

Medical Missionary News

Christians working with the developing world

Winter 2011/12

**Work amongst
babies, children
and young people**



**"Let the little children come to me...and he took the children in His arms...and blessed them."
Mark 10:14**



*An editorial by
Fred Holmes
MB, BS FRCS,
an MMN trustee*

In any traditional clinic or hospital work abroad the children figure prominently. There will often be special children's clinics and paediatric wards to deal with the special needs of these little ones. The numbers are considerable, not just because children and babies are more susceptible to infections and other diseases, but also because the percentage of children in the overall population is considerably higher in most developing countries compared with industrialised countries. For instance, in the USA and Europe, the percentage of children and babies under fifteen years of age is twenty percent, while in Congo it is forty-seven percent and in India it is thirty-two percent.

The reason for these differences are multiple. One factor is the absence of contraceptive advice and services, but even if these are available, families choose to have many children. Often the child mortality is so high that in order to have two or three live children they need to give birth to twice that number. Children are often a family's security in old age, as the surviving children are expected to be able to care for the parents in their old age.

Interestingly, seventy percent of the deaths of children in developing countries

are due to five conditions and all of them are preventable; namely, acute respiratory infections, measles, malaria, diarrhoea and vomiting, and dehydration and malnutrition. When we examine the under five years of age mortality then we see that 7.6 million children die each year, fifty percent of which are in Africa. In Chad, which has one of the world's highest mortality rates, 209 children per 1000 live births will die before their fifth birthday.

To treat these killer conditions a number of strategies are necessary in addition to the availability of clinics and hospitals, ranging from immunization programmes, nutritional clinics, improved sanitation and clean water projects, and chemical impregnated mosquito nets.

The United Nations has set eight millennium development goals which it aims to have fulfilled by 2015 to improve the sad situation outlined above. The fourth is to reduce the child mortality rate by two thirds by 2015 and the fifth is to improve maternal health and mortality by having available a midwife to supervise antenatal and post-natal care. At present it seems these aims will not be met by 2015, but the situation is at least improving.

One may ask "How does Medical Missionary News fit into all of this?" It seems that the task is so vast that we can hardly make a difference. But by acting in co-operation with governments in, for example, vaccination programmes, distribution of mosquito nets and encouraging sanitation projects we do slowly make a difference.

But there is also the privilege of demonstrating to parents and other family members that in God's sight every life is precious and God wills that all should live



in both a physical and spiritual way. The devoted care rendered by Christian doctors and nurses is a demonstration of that greater love of God and is a witness for all to see. Add to this the "proclamation" of the gospel in daily ward prayers and out-patient services and we see that, although the babies and little children will be too young to understand the message, other members of the family group will, and we pray that they will respond in faith.

I trust you will be encouraged by the reports in this publication, which provide interesting examples of how missionaries and the Lord's servants are actively committed to this valuable work and ministry. Please pray for all those engaged in the care of children and babies; that the Lord will give them strength and wisdom in the management of these little ones in their weakness, and discernment in setting their priorities when there is such overwhelming need.



A Year at Kalene Mission Hospital, Zambia

by Phil and Tess Bonnett

In August 2011 we travelled to the North-Western Province of Zambia to spend a year working at Kalene Mission Hospital.

We are based in Sheffield, UK, and both work as doctors; Phil in anaesthetics and Tess in obstetrics and gynaecology. We have felt called to medical mission for a number of years and have taken a “year out” of our specialist training to further explore this calling.

We have been working at Kalene Hospital for four months now and have found the work challenging and enjoyable in equal measure! During our stay at Kalene we hope to learn the skills required to be useful mission hospital doctors whilst also developing clinical care in the areas we specialise in. The medical director, Dr.

John Woodfield, has dedicated a lot of time in training us to be “mission-hospital-ready”! As UK-trained doctors we have a lot to learn about tropical medicine and diseases that are rare in the UK, like TB, malaria and HIV. It has been a steep learning curve!

Kalene Mission Hospital is situated in the far north-west corner of Zambia, about 20km from the Democratic Republic of Congo and Angolan borders. It is very remote, with the nearest town 80km away.

Patients travel long distances, sometimes up to 300km, to reach the hospital with many coming from Congo and Angola. The hospital has around 160 inpatient beds, performs around 1500 operations and delivers 1000 babies per year. It has



four wards; maternity, male, female and children.

Phil is aiming to improve the safety of anaesthetics given at Kalene (photo above). A donated anaesthetic machine

arrived in September and Phil has been working on getting it up and running. He has also been learning to do caesarean sections, orthopaedics and dental extractions! When he's not in theatre, Phil looks after the children's ward which covers a

wide range of conditions including TB, malnutrition, burns, chemotherapy and orthopaedics.

Tess is based in maternity and has been busy delivering lots of babies! She has been involved in training local staff and improving ante-natal and delivery care and also sees patients with gynaecological problems. Word seems to have got out that a "women's doctor" has arrived so more and more patients are presenting with infertility. Childlessness has huge social implications in this society but both investigation and treatment options are limited.

In Romans 12:15 we read "Rejoice with those who rejoice, weep with those who weep." This seems a very relevant verse for the maternity ward where we experience the whole spectrum of human emotions. One of our patients, Ngambu, (photo right) moved from despair to rejoicing throughout the course of her recent admission. She arrived at the maternity ward with a heart-breaking obstetric history; her first three babies had been born stillborn and she had developed an obstetric fistula after the birth of the second.

This is a condition where a hole forms in the bladder from the pressure of the baby's head after many days of obstructed labour. It means that the woman is constantly leaking urine which often leads to her being divorced by her husband, rejected by her family and ostracised by the community.

In view of Ngambu's obstetric history we performed a caesarean section to deliver her baby. She is so delighted with her first live baby that she can't stop smiling! She will be readmitted in a few weeks time to have surgery on her fistula,

which, if successful, will certainly help her to move towards a brighter future.

We have really appreciated the way that we have been welcomed into the mission community. It has been a great privilege to have the opportunity to tap into the wisdom and insight of the long-term staff, especially as we consider our own



future in mission work. It has been good to consider the realities of working in a remote mission hospital setting, but with 24-hour electricity and a good internet connection life is not as hard as it could be!

We were very grateful to receive a gift from MMN which will really help us with

our medical work this year. Thank you for your support; we really appreciate it!

We are looking forward to the rest of our year at Kalene and are hoping to develop both in our medical skills and our faith as we seek God about His plans for our future.





From Cambridge University to Mahipalpur, Delhi, India.....

Their eyes were locked on to me and they displayed a range of emotions. Some were piercing, yet at the same time welcoming. Others were cold and expressionless. I had been in Delhi less than twenty-four hours but for the first time I was with a group of three to thirteen year olds who are among the most deprived in the world.

My name is Tara Mansell. My family has had links with Medical Missionary News for many years and we have regularly collected goods and medical supplies for Sachibondu Missionary Hospital in Zambia. It was during a conversation with the Director that MMN became involved with my venture.

As a geography student at Cambridge University I had signed up to spend my summer vacation working for a Non Government Organisation based in Delhi, whose primary aim is to bring hope to children and young people, whose world is bleak and whose future is even bleaker.

My role was principally to teach English and Maths to a range of age groups and

“...to bring h

abilities plus general life skills. That is why I was in this room about to start on the most demanding and challenging period of my life. At the end of my stay I can honestly say it was also the most rewarding.

I was attached to an organisation called Ritinjali which has been operating in some of the most deprived parts of India since 1995. Ritinjali's philosophy is simple; it aims, through education, to bring hope where there is none. This is achieved through volunteer based and professional programmes to aid social development. Education can provide the opportunity for a better life, to break away from the intense social deprivation that abandoned street children and young slum dwellers suffer.

According to UNICEF, in 2007 there were eighteen million street children in India and it is believed there are more than

150,000 in Delhi alone. About forty per cent are homeless and the remainder work the streets to support their families.

Every day life is about survival. The children are vulnerable to exploitation, crime, addictions and abuse. They are held in contempt by many parts of Indian society and lack education and socialisation.

Ritinjali believes all children deserve to be educated and because society is changing so rapidly through technology and globalisation no group should be marginalised. The organisation is based in Delhi but has a number of learning centres in India, and they reach out to slum dwellers, jail inmates, grief and poverty stricken individuals and communities as

room environment. They had to be taught individually or with just one other child. Not having had training for working with special needs children was especially challenging, particularly when even the youngest of them could become extremely aggressive in a split second.

I also spent time teaching two to seven year olds in a learning centre for seventy children set up by Ritinjali in 2005 in the slum area of Nathupur Pahari, Gurgaon and four to twelve year olds at the Dalil Ekta Camp which is a slum cluster behind a police station in Vasant Kunj.

Clearly, in such deprived locations there are no such things as blackboards or whiteboards to write on, which made teaching that much more difficult, but

ope where there is none"

well as victims of war and natural disasters.

I was attached to Ritinjali's Second Chance School in a slum area of Delhi called Mahipalpur near the main international airport but my teaching took me into a number of different locations. One of my main centres was in a place called Pallavanjali where I taught boys and girls aged between sixteen and twenty four and special needs children aged five to eleven.

For any young person to attempt to break away from the mere existence that slum life entails, learning English and basic Maths is vital in order to graduate beyond the most rudimentary jobs.

It was in Pallavanjali that I learned how to cope with children whose mental and physical disadvantages were so acute that initially they could not be in a class-

generally I found an overwhelming desire to learn among most of the boys and girls, though the latter were generally quieter and more studious.

In fact, the girls were much less open than the boys and I often wondered how the older ones in particular regarded me as my western lifestyle was clearly so different to theirs. For them, as teenagers it was a question of arranged marriages and, unless they were extremely fortunate, a life of drudgery ahead. Whenever I met anyone the first question was "How old are you?" quickly followed by "Are you married?"

The social rights of these young women are usually ignored. They are forced to marry young and are often subjected to physical abuse with no one prepared to take action if they complain. Although they have the vote, tradition dictates they follow who their husband supports.



Front cover picture: the classroom

There is no doubt, however, that the most rewarding students from a personal point of view were the boys I taught in evening classes at the Second Chance School where I lived.

Conditions there were basic but they had a roof over their heads and food. As the name suggests, this Ritinjali programme is aimed at providing literacy, social and vocational skills to those who have lost their first chance of formal education, either through being abandoned or who have run away from their families.

It is a residential programme for about forty illiterate or semi-literate sixteen to twenty-four year olds; mainly Hindus but also a few Moslems, Sikhs and Christians, so they can improve their language, communications skills, their numeracy and IT

capability. They are given vocational training in trades such as learning to be a baker so they can get a job in a bakery. A good knowledge of English is vital for anyone seeking to increase his or her job prospects and rise above the menial. I was amazed at the ability of some of the boys to get to grips with the English language despite their limited formal education. In fact, two of them had taught themselves very good English simply by using a textbook.

Most of these students were desperate to break free from the shackles their backgrounds had placed on them and were equally desperate to learn. Take Bishan, for example. He is nineteen and his background is typical of the students at Second Chance. He ran away from home in Delhi when he was just five years old

because his father was abusive. Somehow he survived living on the streets and eventually managed to get a menial job working on a market stall. Desperate to work himself out of this situation he heard about the Second Chance School and at eighteen was taken in. He has grasped the opportunity to receive a more formal education and is currently training to be a baker on one of Ritinjali's vocational programmes. He understood that learning English would improve his chances of progressing to a better job and he was one of my most enthusiastic students. By the end of my time with him his spoken English was significantly better.

I was in India in 2010 so I knew roughly what to expect when I agreed to join the NGO. I wasn't dumbfounded by the extent of the slums, by the street children, by the begging, by the caste system or by the massive gulf between the haves and the have-nothings. But I was more of a tourist on my first trip while this time I lived and worked among some of the often ignored elements of Indian society.

I shall make every effort to maintain contact with the boys I met at the Second Chance School. I so desperately want them to take advantage of the second chance which Ritinjali has given them and for them to find a way of escaping the mental and physical poverty which rules their lives.

In all I spent more than two months working in Delhi and the memories will live with me forever. I shall never forget working in one of the schools with a boy aged about seven. He could only speak Hindi and was totally illiterate but in the three weeks I spent with him, by using dice I drew on paper I managed to get him to count to six and recognise these numbers. A small step but a giant leap

for him.

My time in India was an amazing cocktail of emotions. There is no doubt, that as a geography student, experiencing life in the slums has helped me considerably to understand the various issues about the growth of cities in the developing world. And I am grateful to MMN who supported me with a generous donation which I used to buy books, stationery and basic medical supplies to alleviate the various hardships I came across.

But personally I benefited in so many ways. The whole experience was a challenge physically, particularly during the worst of the monsoons, and mentally but equally rewarding in terms of confronting difficulties head on and overcoming them. I felt God was with me at all times, protecting me with his love and my faith has always guided me along the right path.

It was an experience which I cannot recommend strongly enough to anyone of my age who would like to contribute to improving the lives of others considerably less fortunate. I feel I am a better person for it and better equipped to tackle whatever lies ahead in my life. And as a Christian being able to mix with and exchange views with Moslems and Sikhs was enlightening and strengthened my belief in Christian values.

God loves in so many different ways and thanks to His guidance I hope my time with the young men at the Second Chance School helped them in some small way to step up. If they succeed they'll be a credit to Ritinjali but above all they'll be a credit to themselves. It was sad to leave them but I felt I could see a little more hope in their eyes than when I first arrived. Best wishes boys, you will forever be in my thoughts.



Children's Home at Hillwood Farm, Zambia

by Melanie Ferguson

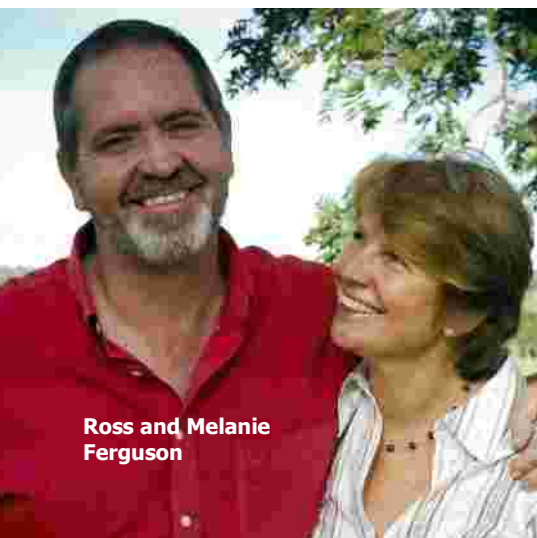
Ever since Mrs Anna Fisher rescued the first orphaned child in 1913, Hillwood Children's Home (or Mukala Wankisu which means Home of Blessing) in North-Western Zambia has sought to demonstrate the love of God to the children in its care.

Over the intervening years many children have passed through the Home and experienced this love and care in action.

We are currently caring for twenty-seven children, boys and girls, aged three-months to six years. Some of these children are from the local area, but many are from neighbouring Congo and Angola. The common ground these children share is the loss of their mothers: many of them have died, often in childbirth, and others are unable to care for their child because of mental illness. The local Lunda tribe has a matriarchal structure and the role of a mother is paramount.

When a mother dies the structure of the family is shattered; the husband often remarries quickly and the late wife's family divide up her children between them. These children are sometimes regarded as a burden. With very young children who are still breastfeeding, the relatives struggle to buy formula milk, which is very expensive.

And so to maintain the necessary standards of hygiene for bottle-feeding in the village setting they come to us to help raise the child.



Ross and Melanie
Ferguson

The Fisher family has played an important role in the running of the children's home since it was founded; many overseas volunteers and local Lunda carers have also been involved in staffing the home. For many years Esther Townsend (photo below) has been largely responsible for the day-to-day running of the centre. Latterly, Esther has felt God calling her to work with other vulnerable groups within the community and so she has adopted more of a "grandmother" role within the children's home.

In 2009 a board of directors, made up of local Christians and missionaries, was established to support the work of the children's home and provide direction for the future. The board is committed to developing the work and finding ways to be more effective, hence the vision for the children's home has expanded in the last year.

The major change is the decision to keep

the children in the Home's care up until the age of twelve. Previously, children were sent away aged five to whatever relative could be found to take them, but this has frequently led to the children being cared for inadequately, mistreated, and in some cases, even dying from malnutrition. It does not seem right to invest so much in these children, both spiritually and physically for those first five years, and then to abandon them at an age when they are still so vulnerable. We hope to utilise those extra years to discipline, school and better prepare the children for life after Hillwood Children's Home.

The board also has a vision to accept HIV-exposed children into the Home's care. In October our first HIV-exposed child came to live at the Children's Home; her name is Christine, she is three months old and currently awaiting her HIV test results. Her mother was HIV positive and died of TB meningitis soon after she was



born. This precious little girl has a growth in her ear and some other health problems but has the warmest smile and is very responsive to any affection she is shown. (photo below with carer Chilombo).

We have been visited by two HIV counsellors who taught our carers about the care of a child with HIV. They also explained how HIV is contracted and treated to avoid the stigma and misunderstandings that often accompany HIV. We are grateful to nearby Kalene Mission Hospital who help us with medical advice and treatment for children who are sick.

We are very aware of God's hand in bringing each child into our care; each one has a story that would touch your heart. We consider it such a privilege to be able to follow Jesus' example in comforting and blessing these children and

their hurting families. We aim to love them, feed and clothe them, disciple and teach them God's principles, have fun with them, educate and impact them so that they, in turn, will want to live their lives for God.

The most recent little boy to join us at Hillwood came in early November last year. He is nine months old and his name is Webby (photo right). His mother had epilepsy; she had a fit whilst washing Webby's nappies in the river and drowned.

God protected this little boy from falling in the river himself whilst he was there on his own. He was brought in by his grandmother and great aunt who both had their own families and so could not care for him.

A Christian "mama" already working at





the centre has taken him into her care; she also cares for another two year-old child, so Webby has a surrogate sibling. When Webby arrived he was hungry, sad and ill with a chest infection. He is now happily settled with his carer, has received medical treatment and is starting eating some of the local foods as well as taking his milk.

In March 2011 I was asked by the board if I would be willing to take on the management of the children's home. God has given me a real heart for children who have no safe place in society and I have felt blessed to be able to serve the children in this way. I am very grateful for the support I have received from my friend, Anita Kasochi, who herself was raised in the home. She does a great work in overseeing the day-to-day run-

ning of the centre.

The other staff that work in the children's home are volunteers but are given an allowance for their personal needs. This, and the cost of food for the children, formula milk, baby cereal, medicines, toiletries and maintenance are our main expenses.

Clothing, shoes, nappies, plastic pants and toys have often been sent to us in parcels by individuals and churches and many of these reach us through MMN. Thank you so very much for your involvement; these contributions help us hugely with our work and cut our running costs considerably. We are so encouraged by your prayers and support as we seek to demonstrate God's love to these precious children.

A visit to Andhra

It has been a wonderful privilege to visit India once more and see the Lord's work expanding both in scope and effectiveness; bringing help to the sick, the poor and the marginalised of Andhra Pradesh.

The generous donation given by Medical Missionary News helped to bring relief for many hundreds of people and endorse the Christian witness of the church.

Carmel Ministries, the organisation we support, prioritises humanitarian projects alongside outreach and church planting in rural villages. For the very first time this year we helped organise two medical camps in slum areas where medical provision is patchy and expensive. One of our team, a doctor along with two local doctors and a dentist, treated hundreds of patients. The funds helped to purchase medications and vitamins which were given free of charge to each patient.

The team visited a leper colony in Eluru and once again gave medication, food and dressed wounds. Over the years we have come to know some of the residents personally. They are so grateful for the financial support that has been given.

The man by my side (photo right) is a blind man who had leprosy. When we visited him in 2007 he was near to death, unable to leave his bed, fighting for breath. We prayed for him, really for the Lord to take him home and left him with a course of antibiotics. When we returned in 2009 we were amazed to see

him among his friends once more. This photo was taken in 2011 and although he could not see us, when he heard our voices his smile was as wide as his face!

A thriving Christian community exists in the colony. The provision is ongoing; Bible College students take food and hold



a Pradesh, India *by*



monthly church services there.

With the gift we were also able to provide food for families suffering with HIV. Anti-viral drugs are given free by the state but in order for them to be effective the people must have good nutrition. We were able to give each family a bag of provisions containing rice, dhal, oil and

fruit.

Furthermore we were able to buy cement needed for the construction of a community centre for HIV patients.

We say a great "Nenarlu" (Thank you in Telegu) to MMN for making a difference to so many people's lives. God bless you



Katoka Hospital, Katanga Province, D R Congo

by Mary Ratter

right) supervise the medical work, and are involved in a supportive role in various ways.

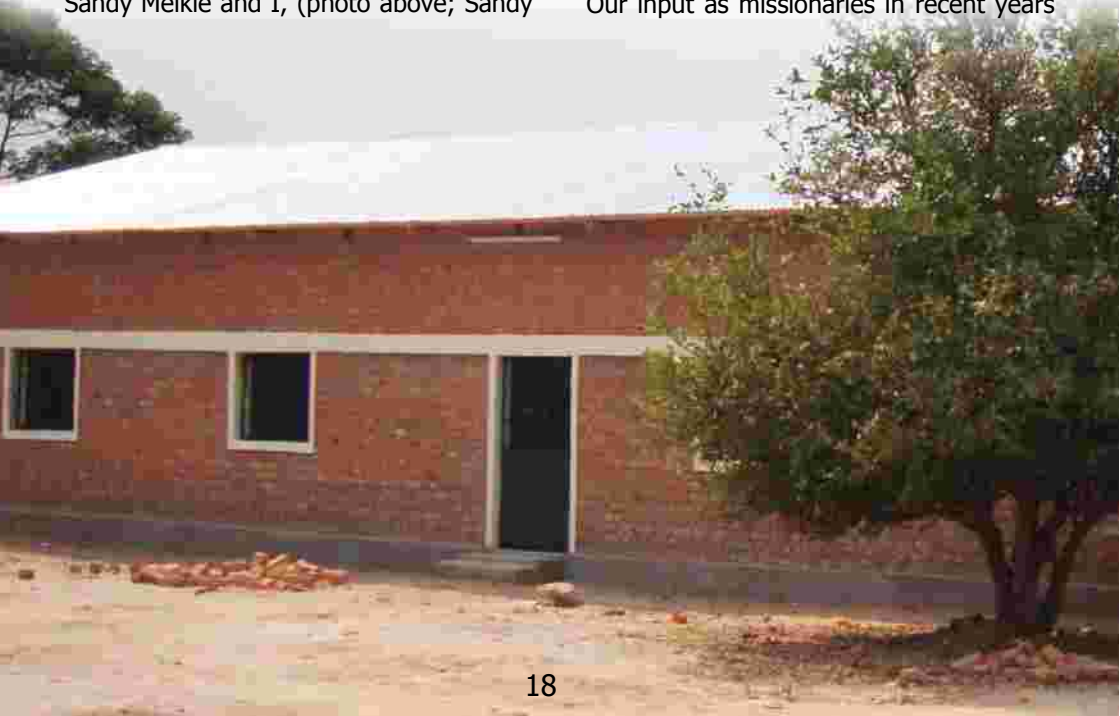
The work at Katoka can be divided into three areas; school work, hospital work and church work, although these works overlap to a certain extent.

School work

There are two schools at Katoka, the primary school with over 620 pupils and the secondary school with about 300 pupils (photo page 20). These are staffed by Africans and administered by them. Our input as missionaries in recent years

Katoka is situated in the south-west corner of Katanga Province in the Democratic Republic of Congo. It is bordered to the west by Angola and to the south by Zambia. We work mainly with the Chokwe speaking people, although other languages such as Luvale, Ndembu and Swahili are also heard. French is the official language used for administrative purposes and in schools and for all contacts with officialdom.

Sandy Meikle and I, (photo above; Sandy



has mainly been helping with their building programme. A three-room classroom block was added to the primary school recently, with the pupils, parents and local villagers making the bricks, burning the kiln, digging the stones and gravel for foundations, and providing the wood for roofing beams. We provided the builders and labourers, and the cement and roofing sheets. This year we renovated an existing three classroom block, installing metal windows and doors, replacing the roofing iron and adding a small covered veranda.

We have also been able to complete a new administration building for the secondary school. This comprises an assembly hall and computer room, an office for the headmaster and his secretary, and a staff room.

We were grateful for the help of a Brass Tacks worker and some youthful but strong short term helpers, especially when laying the foundations for the twenty metre long and ten metre wide

building. We are the only school in the area able to offer courses on computer studies and while the course is very basic it does give a good introduction and is greatly appreciated by the local authorities.

Medical work

We have a 180-bed hospital at Katoka. It has always been the aim of those involved in the medical work to use it as a means of providing healing for the sick and needy but at the same time for it to be a tool to bring spiritual health and healing to those with whom we have contact.

We praise the Lord for the freedom and the opportunities which we have to pray with our patients, to share openly our faith and to have special hospital outreach meetings mid-week and on Sundays in the hospital compound. We have two pastors, Kaumba and Hircani who work as hospital chaplains and we thank God for the work which they do week by week. Sadly for us, Kaumba is returning





to Angola with the United Nations repatriation scheme which is now underway. Another of our elders, Artere, has agreed to help with the work so we pray that God will bless him and make him a real blessing to the sick folk.

We have no doctor at Katoka so emergency cases such as caesarean sections, acute abdomens and strangulated hernias are transferred to one of three centres; a government hospital at Dilolo, 45 km to the west, a mine hospital at Kisenge a similar distance to the south east and Kasaji Hospital 90 km east of Katoka. Kasaji is our own mission hospital ably run by Dr Kayombo and we prefer to send our patients there. However, the roads have been so bad in our area, causing journeys by car to take so long, that we have been hiring small motor bikes to use as transport vehicles in emergency cases. We give the patients themselves the option to decide where they will go!

At Katoka, we have an outpatients department, provision for general medical and paediatric inpatients, a nutrition centre, a tuberculosis unit and an eighty-bed maternity dept which deals with about

850 deliveries per year. There is a national vaccination programme which involves not only making these available at Katoka at the ante-natal and under fives clinics but organising teams which visit the villages on a weekly basis. The latest addition to the hospital has been the new ten-bed premature baby unit and we feel this has improved the care of the new born low birth weight babies.

We also look after AIDS orphans and motherless children from birth to one year. We provide free accommodation, the milk and any other necessities while the family provide a carer for the child and someone to do a few hours of practical work each day to "earn" the milk. This helps them to appreciate the value of what is supplied to them. The nutrition centre functions on a daily basis, Monday to Friday, providing a main meal for forty to fifty of the sick and malnourished. It also seeks to teach the relatives the benefit, and the method, of using soya, corn, beans, rice and peanuts, which can all be grown locally and which can make such a difference to the diet. Sandy is the motivator for this project and that includes the cultivating, the planting and harvesting of the crops. She has two la-

dies working full time undertaking the preparation and cooking of the various foods.

The provision of an ultrasound scanner by Medical Missionary News has brought us patients from far and near, and especially from Angola. They seem to have the idea that a scan is the answer to all their problems! However, it is another opportunity to witness to God's provision for us through his children and we can also share with them that in fact it is God who is the answer to their problems.

A few years ago Dr Kayombo was instrumental in encouraging our hospital staff to see the establishment of a "Groupe Biblique des Hopitaux" at Katoka. We meet for prayer and Bible reading every Thursday morning. It is an entirely voluntary group but it has been good to see some of the staff more upfront and prepared to share their faith. They are also

challenged to share practically as there is a freewill offering on payday which enables us to buy fish, salt or other foods to distribute to patients, so giving them an example of the love of Christ in action. Some of the group help Sandy when she shows the "Jesus" film on the hospital compound or out in the villages.

At Katoka we have a total of eighty workers on the payroll and this includes eight midwives, twelve nurses and about thirty ancillary staff, including an administrator, secretaries, cashiers, cleaners, laundry staff, and about thirty others; painters, carpenters, builders, gardeners and herdsmen. It is a testimony to God's greatness and faithfulness that he provides for their salaries each month.

Church work

We have a Sunday school work at Katoka with over 400 on the register and we also provide lessons for some of the outlying



assemblies. We encourage the learning of memory verses and passages so that the children, if industrious, can earn a New Testament or Bible by the end of the year.

I run a Bible class on Sunday afternoons for secondary school girls and this is usually well attended. The young men's group, the "Association des Jeunes" meets weekly for Bible study and many of these young people are also members of one or other of our three Katoka choirs.

We have about thirty women who attend the Women's Bible School each Monday for consecutive Bible Teaching. They are a very keen group, are always very competitive, and they love getting their certificates! On Tuesdays it is the general ladies' meeting in the hall, on Thursdays Sandy and a group of ladies organize the hospital discipleship group and on Fridays the twelve ladies who are involved in Sunday school work come for prayer and preparation.

There are at present a group of over forty men who come to Katoka for the last week of each month for the Bible School which is run by the pastor from the church at Dilolo Gare. He does the first week of the month for the Dilolo people and then the last week at Katoka.

The dry season each year is the time when we are able to have bush conferences (photo right) when we are able to camp out for three or four days of Bible teaching. The evening meeting around the camp fire is always a special experience as is the Breaking of Bread meeting on the last Sunday morning.

There are still many problems in this vast country, for example, the postal services are non-existent and we still have to

send and collect mail via Sakeji school in Zambia. Very little has been done to improve roads and the rail service is at best erratic. Goods which we buy for hospital in Lubumbashi 500miles away are transported by lorry and it can be a perilous journey but for all that, there are tremendous opportunities still available for service for the Lord in Congo. I have had visits from the elders of two church



groups asking me to do Bible teaching for the women in their areas as I do at Katoka. I would love to do this but there is always the problem of the hospital work. I keep saying if the Lord sends a nurse midwife, or indeed several, I would love to take on that role.

As I write this, late in 2011, voting has just taken place in Congo and we hear of

violence and death especially in Kinshasa, the capital and Lubumbashi the capital of Katanga province. Please pray with us for this vast land; pray for peace and that we will continue to have freedom to work and witness. Pray too that we will be sensitive to and willing to obey the Lord's will for us in the future and that the Lord will be pleased to use us and make us a blessing in this area of Congo.



Bible Educational Services (BES)

by Kelvin and Joyce Samwata

**“We will tell
the next
generation the
praiseworthy
deeds of the
LORD, his
power, and the
wonders he has
done.”**

Psalm 78 v 4



M MN has for many years been associated with the work of Kelvin and Joyce Samwata, who serve amongst the abused, sick and homeless street children of Chingola, Zambia. The following report is an encouraging account of the spiritual work being undertaken, with them and other children in Chingola.

Bible Educational Services (BES) Zambia was established in October 2009. Our vision statement is “to facilitate the production of Bible Educational Resources in many of the world’s languages, through various means of communication, in partnership with others who share our core values.”

BES is currently working in partnership





with groups in other countries who are involved in translation, development, publishing and distribution of the Bible lessons. The BES lessons are unique in that they are prepared with home or group study in view, following a planned syllabus which allows students to continue studying for many years. Printed copies of the lessons are available in English from BES and can be downloaded from the BES website - www.besweb.org. It is planned that they will soon be available on the website in other languages.

Before we could launch the work, we invited church leaders and Sunday school

teachers for a seminar in June 2010. A total of 144 participants from forty-eight local churches attended the seminar. The delegates came from five towns: Chililabombwe, Chingola, Kitwe, Luan-shya and Solwezi.

A week after the BES seminar we received a further request from ten churches who missed the event and wanted to be trained in how to use the BES lessons. So a further seminar was arranged for this.

We have since registered and trained Sunday School teachers from forty-eight

churches on the Copperbelt and Solwezi.

The roll out of BES Zambia was successfully completed in September 2010. Sunday schools from thirty churches in Chin-gola were given the Starter Lessons for September and they were successfully completed. The completed Starter Lessons were brought in for marking.

The marked lessons are now used as marking keys in their Sunday schools. The response has been overwhelming. Requests to use BES lessons are pouring in from churches in other Provinces as well.

On Saturday, 3 September 2011 we held a BES prize giving and Sunday school



Camp Meeting in Chingola. This gathering was held at the Don Bosco Youth Centre (photo below). We had forty-two churches with over 4,000 children in Chingola alone doing the Postal Bible School Lessons (Bible Educational Services Bible Time Lessons) but because of the lack of facilities and resources we restricted the number of campers from



each church to six or eight children. In total there were 588 children and sixty-five Sunday School teachers. Some of these children came with their parents.

The atmosphere was electric and the presence of God was real! The singing was fantastic. The fun and games were exhilarating! We can only give thanks to God for such a time. One young girl recited some Scriptures from Genesis through to Revelation! She was really good and she and her friends, together with their Sunday School teachers, walked a long distance to come to the camp meeting because their church could not afford to hire a bus for them! When they arrived we gave them a standing ovation, just seeing the commitment and sacrifice of these boys and girls with their teachers as they tramped into camp.

The prize giving ceremony was God honouring. It was really a wonderful time; the children can't wait for the next one next year. We should take this time to thank all our prayer partners and all who supported and made the prize giving event a reality. The contribution of all involved made this occasion successful. Children who participated in various fun and games activities, teachers, church leaders, and parents gave thanks for a job well done to the glory of God.

Not too long ago a boy was seen undertaking Bible Time Lessons on the streets of Chingola. This boy's mother sells vegetables just outside Shoprite Supermarket in Chingola. He was asking his widowed mother who was busy street vending to help him to answer the lessons. This boy was asked where he got the lessons from and his mother explained that when her husband died she started praying to God to give her wisdom on how best to bring up her two orphaned boys. And so when her leaders introduced the Bible Time



Lessons in their church she was very thrilled and saw this as an answer to her prayers.

A parent writes "Thank you for all the marking you have done for our daughter's Bible Time Lessons. She professed faith in the Lord Jesus when she was eleven and is going on well with the Lord, being a blessing to us, in the family and at the church. Her brothers and sister would also like to commence doing the lessons." A missionary mother writes "Thank you for the input into my daughter's spiritual life; it is a big help since most of the meetings and Sunday School are in the local language which at present she does not understand."

In Matthew 4:18 we read how Jesus Christ called his first disciples. Jesus chose very ordinary men to spread the Good News. He turned ordinary fishermen into fishers of men. The Lord has called us into the Royal Fishing Army of Jesus Christ. Fishing is not an easy task; it calls for patience. Jesus gave his disciples instructions on how to fish and they did what he asked them to do.

In Luke 5:6-7 we read of how Jesus gave instructions to his disciples to catch fish. After working all night with no success, they let down their nets at his command, and the catch nearly sank two boats! And so in Zambia, the Lord has asked us to let down our nets into this sea containing thousands of children.

In churches where Bible Time Lessons are being used there have been amazing results. These lessons are like a double edged sword; it is not only the children who are benefiting but their parents and guardians as they help them to answer the lessons. Many children, from four year-olds to teenagers, are all excited and can't wait for next Sunday to go to

Sunday school! They are also telling their friends about BES lessons, who in turn are putting pressure on their church leaders to start this programme.

The work is spreading like a bush fire and leaving behind in its wake children on fire for God! This has been a real answer to prayer. God is using Bible Time Lessons to reveal how much he loves them. It is the power of his Word unleashed by his love. BES Zambia, through the many Sunday schools, is evangelising and proclaiming the Good News of Christ so that little children understand the message, receive him as the bread of life and are incorporated into the life of the living church.

The Word of God is truth; it is alive and it is making its readers both young and old become conscious of their need to seek God. The Word of God is relevant to every area of life. As we help children learn the Scriptures they won't succeed as Christians just because they make promises to God, but because we help them to believe the promises of God, which are in his Word and act upon them.

Children often ask questions relating to the big issues of life such as "where is God?" Church leaders, teachers, children's workers and parents have the great responsibility of teaching children the truth so that they may find the way to God. Bible Time Lessons are firmly based on the Word of God and are attractively designed. The teachers that spend time in preparing the lessons will be well rewarded as they see the children learning truths that will help them find the way to God and beginning to live for Him.

When children are won for the Lord we shall have stronger families, thriving

churches and God fearing communities. As we drop seeds of the gospel into the hearts of children they bear harvests in the years ahead. A plant may yield one flower, but the seeds it drops may live and bloom again in many springs.

God's timing is always right, and as the work has grown he has called Sam Balmer (teaching leaders in photo below) and his wife Louise to become the International Secretaries and they are making a major contribution in the overseas work.

We thank God and the brethren in Northern Ireland who are financially supporting the printing of Bible Time Lessons for

Africa. Pray for extra teachers for the BES Zambia Centre in Chingola as we take on more pupils doing Bible Time Lessons.

Please keep interceding. Pray that we will easily be able to train more Sunday School teachers in Zambia to use Bible Time Lessons, and that they will be willing to train others in a cascade of blessing.

Please continue to pray for us, for wisdom on how best to respond to the many churches in Zambia that want to start BES. We are glad and encouraged that this work is being received both positively and enthusiastically by the churches in Zambia.



We warmly congratulate one of our volunteers, Liz Hearsum, on the occasion of her marriage to Hector Stewart last October. Liz has been a volunteer with MMN for nearly ten years and we are sorry to lose her services now that she is settling in Derbyshire. Thank you Liz for all you undertook and we wish both you and Hector every blessing and happiness for the future.



Workgroup News Sheet

In addition to the quarterly magazine, Medical Missionary News produces a quarterly News Sheet edited by Malcolm Pickard, one of our volunteers.

The content is mainly directed to and of interest to Ladies Missionary Workshops and Knitting Groups and includes letters from and specific details of the missionaries and their missionary activities.

There is also the opportunity for groups to write to Malcolm giving details of their own particular interests and missionary support activities, and these can be published with relevant photographs if so desired.

If you would like to receive a News Sheet please write to Malcolm at the MMN address below or send him an email to: malcolm@mmn.uk.com

Stamp and Coin Collections

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

MMN Report Meetings

28 Feb	Sawyers Church, Brentwood
25 Mar	South Park Chapel, Seven Kings, Ilford
01 Apr	Evangelical Church, Stanway
08 Apr	Sunnymede Chapel, Billericay
21 Apr	Hebron Evangelical Church, Wallasey
16 May	Baptist Church, Upminster
20 May	Norreys Evangelical Church, Wokingham
24 May	Gospel Hall, Shoebury
12 Jun	Baptist Church, Brentwood



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 the magazine through the site then please contact the office and we will cancel your copy.

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