Medical Missionary News

Christians working with the developing world **Autumn 2011**

Maternity care at Chitokoloki Mission Hospital Zambia

Famine in Africa

A editorial by Fred Holmes MB, BS FRCS, an MMN trustee

Pharaoh had a dream; "Out of the Nile came up seven other cows, ugly and gaunt and stood on the riverside. And the ugly and gaunt cows ate up the seven sleek, fat cows.....the seven lean and ugly cows that came up are seven years of famine." Genesis 41.

For all those who have been through Sunday school, the concept of a famine will be familiar to them in this story of Pharaoh's dream and the interpretation given by Joseph. The subsequent plan of Joseph to prepare for this event is recorded. It is stated that "There was famine in all the other lands, but in the whole land of Egypt there was food." Genesis 41 v 54.

Two years ago there was a famine in Kenya and many of the cattle died because there was not enough food to feed them. What I saw at that time reminded me of the description of the seven gaunt, ugly cows. They were, in fact, just skin and bone, such that you could easily count their ribs and they roamed the countryside desperately seeking any small scrap of greenery to keep themselves alive. Sadly, many died at this time and here we are, two years later, with another widespread famine in the same part of the world. Only this is on a much larger scale and involving Kenya, Uganda, Ethiopia and Somalia. Some ten to fifteen million people are caught up in this famine.

Superficially, we think that the cause of famine is due to failure of the rains but the situation is much more complicated. True, for the subsistence farmer this may be the case. He plants his seeds and waits. If the rain does not come then he has lost those years crops. However, it may come and give promise of harvest but then further drought ensues and without a well or borehole he can do nothing and is pushed into poverty and famine. He is forced to leave his village with his family and go searching for food, along with thousands of others. He usually ends up in a refugee camp set up by some humanitarian organisation which will give him a daily basic supply of grain or rice. And when will he be able to go back to his home, and who will supply him with seed to plant when he gets there?

Another reason for famine is the security situation that exists in many countries. War, terrorism, destruction of homes, villages and crops are deliberately used to punish and disperse people from their homes. We see this in Somalia, Darfur and Sudan where, in addition to rain failure, local militia groups will not give safe passage to those fleeing war and famine, nor safe passage to humanitarian organisations trying to get food to the starving. Such action may seem well removed from us but somewhat nearer home we have the situation in Palestine and Gaza, where, because of the military situation in limiting supplies to these areas some 20% of the children show signs of malnutrition.

Poverty in the presence of plenty is another reason for individual malnutrition. At Kalene Hospital in Zambia there is a children's malnutrition ward, and the children admitted for treatment are

there, not because of crop failure or military action, but just because the father does not have enough money to feed his children, given the price of simple foods. Food commodities, such as wheat, maize, rice, sugar etc have rocketed in the last six months with the price of these essentials rising 60% or more. The reason for this is that the rich nations, through banks and other organisations, have been buying up these commodities cheaply and at a "future" price, failing to release them when needed, thereby provoking a shortage when they are sold at inflated prices with a rich profit going to the investor at the expense of the poor.

With such vast numbers and bearing in mind the remoteness and danger facing those seeking to deliver, we feel helpless. These feelings of compassion are increased when we see the pictures of these lovely African children with their large wide open eyes looking at us from the pages of the newspapers, especially when in all probability they will shortly die of malnutrition. This is an unfolding emergency, and although we cannot individually make much impression on ten million, yet to intervene in one person's life ought to bring life and a future to that person or family. I would urge you, under God's guidance to support one of the organisations working directly for these starving peoples. The missionary agency Echoes of Service have a Crisis Emergency Fund which is open, as do Tear Fund and Barnabas Fund. These strive to work with local Christians involved in emergency relief in the Horn of Africa.

At MMN we have a link with malnutrition and a food need through the Shelter of Hope, lead by Ishmael Ochieng in the slums of Nairobi. Children registered with the work are given one nutritious meal a day at the centre and for most this is the only meal they have, but it allows them to remain healthy and well nourished. We learn from Ishmael that in view of the large increase in the cost of basic foods they are having some difficulties meeting their obligations. So please pray especially for these children and the workers and if you are lead to help, MMN will be pleased to arrange any transfer of earmarked donations.

Conferences and Courses

by Keith Watts, Assistant Director

Readers will know that over the last few years MMN has been pleased to sponsor and support a number of overseas doctors, nurses, administrators and church leaders through their attendance at courses, conferences and medical elective placements.

This issue of MMN contains reports, firstly from Dr Kayombo Dieudonne from Kasaji, Congo, who writes of an evangelical mission in the rural village of Sajinga (page 6), and secondly, from Pastor George Kukhala from Malawi, (page 9) both of whom were invited by MMN to the International Brethren Conference on Mission (IBCM) held in Strasbourg, France in June 2011.

Also included in this publication is a report from Dr Irene Gauhar (page 10) who works in Obstetrics at Kunhar Christian Hospital, Pakistan and who was invited by MMN to attend the Christian Medical Fellowship Health Course (CMF) held at Oak Hill, North London, in June and July 2011.

MMN were also able to support Lisa Darrah on the occasion of her visit to Chitokoloki Hospital, Zambia with her friend Dawn Nelson and the interesting report of their visit is on page 12.

Ishmael Ochieng, from the Shelter of Hope, Kenya was also invited to the IBCM, and our prayer is that all of these servants will have been encouraged and know the Lord's leading in their lives.

I too had the privilege of attending with my wife Judy, together with three MMN trustees; Brian Davies, Fred Holmes, Travers Harpur and his wife Jane, who is Medical Advisor to MMN.

To give some background, the purpose of the IBCM conferences are to bring together, every four years, the national leaders of local churches across the world for spiritual reflection, fellowship and a renewed experience of the Lord. The overall goal is the mutual encouragement of leaders in the movement in the different countries.

The specific objectives of the conferences are:

- to seek the presence and direction of the Lord together
- to enable leaders from across the world to discover and encourage one another
- to strengthen networking and fellowship
- to raise awareness of the spiritual challenges of current trends and cultural developments
- to share practical experience, ideas and methods
- to encourage younger leaders
- to encourage the development of regional conferences with similar objectives.

The conference this year was held at the Eglise de Pentecôte Internationale de Strasbourg situated about fifteen minutes from central Strasbourg. This is a large church whose premises we used for the week. (If you have never been to Strasbourg then I recommend a trip to experience the city and the modern tram system).

When we arrived at the conference centre we were greeted with the national flags of the countries from which the delegates had come. This numbered approximately ninety countries, and consisted of over 460 delegates. They had come from the four corners of the world; from Fiji and New Zealand, Canada and the U.S.A, Chile and Argentina and Russia and Japan.

The book of Acts tells us in chapter 2 verse 6 "When they heard this sound, (like the blowing of a violent wind from heaven) a crowd came together in bewilderment, because each one heard them speaking in his own language" Unfortunately, we were not so enabled, and the sessions had to be translated into French, German, Spanish and Portuguese.

The conference theme was **I will build my church – Matthew 16:18** and a typical day consisted of:-

9.00am: Prayer and Worship.
9.30am: Bible Readings from the book of Acts :-
- launching the Church Acts 2
- opposition and growth in Jerusalem Acts4
- mission in Samaria Acts 8
- mission to the Gentiles Acts 10 & 11

10.30am: Coffee break.
11.15am: Main Sessions covering :-
- church growing in the world's cities.
- church growing in the rural Third World.
- church growing among young people
- re-launching developing world growth.

12.45pm Lunch.
- free time and an opportunity to visit the Exhibitions consisting of various works from around the world.

16.15pm: Workshops.
17.45pm: Evening Meal.
19.30pm: Evening Sessions with delegates bringing examples and testimonies relating to the main sessions.

The meal times and the free time in the afternoon gave us the opportunity to speak with those from around the world. Judy and I manned the MMN display stand giving detail of the work; this assisted and promoted further contact with other delegates and gave opportunity to forge new relationships. It was good to have experienced the love of the Lord that binds His Church worldwide, and to have met with so many from diverse parts of the world.

The Impact of Football on Young Christians in a Rural Setting.

by Dr Kayombo K Dieudonne

The elders of the assembly in Kasaji, Congo recently sent me on a four day evangelistic mission to a village called Sajinga on the road to Kafakumba, about sixty miles from Kasaji where I live.

I was accompanied by an evangelist who was older than I (being about seventy years old). It was very pleasant for me to serve the Lord as a twosome (one old and one young). We both preached and our messages were complementary.

I looked at the mission of man on earth according to the directions and the will of God, and these instructions came in the form of a travel document or a mission directive. It is evident that man has been blessed by God since the creation of the world, as revealed in Genesis 1 v 25-29. Our theme was completed by Ecclesiastes 12 v 1-4, 9 and 14. There were many who received Christ as Lord and Saviour.

I was interested to see the participation of the young at this conference. On their side, they marvelled and sought to understand why a young doctor, such as I am, could leave his nice home, the patients, all the good things and pleasures offered by the world today, to go to a very poor village to preach the Gospel, passing the nights in a small house with a grass roof, and on an uncomfortable bed! This attitude aroused the curiosity of the young people and encouraged them to be interested in the Word of God. So, to further draw in these young folk, I gave them a brand-new football! Certainly, this attracted many youngsters from the surrounding villages to come to the church. From this a football team was formed. Curiously, to show the power of God, this

team entered a local competition with other non-Christian teams in the Kafakumba area. In the competition it was this team of young Christians who carried off the cup to the great surprise of everyone! Imagine the joy of these young folk! They concluded that their football had been a blessing to them.

Several days after this victory, they sent a delegation to me to give me a report and to testify that the spectacular result came because of the football I had given them.

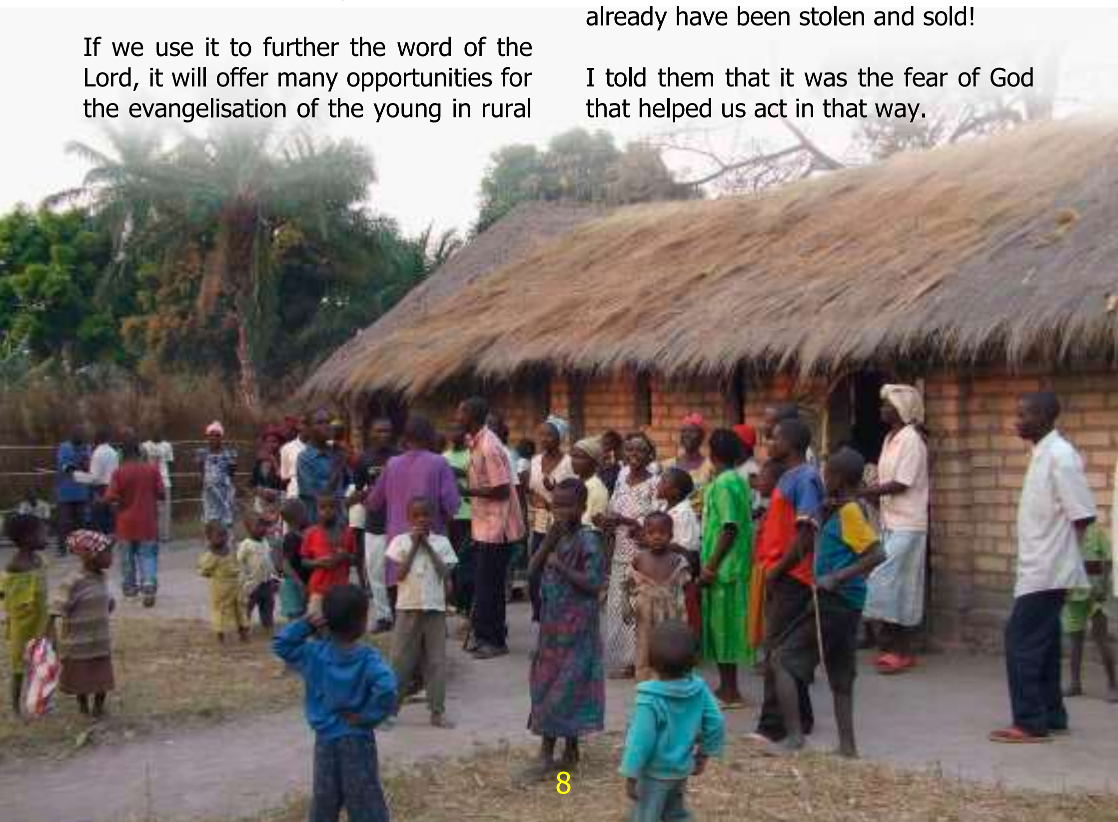
Touched by this testimony, I gave them a further two footballs so that they could enlarge their area of witness to other villages where there are assemblies. Truly, football is a sport greatly followed in the rural areas and which draws many folk, young and old.

If we use it to further the word of the Lord, it will offer many opportunities for the evangelisation of the young in rural areas whose tendency is to trust in fetishes. Let us pray for these young folk who are experimenting in this way of serving the Lord, and pray that the Lord will support them in their witness.

Finally, I was pleased to hear the testimony of the young doctors who have come to us here at Kasaji for training. They recount that in Lubumbashi (the provincial capital) they were surprised to find a bush hospital with so many packets of sterilised surgical instruments ready for use each day, whereas in the towns they are obliged to choose the forceps needed for each operation and then have them sterilised, together with their surgical gowns.

They asked me how we can keep safe all those instruments, gowns and other equipment, as elsewhere they would already have been stolen and sold!

I told them that it was the fear of God that helped us act in that way.



A visit to IBCM and the UK

by Pastor George Kukhala, Malawi

I thank God that at the IBCM there was a sharing of knowledge and experiences and it was wonderful to learn what God is doing in different places worldwide so that we can learn from each other and together we can win the world for Christ. I also learned that it is very important to reach young people who have the potential to run with the vision as the Bible recommends (Joel 2:28, Habakkuk 2:2). Reaching out needs someone to be compelled with love and compassion.

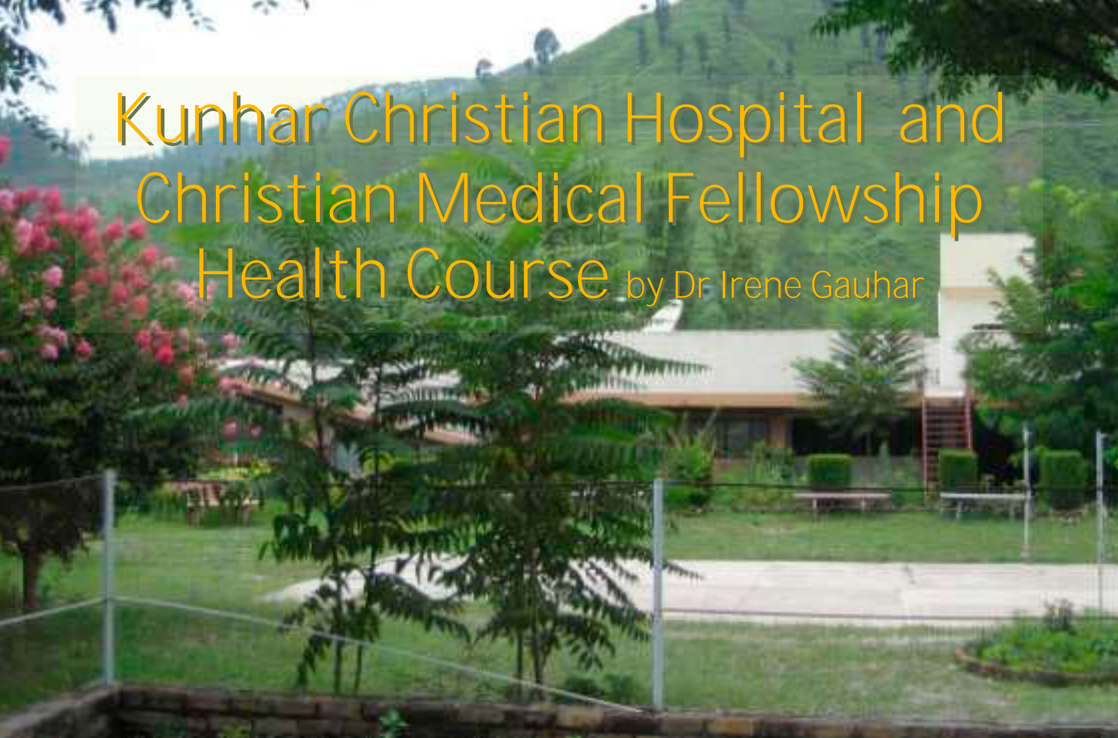
Relationships with believers from different countries were created and I am still enjoying communication with them and continue to learn more from them. I felt like God is speaking to me; that there are more of His people out there who need to be reached before our Lord's return and I need to move so quickly in reaching out.

The organisers were well prepared and full of the wisdom of God. Meetings like these should be encouraged so that men and women of God who are doing a tremendous good work can be known, for our encouragement and learning, so that God can be glorified.

My visit to the UK after the conference was awesome and I will never forget it in my entire life. Dr. Holmes was my host and the way he organized my visits to different places was just wonderful. In two weeks I visited London, Newcastle, Scotland and also the offices of MMN at Wickford (photo above).

I thank God that Dr. Holmes gave me an opportunity for me to share the Word of God with brethren in two churches at his home town. The church was very friendly and hospitable. Such privileges were a blessing and inspiration to me. May Almighty God bless MMN and all the staff for funding my trip, which I will never forget; it has made a very big impact in my life and has given me a new focus in my ministry amongst the people of Malawi and in particular the counselling I undertake amongst those living with HIV/AIDS.

Photo from left; Tony Cox Director, Pastor George Kukhala, Fred Holmes trustee, Ishmael Ochieng from Kenya and Keith Watts Assistant Director.



Kunhar Christian Hospital and Christian Medical Fellowship Health Course

by Dr Irene Gauhar

Kunhar Christian Hospital is located in North-West Pakistan. It is a beautiful hospital set in the Himalayas en route to China, surrounded by green mountains with the River Kunhar flowing in the front. The hospital strives to provide healthcare, especially to the poor of the area serving Kaghan Valley, Kashmir and adjoining areas.

The usual saying is that we work amongst Moslems. I would like to put it this way; we work amongst people who do not know Jesus Christ as their personal Saviour and who are quite resistant and reluctant to do so. This adds to the responsibilities of Christian healthcare workers in this area, as we strive for both physical and spiritual healing and cure. When a patient comes to us with headache, aches and pains, epigastria pain, decreased appetite, the patient needs attention and counselling in addition to drugs.

Before commencing a surgical procedure it is our normal routine to ask the patient if we can pray for them and this request has never been turned down. Sometimes, the patient's submit prayer requests with great faith which is indeed encouraging for us.

It may seem strange but many patients come to us asking for Christian medicine as it really works. Although we work in a remote and hard-hit area with no medical or surgical help in the near vicinity, our Lord has never let us down. I have always clearly seen His supporting righteous hand in the worst situations, glorifying His name alone, showering healing and blessings. Despite the earthquake of 2005 and the floods of 2010 Kunhar Christian Hospital is one of the few buildings in the area which is still standing elegantly with no history of damage or casualties at all, despite the fact that the hospital is located right at the bank of River Kunhar. At these times, it was the only hospital in the area with electricity able to provide emergency obstetric care.

In June of this year I had a wonderful opportunity to attend the Christian Medical Fellowship Health Course at Oak Hill in North London, sponsored by Medical Missionary News and arranged through our hospital director Dr Haroon Laldin. It was a great experience to get to know various highly talented and dedicated people working in different parts of the developing world, in different situations but all striving for the same cause; preparing for the Kingdom of Heaven.

Sharing our experiences, refreshing medical and surgical knowledge, enjoying Christian fellowship with each other, learning various skills, was indeed refreshing. I am really thankful to God and all those involved for this opportunity for more focused work in future.

MMN very kindly donated drugs for the hospital which were indeed much needed. Thyroid disorders are endemic in this area and we were having problems in getting some medicines which are now available in our pharmacy. Some of them have already been dispensed. Thank you for this much appreciated help and support.

It was wonderful to get to know the staff of MMN. I look forward to developing these new relationships in the future. Thank you MMN for the kind care and hospitality which made me feel secure, comfortable and tension-free in a foreign land and for equipping and refreshing my medical and surgical knowledge through the Christian Medical Fellowship Health Course to benefit the people I serve at Kunhar Christian Hospital in Pakistan.

Photo: Dr Jane Harpur (MMN Medical Advisor), Dr Irene Gauhar at Oak Hill

From Belfast to Zambia - Our Midwifery Elective

by Lisa Darrah and Dawn Nelson

We are two students who undertook a four week elective placement at Chitokoloki Hospital in rural Zambia in March and April 2011.

This is the first year that direct entry student midwives at Queen's University, Belfast have had the opportunity to travel outside the UK for their two week flexible placement. When the opportunity to extend our placement and spend four weeks in rural Zambia arose, it was an opportunity we felt we could not refuse. We had a strong desire to broaden our experiences, develop our knowledge of midwifery practice, and provide a positive influence for change for women in developing countries.

Recently completing a module entitled Global Issues in Maternity Care, we realised how fortunate we are to live in a country where maternity care and services are free and widely available.

We felt the opportunity would broaden our perspectives and increase awareness of maternal and child health in other cultures. All of which would be particularly relevant to our future practice as Northern Ireland continues to become a more culturally diverse place to work.

On 27 March 2011 we set off from Belfast to Zambia and twenty nine hours later arrived at Chitokoloki, anxious but excited. Chitokoloki is situated in a remote location on the Zambezi River in the North Western Province of Zambia, one of the country's poorest areas.

Life is hard for the people living in these

remote areas and the women fulfil a multitude of roles. As well as being wives and mothers, they contribute to the work on the farms, fetch water and sell home-grown produce in the local markets including groundnuts, corn, tomatoes, bananas and egg plants. Families rely heavily on farming, growing maize as their staple crop to make nshima, a porridge eaten twice a day, cooked over a wood fire.

Access to safe drinking water is limited. Every day the men in the villages walk miles to the Zambezi River to collect water and carry it back for their families. Not only do they drink this contaminated water, but they also use it to wash both themselves and their clothes. Having access to safe, clean water is life saving as not only will it reduce the incidences of waterborne diseases such as cholera, typhoid and diarrhoea, the leading causes of child mortality in Zambia, but it will keep people away from the crocodile infested river.

Patients travel from all over Zambia to receive medical care at Chitokoloki hospital. Some walk for two or three days as they are unable to afford transport averaging 50,000 Kwacha, which is equivalent to just £7. Others make canoes from tree stumps in order to cross the river, which in the wet season is flooded and fast-flowing. The patients are not charged any fees for the services and treatment they receive at the hospital and those admitted are well cared for during their stay. Maternity resources and equipment, however, are in poor condition and in short supply.

The photograph on the cover of this magazine shows where the floor mattresses are used for patients when all ninety hospital beds are filled.

While Chitokoloki Hospital is one of the best Mission Hospitals in Zambia, there is just one resuscitaire in the labour ward with limited neonatal sized accessories. Drugs and blood supplies are in short supply or non-existent, and there is no pain relief for women unless they need a caesarean section, which is often carried out under spinal using lignocaine. In spite of all this, not once did we see the staff despair or complain about their facilities. They were always looking to the future and were optimistic about developing their services. What shone through was their passion and enthusiasm to provide care to the women and families that needed it, despite the challenges they face.

Due to many kind donations received, including those from MMN, we were able to provide a portable suction unit for the hospital which, we hope, will help save many lives as the one currently in use at the hospital is broken and often breaks down. The money we raised also purchased blood pressure monitors, blood pressure cuffs, stethoscopes, and various other small medical items. We were fortunate to be able to bring other smaller personal items with us for the missionaries along with some gifts for the children and some bible tracts to give out to the patients.

One strong contrast between midwifery care in UK and Zambia is choice. The focus in the UK, rightly, is about giving women access to choice; how they want to give birth, where they give birth, who they give birth with. In rural Zambia, women don't often have the choice of having someone skilled with them at the birth. Given the distances to the nearest missionary or govern-

ment hospital, more than half of the women in the villages give birth at home, accompanied by a traditional birth attendant (TBA); highly respected in the remote communities, but not skilled practitioners who can recognise and respond to complications.

As Chitokoloki's catchment area is vast, every month staff from the hospital travel into the bush to undertake antenatal reviews and bookings, child health and family planning clinics. Antenatal reviews and bookings are very similar to the UK with history taking, blood pressure, weight and blood tests results, particularly HIV status, recorded on an antenatal card. The nurse counts out the supply of folic acid and iron tablets for each woman and provides anti-tetanus medication if indicated. As Malaria is endemic in Zambia, and many women have poor nutritional status, the incidence of iron deficiency anaemia is high. Haemoglobin levels are not routinely checked in pregnancy but iron and folic acid are prescribed prophylacticly in addition to giving dietary advice. Women are told to return to the clinic for review on a certain day, week or month but are not given an appointment time as few own watches and can read a clock.

While the hospital provides excellent care free of charge, culturally people believe witches or evil spirits cause ill health and thus tend to visit expensive witch doctors as a first resort for treatment. As they prescribe powerful, secretive medicines made from plants, herbs, bark and roots, consequently many admissions are very ill and beyond medical help. Many children come in this state. Once or twice we were called to see a child who had been very ill only to find them already dead. Death seems to be a regular feature of Zambian life.

It is estimated that 20% of the population are infected with HIV. Testing for HIV is offered to all pregnant women at booking and every three months while pregnant thereafter. Anti-retroviral treatment is available but in limited supply. Most people are aware of the existence of HIV/AIDS but behavioural change is unfortunately slow.

Many young girls, between the ages of thirteen to eighteen years old, have unprotected intercourse to prove their fertility and therefore increase their "bride price". Using leaves and herbs prescribed from the witch doctor they then try to abort the pregnancy, which often results in sepsis and the woman needing admission to hospital to have surgery.

As well as huge differences there are similarities with UK issues, such as in the promotion of normal birth, and

there are many similarities with our own Royal College of Midwives Campaign. There are usually only two members of staff on duty for the maternity ward, neither of which are midwifery trained, with responsibilities including the care of sick babies, antenatal and postnatal mothers, as well as conducting births. During the first stage of labour, women are encouraged to use the birthing ball and remain as mobile as possible. A partogram is used and the foetal heart auscultated using a pinard or sonicaid every thirty minutes.

Vaginal examinations are performed four hourly and membranes are left to rupture spontaneously to reduce the risk of mother to child transmission of HIV. The third stage of labour is actively managed using syntocinon as many women are of grand parity and at an increased risk of a postpartum haemorrhage. Birthing partners are very rarely present during labour and delivery, although they are often in the ward where the mother is transferred almost immediately after birth. Despite a lack of pain relief, women are silent during labour and delivery, as it is shameful in their culture for the father to hear the birth of his child.

The maternity ward is also a very quiet place and very rarely did we hear a baby cry. Mothers all share their beds with their newborn and breastfeed them on demand. Unlike the UK, breastfeeding is the norm in Zambia.

Formula feeding is very rare as mothers simply cannot afford the powder, and access to clean water and equipment is nonexistent. Culturally breasts are not considered in a sexual way, and women are free to appear topless in public. Exposing her legs however, would be very shameful. Skin to skin contact immediately after delivery is rare and the mothers are reluctant to have their babies delivered onto their abdomen. After birth the mothers take time to rest before attempting to feed their babies.

The first feed can often be delayed by as much as six hours post delivery yet the majority of mothers successfully breastfeed until the child is two years old. Despite the lack of skin to skin and early feeding, few mothers appeared to have problems with milk supply. Position and attachment are not discussed and mothers are not educated by staff as to how to feed their babies as new mothers are often assisted by relatives. We did not encounter any neonatal jaundice but are unsure as to the physiological reason for this.

Patients and families in and around the hospital hear messages of the gospel on a daily basis broadcast over speakers followed by songs of praise. Bibles are available in Lunda and Luvale, the two most commonly spoken tribal languages in the area. One of the missionaries reads a bible story each Friday in the children's ward and the patients get verses to colour in. The focus of the hospital is very much on a package of care which covers both the physical and spiritual needs of the patients.

It was a great privilege to see how God is at work in the most remote places, and how grateful these people are to hear the gospel. The gentleman pictured right was so thankful to have a bible; he read it all day, every day, a real thirst for the word of God.

For us to observe midwifery care and practice in a setting other than the regional, well-resourced hospital where we have spent the majority of our midwifery training to date, was an amazing and contrasting experience. Four weeks flew by. We would like to take this opportunity to thank those who helped fund our trip and allowed us to take much needed equipment and supplies to Chitokoloki.

We had the experience of a lifetime, made many happy memories and some great friendships. There is so much more we could write about but we hope this report gives an insight into what life is like in the rural areas of Zambia where the people are so grateful of so little.

Nyakatare Health Centre, Uganda

Sometimes, specific needs are brought to the attention of us at MMN and we are pleased to be links in the chain of events which show the Lord's hand at work in other places unfamiliar to our normal contacts.

Such was the case when a microscope was needed at a clinic in a remote area of Uganda, not far from Kisiizi.

Nyakatare Health Centre is located in the south western part of Uganda in the district of Kanungu, which is 415 kilometres from the capital city of Kampala. (it is a nine hour drive from Kampala to Kanungu). It was started in 1999 by the Diocese of Kinkiizi, with the aim of improving the lives of mothers and children in the area. The maternal child health centre was embraced by the former Bishop John Ntegyereize and Mama Jocelyn, the Bishop's wife, who visited the UK and shared the problems with the churches there. They also saw the need to save the lives of God's people, especially women and children.

The Health Centre consists of three permanent buildings; the Out-Patient department, in which out-patients receive services that include laboratory services, dispensary, and diagnostic services, as well as the administration office.

There are in-patient services where a female, male and paediatrics ward and eye centre are found but the Eye/ Dental clinic is not operating due to lack of equipment.

There is also a maternity building which consists of a family planning department, antenatal clinic, labour suite, post-natal clinic and mothers' ward.

This building has a solar powered system which is operational and the batteries and lights were replaced by Clare Ramsden and friends from St Bartholomew's Cathedral in Bahrain. The Health Centre has no running water.

Clare and Oliver Ramsden have just arrived back safely from three weeks in Uganda. Driving on the roads and tracks has been a challenge as ever, and it highlights yet again the enormous stress that the vehicles are put through. The increasing fuel costs are a real challenge too, for everyone. Inflation is hitting the whole country, causing hardship and unrest.

Clare writes:
"It is some while now since MMN very kindly arranged for the wonderful microscope to be delivered to my address in Wilmslow.

Since then I travelled back to Bahrain with the microscope, and then on to Uganda with my husband, again taking the microscope with us, along with 65 kgs of other luggage!

It was a great delight and pleasure to be able to deliver this wonderful piece of equipment to the people at Nyakatare Health Centre in Kanungu and of course it was the lab technician in particular who was especially overjoyed. They will now be able to carry out various tests which previously had to be sent away due to the fact that their old microscope was broken.

Thank you so very much from us all for

arranging this generous gift.

Of course, when going out there one sees other needs which one can't actually help with. The Health Centre are hoping to set up a dental unit. They have the room but that is all. I understand that it is possible to purchase a whole dental suite but the cost of approx £5,000 is way beyond their wildest dreams. A major challenge is transport. This is a Maternal Child Health Centre but the referral system from here to Bwindi Hospital or any other Hospital is challenging. Their concern and prayer is to have an ambulance, easing the referral system and therefore saving many lives.

Funding and retaining sufficient staff is another problem. The salaries paid cannot compete with Government funded establishments and staff trained in the Health Centre tend to leave for higher salaries elsewhere.

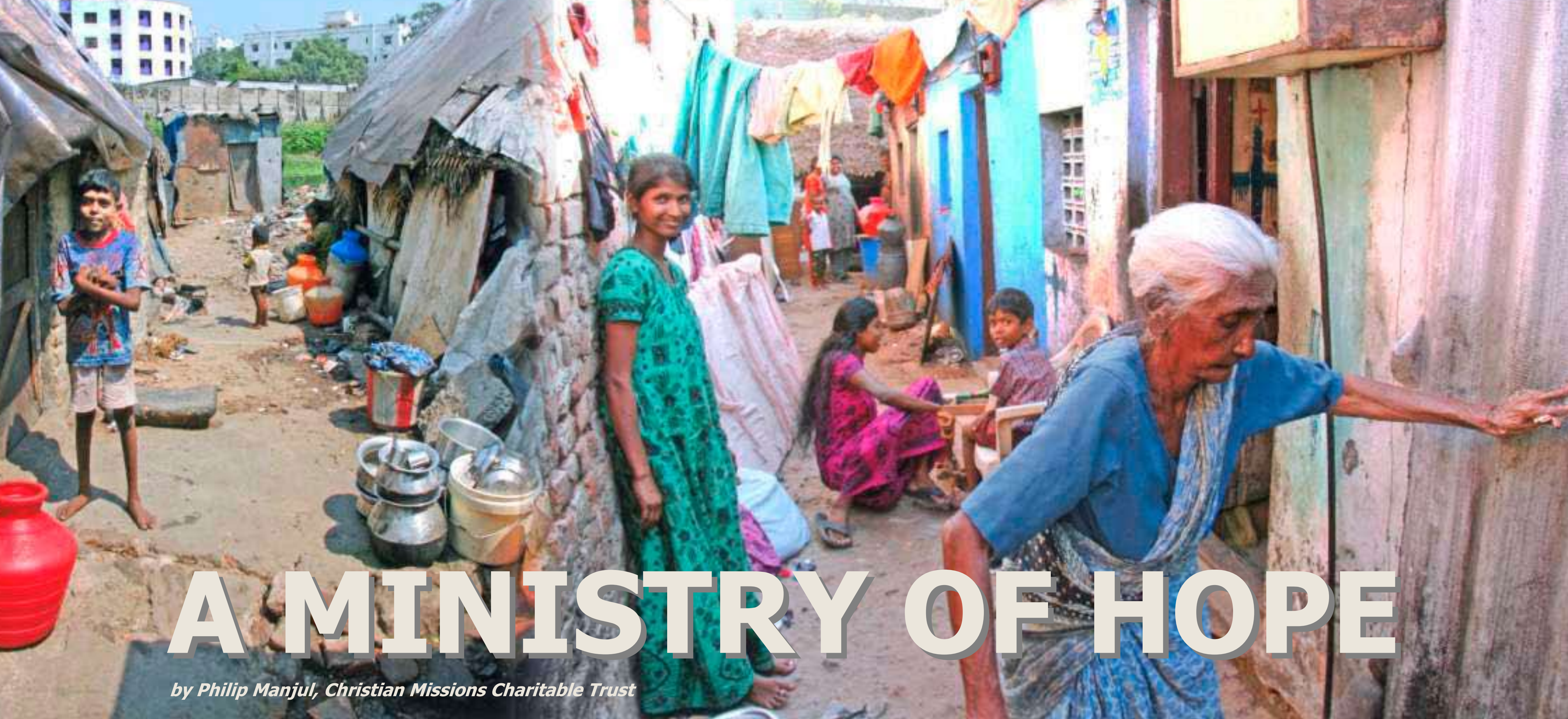
The immediate prayer needs include: the equipping, resourcing and commencement of the dental clinic; a need for the area as well as a source of income for the Health Centre, staff house funding and construction on the site to enable staff to live on the premises, encouraging more to stay longer following their training."

Mary Wood, Clare's mother, first set up the Nyakabungo Girls Secondary School Scholarship and Development Fund in 2002 in order to try and improve secondary education for girls. Nyakabungo Girls' Secondary School (NGSS) is also situated in South West Uganda, in the Kanungu District of the Kinkiizi Diocese. This is a remote area with poor education and health services. It is served by a system of unmade roads, which are often difficult to pass through, especially during the rainy season.

The Mary Wood Trust funded a new three roomed dormitory block called Friendship House. This accommodates more than 120 girls of the 268 girls who board at the school, ensuring their constant presence. If they attended daily they would often be needed at home and forced to stay away.

Mary Wood died in 2008. Since then the four trustees, including Clare, continue to work hard to raise the funds to sponsor ten girls each year at NGSS, as well as various building projects. A new female staff house is currently in the process of being built. However, recent inflation in the country has put a temporary halt to the building work. There are now 350 girls at the school and they are able to study to A Level standard.

For further information see www.marywoodtrust4uganda.org On this website the associated project of the Nyakatare Health Centre has a number of photos displayed.



A MINISTRY OF HOPE

by Philip Manjul, Christian Missions Charitable Trust

We need to keep our eyes, ears and hearts open to the leading of the Holy Spirit. When we take that step or journey we become tools in God's hands. When one life is totally yielded to the Lord, the Lord can do tremendous things. Because of one person's obedience to the call of God at the age of thirteen, a tremendous difference has been made in the lives of thousands and thousands of people living in absolute poverty in the city of Chennai and surrounding areas in South India.

Colleen Redit left her home country, New Zealand in 1964 and commenced the ministry of Christian Missions Charitable Trust in a small car garage, first with one girl, teaching her to do handicrafts, typewriting and studying God's word. God honoured her faith and from a small beginning Christian Missions Charitable Trust (CMCT) is now an organization with twenty-six ministries with more than 400 staff. All the ministries are working for the benefit of the poor and needy, but with the ultimate aim of winning over souls to the Lord Jesus Christ.

CMCT is a faith ministry looking daily to the Lord for every provision. It is an amazing experience to witness and testify to the tremendous faithfulness of God. This Ministry of Hope is not only reaching out to orphans, the poor and needy, but also to many hundreds of people who are sick and have no hope for the future.

Three of these ministries are the Rainbow Ministry of Hope, the Alampakkam Leprosy Project and the free Medical Camps for the poor and needy through the Bethany Health Care Centre.

We want to say thank you to Medical Missionary News for the assistance they have given to us over many years in providing finance, medicines, medical equipment and other items. The faithful support that we have received from MMN is something that has encouraged us so much.

Through the Rainbow Ministry of Hope we support more than 275 HIV/AIDS patients and their families, and their physical needs are met through the distribution of monthly rations, extra nourishment and through medical care.

However, we bring a hope to their lives by sharing the love of the Lord Jesus and bringing a hope for their future by leading them to the fold of our living God. We have also started a self help training program for the infected ladies so that it will build in them a sense of self-esteem, independence and also an alternate earning for their family. Thirty ladies have undergone training now and are working on a salary with CMCT ministry.

Muthumani, one of the ladies infected with HIV, is now working in our training program. After she was positively diagnosed she was devastated and was without a hope for her future. Her husband died of HIV, leaving her and two children alone.

That is the time she came to know about CMCT and she came to us for help. She was given rations and she started antiretroviral treatment. In order to train her in a skill, CMCT placed her into a training program and now she is a transformed person with a smile on her face and a hope for her future. She loves the Lord and has the courage to face the world.

Although Leprosy has been eradicated from the country to a large extent, the people who are infected with this disease are kept isolated and away from normal life. It is with the Lord's guidance that we adopted a village named Alampakkam that has a leprosy colony with 105 families living in it. The saddest thing is that, although the children and grand children do not have leprosy,

they too are kept isolated because they are born to parents who have the disease.

After starting rehabilitation work with the families in Alampakkam, we gave them rations regularly. When they visit, our medical staff wash and dress their wounds and also give them physiotherapy treatment. A tuition class is held in the evening for the children and a self help group has been commenced for the ladies to earn their living and also to stop them from begging on the streets. The ladies are now turning out beautiful handicraft on machines as well as hand-embroidery.

Free Medical Camps are another ministry under our Bethany Health Care Centre, where we reach out to many sick and aged people living in the slums and in rural villages. These people do not even have a proper meal in a day. Dr. Josephine who leads the medical team to the Camps writes:

"I have been directly involved with CMCT's medical team for the past year. Every undertaking begins with prayer and a song of worship; a simple act of faith. Yet, I have been amazed time and again at how, in spite of limited resources, we are able to perform far beyond our means. This is the recurring theme that resounds throughout.

The urban, multi-specialist Health Centre provides consultation, lab and pharmacy services at subsidised rates and at the rural health centre and numerous medical camps; all medical and pharmacy services are offered free of cost.

Community outreach is extended from the soup kitchens spread over five inner city locations. Monthly medical camps are conducted at each of the soup kitchens where the patients, mainly elderly, are examined and treated.

At the rural Health Centre in Padappai, which is run once a week, an estimated seventy patients are treated per week. The Padappai medical camp has been a boon to the local community. The Diabetics and Hypertensives specifically, have benefited greatly from it. Periodic blood sugar assessments and a rigid monitoring of blood pressure, have kept

several patients symptom free for years. A sixty year old man walks five kilometres every Thursday for his weekly supply of medication. People fundamentally are not very different, but this is the primary difference between the first and third world, the availability of resources to live comfortably and stay healthy. I believe that this ministry goes a long way to bridging that divide.

Most cases dealt with are not life-threatening conditions. However, the best possible care at the primary level is provided. A woman in her mid-forties had visited other tertiary level centres for a progressive swelling on her left leg. Having already completed several courses of oral antibiotics to no avail, she turned to us as a last resort. By then the initial sore had festered into a full-blown infection. Her treatment was simple: she simply needed it drained. A week later, she came again only to thank us. This is where God reigns eternal and that is the real reward when we see a face brighten, when we tell them that what's wrong can be fixed or that the pain can be alleviated.

The ministry administers to communities from predominantly non-Christian backgrounds. From a non-medical perspective, I would like to add that the work we do is compounded by the social workers who work alongside us.

Some of the faces I see, I see week in and week out, and these are the people who come, not only for physical healing but for spiritual sustenance as well.

This is the ministry's ultimate purpose; that by reaching out we are expanding our spiritual territory, thereby reminding ourselves that we are all sinners and our healing comes in reaching out to people who need Christ's love, and that whatever we do in thought or deed, "we do it unto the Lord".

The greatest joy in working with such people is that when they accept the Lord Jesus in their lives, we know they have a hope for their future and they belong to the same Kingdom of God where you and I belong, a promise of a place with no tears, worries or pain. It is not only one person who is transformed ultimately through these ministries, but we have an open door for the entire family, to bring them under the sound of the Gospel. Children of patients are helped through sponsorship and by giving education we bring them to the Light of the world and through the Word they receive eternal life.

We praise God for this opportunity, but we know these ministries have become a reality through the continued support of MMN, year after year, and through many sponsors and prayer partners all over the world who have relentlessly stood with us in faithful and prayerful support.

MMN Accounts Summary

Incoming Resources	Yr. ended 31 Mar 11	Yr. ended 31 Mar 10
Donations:		
Personal	75,589	79,454
Churches	83,389	93,936
Trusts	61,514	62,737
Corporate	3,855	4,500
Gift aided	83,298	79,806
Gift aided tax recoverable	23,494	22,510
Legacies	284,582	109,002
Reimbursements from missions	362,355	264,343
Other Income	8,745	10,691
Total	**986,821**	**726,979**

Expended Resources	Yr. ended 31 Mar 11	Yr. ended 31 Mar 10
Gifts to missionaries	229,610	133,790
Equipment and medical supplies	324,761	282,758
Container costs	176,641	162,494
Deputation and publicity	12,567	14,373
Warehouse and office expenditure	104,199	126,568
Total	**847,778**	**719,983**

Net Incoming / (Outgoing) Resources: 2011: £139,043, 2010: £6,996

Stamp and Coin Collections

Please send stamps and coins to the MMN office or directly to Alex Grimson at;
10 Braefoot Crescent
Law-by-Carluke
Lanarkshire
ML8 5SH
Telephone 01698 376361

Second-hand Cartridges

We are very grateful to those who have helped raise funds for MMN through the re-cycling of old printer cartridges and toners. The financial returns have recently diminished and set against the work involved, we have decided not to continue this practice.

MMN Report Meetings

6th November – Tunbridge Wells
12th November – Coventry
27th November (am) - Newton Abbot
27th November (pm) - Plymouth

MMN Magazine

Our magazine is available as an Adobe Acrobat PDF file on the MMN website (see web address below). If you would prefer to access through the site rather than receive a printed copy then please contact the office.

MEDICAL MISSIONARY NEWS

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