

**Medical structure:** The Good Samaritan Polyclinic  
**Director of the structure:** Dr Jonathan AMEGNIGAN  
**Chaplain:** past. Daniel BANKOLE

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The Good Samaritan Polyclinic was created in May 1996 in Porto-Novo. The main services hosted are general medicine, gynecology-obstetrics, medical imaging (radiology and ultrasound), stomatology, operating theater, ophthalmology, pediatrics, cardiology, surgery, dermatology, ENT, biomedical analysis, pharmacy, accounting, human resources and chaplaincy.

*«Thanks to the Health Solidarity Project, the staff was able to benefit from training, the capacity of reception was increased by the creation of new services such as emergencies, the operating theater, the setting up of the operating room in ophthalmology, and the increase of hospitalization rooms. This results in a speed in the processing of management information at all levels and a slight increase in the capacity of the polyclinic».*

#### **Project 1: Construction of the administrative block**

The Good Samaritan Polyclinic, which is in the heart of the city of Porto-Novo needed to expand its premises because it receives many patients. The administrative services have therefore moved to a newly constructed building, which will also house the pharmacy and the patient reception area. The space thus cleared will be able to house other specialized services.

The construction work was carried out over the period 2017-2018 and the administrative block was inaugurated on August 15, 2018, in the presence of the Secretary General of Cevaa, the Health Project Manager and the Executive Secretary in charge of Projects/Exchanges.



#### **Project 2: Grant internship in Dabou**

The management of the hospital changed during the course of the project as the Director retired. In order to better manage the facility, the Deputy Director has chosen to strengthen his management skills by doing a two-month attachment with the management of the Dabou hospital. He was able to touch the daily reality of a health facility; the Director of Dabou said recently «when you run a hospital you are a bit like the mayor of a city ... you have to think about everything, have an eye on everything ...».

The objectives of this attachment are well to immerse the trainee in the management of this hospital in all its entirety and to observe the reality of the administrative, financial and human resources management of a denominational hospital. The attachment report focused on: «*Staff evaluation for organizational performance: the case of the Good Samaritan Polyclinic (PBS)*».

#### **Project 3: Management Software**

In order to improve the management, the traceability of medicines, care and services, specific management software for the stock of pharmaceutical products has come to supplement the computer system already in place in the hospital.

#### **Project 4: Administrative Block Supplement**

A second level was raised on the administrative block in addition to the first project; this level will host management and chaplaincy.

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**Medical structure:** Ndoungue Hospital  
**Address:** BP 352 Nkongsamba Cameroun  
**Manager of the structure:** Dr Jean-Claude HENANG  
**Chaplain:** past. Clovis POUFIP

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The Ndoungue Protestant Hospital is one of the health works of the Evangelical Church of Cameroon inaugurated in 1906. It is located in the West, near the city of Nkongsamba.

The main services are consultations, emergencies and medico-surgical resuscitation, internal medicine, mother-child service (gynecology, maternity, pediatrics), general and orthopedic surgery, public health and safety at work, the laboratory of medical analysis, dentistry, physiotherapy, ophthalmology, medical imaging, hospital chaplaincy, as well as administrative and support services.

The staff consists of 4 doctors, a midwife, 11 nurses and 30 support staff. Some follow-ups, including ENT, dentist and physiotherapy are performed by individual contractors.

*«The project has resulted in a first-referral laboratory in our health district and improved patient care by making locally available essential drugs and laboratory tests in the region. It allowed the purchase of an echocardiogram (ECG), a biochemistry device especially for the ELISA chain and an I-Chroma device for monitoring diabetics and cancer screening and finally a laboratory kit and electronic balance for antibiogram. As a result of the generation of additional resources through the project, the hospital is now able to pay salaries and partially reimburse tax and social security debts as well as certain private suppliers».*

### **Project 1: Drugs and Consumables**

As part of the project, a two-month supply of drugs and consumables (buffer stock) was purchased to allow the revival of activities. With the resale of these drugs, the hospital can rebuild its stock and has the duty (it is recorded in the protocol) to save 30% of the revenue for specific projects, improvements, repairs...

### **Project 2: Purchase of an electrocardiogram device**

Thanks to funds generated by savings from the sale of drugs and consumables, the hospital was able to acquire an electrocardiogram device.



**Medical structure:** Protestant Hospital

**Address:** OSEELC BP 06 Ngaoundere, Cameroun

**Medical Director:** Dr Solofoniaina RAKOTOARIVÉLO

**Health Manager:** Dr Simon AROGA

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The Garoua-Boulai Protestant Hospital of the EELC was created in 1950. It is located in the city of Garoua-Boulai which is in the eastern region of Cameroon and on the border with the Central African Republic. The reputation of the hospital drains the patients of Cameroon and those of the CAR. The Hospital has been the referral center for CAR refugees in this area. It has 11 services namely, hospital chaplaincy, outpatient, general medicine, medical imaging, maternity, laboratory, maternal and child health and prenatal consultation with PMTCT and PEV, general surgery, pediatrics, the Unit for the Care of People Living with HIV / AIDS and the Center for Tuberculosis Diagnosis and Treatment.

The mission of this diaconal work is to promote high quality care with high-performing and qualified staff, to make care accessible and affordable to all members of the community, taking the example of compassion from Christ to his neighbor.

*«These projects and the partnership with the Cevaa have led to improvements in infrastructure, availability of medicines and medical consumables, provision of care, revenue levels and the promotion of good governance».*

### **Project 1: Drugs and Consumables**

As part of the project a two-month supply of drugs and consumables (buffer stock) was purchased. With the resale of these drugs, the hospital can rebuild its stock and has the duty (it is recorded in the protocol) to save 30% of the revenue for specific projects, improvements, repairs...

### **Project 1 (bis): Savings fund balance**

Thanks to the savings generated by the sale of medicines and consumables, the establishment was able to buy a generator to ensure the continuity of services in case of power failure, which is common in these areas.



### **Project 2: Reinforcement of infrastructures**

This second project concerns the renovation of certain rooms and the installation of covered walkways to allow easier travel between the different buildings.

**Medical structure:** Pediatric Center

**Address:** BP 4563 Douala Cameroun

**Manager of the structure:** Dr Eloge LON

**Chaplain:** past. Alain Samuel EKWALLA

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The Emilie Saker Pediatric Center (ESPC) is a medical work of the Union of Baptist Churches of Cameroon. Established in 1973, for a capacity of 76 beds, it currently employs 71 people in 16 departments: pediatrics, maternity / gynecology / family planning, internal medicine, surgery / emergencies, UPEC (care unit of HIV), vaccination, radiology, laboratory, pharmacy, reception / admissions, inventory / warehouse management, billing / collections, cashier, accounting, maintenance / laundry, security.

«The ESPC benefited from several projects and the support in consumables, equipment and medicines allowed with the profits to acquire a biochemistry apparatus (spectrophotometer) and a hematology machine as well as the purchase of management software».

### **Project 1: Acquisition of Drugs, Consumables**

As part of the project a two-month supply of drugs and consumables (buffer stock) was purchased. With the resale of these drugs, the hospital can rebuild its stock and has the duty (it is recorded in the protocol) to save 30% of the revenue for specific projects, improvements, repairs...



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**Medical structure:** Methodist Hospital  
**Address:** BP 115 Dabou Côte d'Ivoire  
**Manager of the structure:** Dr Daniel AHUI  
**Chaplain:** past. Virginie BIEKE AWO

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The Dabou Methodist Hospital, formerly the Protestant Hospital of Dabou, was established on March 21, 1968 for an official start of activities on October 29, 1968. It is governed by a 10-member Board of Directors, chaired by Dr. Salomon Deza. It is managed by a general director (Dr Daniel Ahui), a medical directorate, an administrative and financial department, a Human Resources department, an internet control and a chaplaincy. Its total capacity is 110 beds and it employs 184 people including 14 doctors.

The care services are: general medicine, general surgery, pediatrics (with a neonatology unit), a gynecology-obstetrics department, a major endemic and epidemiological surveillance service, dentistry, an emergency department and a hemodialysis unit. Specialized consulting units include cardiology, fibroscopy, rheumatology, medical-technical service and medical analysis laboratory (hematology, biochemistry, parasitology, bacteriology, immunology, hormonology). The hospital also has a diagnostic radiology unit (standard radio, hystero-salpingography, ultrasound, digestive endoscopy). The hospital also dispenses drugs at the internal pharmacy, and has a morgue.

*«The Health Solidarity Project has greatly helped the hospital in that the opening of the hemodialysis unit has a regional or even national influence because the patients were formerly dialyzed in Abidjan, 45 km away. This strategic support enhances the visibility of the hospital and its state-of-the-art care greatly improves patient treatment».*

### **Project 1: Hemodialysis Machine (Electrical Installation Renewal)**

The Dabou Methodist Hospital, which has eminent doctors, has chosen to set up a hemodialysis unit, thus guaranteeing access to a population that cannot use the other public structures. This unit is of great benefit for patients suffering from nephropathy requiring hemodialysis, but also an added value for Ivorian public health. Indeed the list of patients is long, the health care facilities very insufficient. This unit improves the range of care available. This performance depends on the professionalism of the staff and also the technical material at their disposal.

### **Project 1 bis: Capacity Building (Saly Seminar in Senegal in July 2016)**

The second project focused on enhancing the capacity of the Director in financial and prospective management of health facilities. This seminar in Saly made it possible to network the health facilities with similar regional establishments.





**Medical structure:** Agou Hospital

**Address:** Agou – Nyogbo, Togo

**Manager of the structure:** Dr A.K.Honoré GBENYO

**Chaplain:** past. Mawuenya TCHALLA MAWUSSI

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Bethesda Hospital is a private denominational hospital of the Evangelical Presbyterian Church of Togo, which was inaugurated on June 29, 1969. It is located in Agou-Nyogbo at the foot of Mount Agou and 15 km from Kpalimé. The services available to the hospital include: polyclinics, surgery, intensive care, maternity, pediatrics, operating theater, diagnostic aids, ophthalmology, and dental office. The hospital's mission is to provide quality care to the surrounding rural population.

*«Thanks to the Health Solidarity project, the hospital benefited from training courses in the form of capacity building seminars, subsidies for strengthening the technical platform and administrative facilities».*

### **Project 1: Supply of medicines**

As part of the project a two-month supply of drugs and consumables (buffer stock) was purchased. With the resale of these drugs, the hospital can rebuild its stock and has the duty (it is recorded in the protocol) to save 30% of the revenue for specific projects, improvements, repairs...

### **Project 2: Operating theater equipment**

An orthopedic table and various equipments for surgery were acquired. This strengthening of the technical installations will allow the hospital to find its place of reference in traumatological surgery.

### **Project 3: Integrated Management System**

In order to label and dispense medicines rationally and reliably, as well as monitoring staff, management software has been proposed. In addition to inventory management, this tool will enable the monitoring of patients, and the administrative and financial management of the hospital.



**Medical structure :** EP Church clinic

**Address:** Dambaï Krachi East district, Ghana

**Manager of the structure:** Dr Richard ATIEMO

**Chaplain:** past. Gabriel AKORLI

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The Dan Moser Memorial Clinic is located more than 200 km from Ho (Church headquarters). At the start of the project, the hospital infrastructure was very dilapidated and the premises where staff live unhealthy. As a matter of urgency, the hospital needed a maternity hospital that can accommodate pregnant women in decent conditions of hygiene, intimacy and rest. The clinic had no doctors, and only a medical assistant manages the facility with a midwife and paramedical staff.

This Clinic welcomes mainly women and children. It's a small facility that does not do surgery.

The staff is assigned by the state, which pays their salaries. The care is almost free for the patients, supported by a compulsory health insurance.

The construction of the maternity ward is urgent and important. The plan foresees 180 m<sup>2</sup> with a pre-delivery room, a delivery room, a follow-up room and toilets. (20 beds in total on the initial plan). For the realization of this project, the entire village around mobilized, alongside the Church, to achieve this goal. The staff quarters have also been renovated.

*«The project has brought a real comfort of work and hospitality for patients at the maternity ward. The trainings in which the medical assistant and the chaplain participated brought a little more foundation in their theoretical knowledge and a voice to make things change internally».*

### **Project 1: Construction and equipment of maternity**

In order to improve the health of parturients by good care and to work in a suitable environment, the clinic benefited from the construction and equipment of a modern maternity ward. This facility is much more adapted to the reception of parturients, and the births take place in improved conditions of hygiene and security.

The Church also rehabilitated staff quarters with a remaining amount of funds available from a previous project.



**Medical structure :** Kirinda Hospital

**Address:** Karongi district BP 109 Gitarama, Rwanda

**Director of the structure:** Dr Emmanuel BYAMUKAMA

**Chaplain:** Past. Jonas MUSENGIMANA

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Kirinda Hospital is one of Rwanda 42 hospitals. It is a hospital of the Presbyterian Church in Rwanda (PCR), inaugurated in 1959 and now in close partnership with the State. Kirinda is located in the western province, a few kilometers from Rubengera. The functioning of the health system in Rwanda implies that every patient is followed by a health center. The buildings are the property of the PCR which assumes the maintenance, the repair, the construction (possibly also with co-financing of the State).

To date, the hospital has 7 general practitioners, 1 ophthalmologist (the Director), 8 midwives, 40 nurses and 38 support staff (including paramedics). The hospital has 156 beds. The occupancy rate in hospitalization is 82.2%, and an average stay of 4-6 days. All services are present except ENT.

The site of Kirinda is also a place of memorial because during the genocide more than 1000 people lost their life there.

The state funded the construction of an operating theater in 2014, which was equipped thanks to the Health Solidarity Project.

*«The project allowed the hospital to reinforce its technical equipment (operating theater and radio). The prospect is that it will be better equipped for the care and follow-up of patients. The recommendations that were made during the 3 years of the project by the monitoring team (Cevaa Health Adviser among others) were applied and the evaluation visit showed that the facility is revitalized».*

### **Project 1: Medical Facilities**

The first financial support received allowed the purchase of equipment for the operating theater (a surgical light, a surgical table and an ultrasound machine).

### **Project 2: «Technical support»**

This project provided financial support to the hospital at the time of its complete restructuring in 2017.

### **Project 3: Digital Radiography**

The current X-ray machine is obsolete and has benefited from a processor transformation to digitize clichés. This improvement will help doctors in their diagnoses, will allow to transmit the clichés to specialists in Kigali if a second opinion is necessary and finally will allow a financial saving since there will be no more need to buy films, nor of to move to repeat the exams and require a specialist's opinion.





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**Medical structure:** Scott Memorial hospital  
**Address:** P/B Morija 190 Morija, Lesotho  
**Manager of the structure:** Dr Nestor NGOY  
**Project coordinator:** Mark BEHLE

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The Scott Memorial Hospital belongs to the Lesotho Evangelical Church (LEC). It is one of the reference hospitals in Lesotho, for proof, the King was born there! This hospital can normally accommodate 100 patients but has a rate of attendance closer to 120%. Funding comes to 80% from the state and 20% from the Church and its partners. The Church has built a training center for nurses and midwives, which issues state-recognized diplomas. The main pathologies there are also tuberculosis and HIV. All services are represented (including psychiatry). The team has 6 permanent doctors.

*«The Health Solidarity Project has enabled the construction and development of a mother/child ward that has greatly improved the reception of patients in pre-partum».*

### **Project 1: Mother/Child Pavilion Construction**

This project is the construction of a mothers' house that meets international standards. Indeed, outside the delivery and hospitalization rooms, the hospital has no place to accommodate women who come before the outbreak of labor. Some women live in remote places and must reach the hospital well in advance.



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**Medical structure:** Mission Hospital  
**Address:** Luapula district Zambia  
**Manager of the structure:** Dr Jack SANGASILE  
**Chaplain:** past. Frederick KUFIKA

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The Mbereshi Mission Hospital is located 200 km from Mansa, in Luapula Province, Mwansabombwe District. It was built in the 1950s by English missionaries from the London Mission Society and later bequeathed to the United Church of Zambia.

It has a capacity of 80 beds but regularly hosts a hundred patients. The population basin is about 100,000 inhabitants, mostly poor farmers.

90% of employees (doctors, nurses, paramedics and support staff) are government employees.

The hospital provides free care because it is funded by the government.

The services offered are outpatient, pediatrics, internal medicine, gynecology-obstetrics, laboratory, pharmacy, radiology and ultrasound. There is also a service that takes care of HIV patients.

*«The contribution of the project has improved the efficiency of the services offered. The renovation and maintenance of the infrastructure enabling employees to work in a healthy environment for themselves and for patients has greatly improved the quality of care».*

### **Project 1: New laboratory construction**

The hospital currently has a new laboratory in which the equipment has been installed.

