows that aired pornographic movies have closed down, youth are very happy with our educational programme and the television has advanced Uvira district in development.

We are so grateful to Dr. Luc MULIMBALIMBA who purchased all materials and equipments for the impact television, God bless, protect and increase him.

VIII. WOMEN MICROFINANCING PROGRAMMES:

This is a programme that helps in raising lives of vulnerable women especially raped women, widows, widows whose husbands died in war and traditional midwives. It is now 5 years since MHCD started activities of supporting these women through different projects. In this past year of 2012, we carried out the following activities.

1. Bread selling project

This project helped the women a lot in fighting poverty and improving their lives. We give each woman \$50 that she purchases basin, loaves of bread and blue band for spreading in the bread that she sells out to people. It is a very good business because per day they get a profit of USD 10 that assist them get food for every day and have some savings. In the past year of 2012 we supported 25 women and they are progressing very well in their business.

2. Small businesses project

We started this programme for the sake of improving lives of vulnerable women and fighting poverty among them. We give the women from USD 20 to USD 50 and they usually carry out businesses like selling tomatoes, onions, charcoal, dry fish, fruits, milk and vegetables. In the past year we supported 78 women and this project has helped them a lot in improving their lives.

3. Agriculture

80% of women in D.R. Congo especially those in the villages carry out agriculture activities. Many of them had challenges because they had no seeds or hoes for ploughing. In improving the life standards of women MHCD started programmes of distributing seeds and hoes for the sake of improving agriculture activities. They farm cassava, maize, groundnuts and sweet potatoes because they are the ones that sell faster here in D.R. Congo. In the year 2012, we supported 250 women.

4. Livestock farming

In this programme we distribute rabbits, pigs, hens, goats and sheep. In D.R.Congo, we distributed to 7 women groups pigs and goats and in Kahororo village, we distribute 2 rabbits, Male and female to 40 homes and in Milo village. We distributed sheep's and hens. This programme is progressing on very well and is helping in reducing poverty and fighting hunger among women.

5. MHCD Community Canteen

Community canteen in a community supermarket where farmers bring their produce so they can sell together. We always receive eggs, maize flour, cassava flour, sweet potatoes, greens, milks, and dry fish from MHCD micro financing members and we assist them in selling the produce. This creates faster market and easy money for them.

Also at the community canteen we have products like sugar, cooking oil, soap etc and the profit that we get assist in supporting other women groups. We have one community canteen in Luvungi, Uvira D.R. Congo and another in kanduyi Kenya.

6. Fish Pond

Fish pond is a good micro financing programme that we have for the sake of fighting malnutrition and reducing poverty. In the past year we did not get friends to support us in this project but we continued with the fish pond in Rubanga village. This project has helped us a lot in fighting malnutrition and reducing poverty in Rubanga village.

IX. MICRO-HYDRO POWER STATION PROJECT

Luvungi hospital has had a major problem of functioning for 24 hours due to lack of electricity. Most of the times, carrying out surgeries and women delivering at night is a problem. We were successful to get a generator but the big problem is that we use a lot of money in purchasing fuel and the generator does not function throughout the night.

To bring solution to this problem, mhcd started a project of constructing a micro- hydro power station. From 2011 up to now, Dr. Luc Mulimbalimba is the one supporting the project, engineered by eng. Robert mutsaers from Holland they have already constructed the power house, poles and wiring have already been placed, the transformer is in and in brief the project is nearing completion at 75% we are in need of a turbine and support for constructing the channel so we can get electricity. I kindly please request all well wishers who have read this report to assist us in this project so we can see if we will be able to complete it in this year of 2013.

X. IMPACT COMMUNITY RADIOS

The radios continued with the programme of sensitizing the community on development activities. It helped a lot in sensitizing on epilepsy awareness, agriculture, primary health care, peace and reconciliation and it brought great improvement and change in the communities. Through impact radio, we have succeeded to reduce infant mortality rates and many villages embarked on development activities.

XI. CONCLUSION

Thank you so much for considering reading this report. We are planning to continue with the same activities in 2013 and are in need of your help. Am so grateful for the support, advice, and care that you gave us and please know that we still need your help and support especially this difficult moment that the East of D.R.Congo is affected by war. At our nutritional centre and child clinic, we still have so many malnutrition children who are hospitalized at the Luvungi hospital in need of food and medical care. We have so many displaced people from North Kivu province who are at the hospital and are in need of medicine. The orphaned children still need free education. So thank you so much for everything you are doing and are continuing to do and may God bless you.

Dr. Luc Mulimbalimba Masururu

MHCD Director.