



# MEDICAL MISSIONARY NEWS

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Supporting Christian Mission through Healthcare



## Challenges and Blessings



## Why?

Rudyard Kipling is probably best known for his Jungle Book story. Less well known is one of his 'Just So Stories', The Elephant's Child, that has at its end the poem:

*I keep six honest serving-men:  
(They taught me all I knew)  
Their names are What and Where and When,  
And How and Why and Who.  
I send them over land and sea,  
I send them east and west;  
But after they have worked for me,  
I give them all a rest.  
  
I let them rest from nine till five,  
For I am busy then,  
As well as breakfast, lunch, and tea,  
For they are hungry men:  
But different folk have different views:  
I know a person small;  
She keeps ten million serving-men,  
Who get no rest at all!  
She sends 'em abroad on her own affairs,  
From the second she opens her eyes;  
One million Hows, two million Wheres,  
And seven million Whys!*

I keep a copy of this poem in my Bible for I look at it often as I read and study God's word. I find these six honest



*an editorial by Peter Gill,  
MD, FRCS, an MMN trustee*

men very helpful in Bible study when seeking understanding from what I am reading. I find that I am often asking the wrong question and, using the metaphor of the poem, am I seeking help from the wrong man, and just like the child of the second verse asking why, why, why...?

As a medical person I have seen a lot of sickness, disability and death. I have spent most of my life training and then working to fix broken bodies using many of the tools of the medical trade. Mankind has developed many of the medicines we use from fungi, plants and creatures in the world around us. We have invented many machines that assist in healthcare and devised vaccines that protect from many ravaging illnesses. We can do so much that our developed western world has come to expect good health, and when doctors fail they are subject to lawsuits. How different to my experience in Africa where I performed an operation on a child that failed and resulted in greater disability than before. I was thanked by the parents; 'at least you tried to help!' It was unbelievably humbling. But why?

We read in Matthew 10:1 that Jesus gave his twelve disciples authority over unclean spirits, to cast them out, and to heal every disease and every

affliction. Yet in Matthew 14:17-20 we read that Jesus' disciples were not able to heal the epileptic boy. Why?

Was Jesus' authority not sufficient? Clearly this is not the case since we are told repeatedly that Jesus healed everyone who came to him, including this epileptic boy. When the disciples ask 'Why?' Jesus replies 'Because of your little faith.' I have read many interpretations of this passage, all seeking to reconcile Jesus' words with the realities of what we experience in this life. I think it is no accident that this encounter follows immediately after the account of the transfiguration. The glories and majesty of Jesus are revealed just a little, only to be followed by the lack of these manifested in the disciples' failure. How humbling! Why?

I think I now understand a little better. Our vision is too narrow and our perspective is too short. Like my namesake who took his eyes off Jesus to look at the wind (Matthew 14:29-30) we shift our gaze from the wonders, glory and majesty of the God of all eternity to our here and now and forget that before God we are like flowers of the field that wither and fall (1 Peter 1:24). We forget the truth that sickness and disability can bring us to Jesus (Mark 2:17) and can keep us close to him. Yes, Jesus healed the bodily sicknesses of all who came to Him but not all were born again. All still died, but not all to new life. In the context of eternity, healing the sick is only a little thing. Consider the implications of Mark 6:5 where Jesus could do no mighty work except heal a few sick!

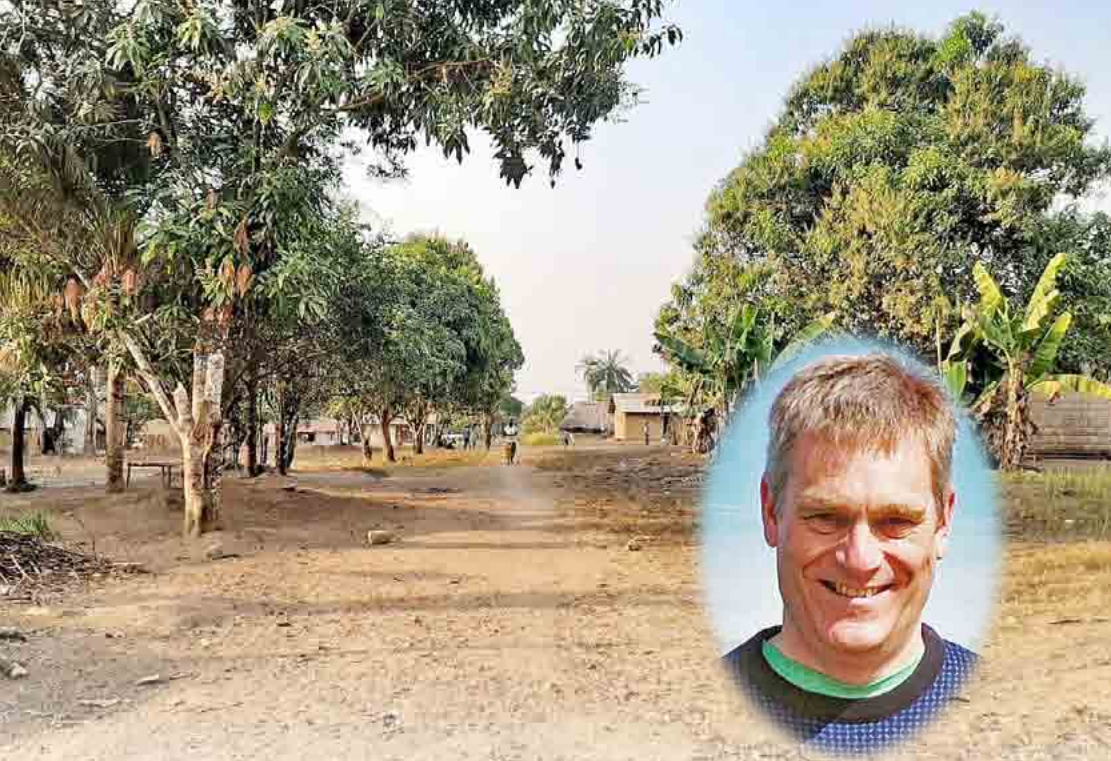
All this might seem very negative and that is not my intention. Rather, I seek to encourage us all to see medical work in what I consider to be its true Biblical context. When Jesus came to the sick He came to the true sickness of mankind; his alienation from his creator, not bodily sickness. Bodily sickness is

merely a consequence of that alienation. So let us heal all the bodily sicknesses we can but never fail to declare the glorious salvation in Jesus from all sickness and death, that as many as possible may come into the kingdom of God. And sometimes this body has to die that more might come into the kingdom of God, such as those described in this magazine. So the answer to my 'Why?' is, I believe, that no eye has seen, nor ear heard, nor the heart of man imagined, what God has prepared for those who love him (1 Corinthians 2:9) and it is not because of anything in ourselves but entirely a gift of God (Ephesians 2:8).

*photo below: with Tamako Monobe,  
missionary midwife at Chavuma Hospital,  
Zambia - see page 12*







## What am I doing?

*by Grev Parmenter, Director of Medical Missionary News*

**T**here I was, sat in a coffee shop at Heathrow Airport at 1.00am one Sunday morning wondering exactly that. I was a non-med, waiting for the rest of the team to arrive to fly out to Sierra Leone on a medical outreach mission.

Just over twenty-four hours later we arrived at our final destination in Bo, the second largest city of Sierra Leone, in the southern part of the country. It was an eventful road trip as we had to regularly stop to refuel because our mini-bus had a diesel leakage!

The outreach was organised by Evangelistic Medical Missions Abroad (EMMA – [uk-emma.org](http://uk-emma.org)) who give UK medical professionals the opportunity to use their medical skills in an overseas environment and combine it with the privilege of sharing the gospel with the

community. There were twenty-one of us on the trip with different specialisms and levels of experience in medicine and in mission trips. I was on the trip as part of my role with the Christian Medical Fellowship's Global Track (see the following article on page 9) as three junior doctors from the track came on the trip.

EMMA had been contacted by Margaret Jarrett, who runs a project called OAKS (Overseas Aid for the Kids of Sierra Leone), where they set up schools to give children an opportunity to be educated. Margaret knew of the medical needs in the country and asked if a team could come and help. Along with some local pastors, she had identified a number of villages around Bo where we could set up a clinic and link in with the local church.

Sierra Leone is a very poor country, ranking 180th out of 187 countries in the Human Development Index in 2011. Decades of economic decline and years of armed conflict have had dramatic consequences on the economy and subsequently its healthcare system. We found out later that there are only nine doctors and no dentists in Bo District for a population of 600,000 people (and about 200 doctors in the whole country of 7 million). Our team alone was made up of eleven doctors and two dentists!

This was Africa so you could never really predict what was going to happen. The first day was spent unpacking and sorting out medical bags, medications and logistics, and being taken around Bo to be welcomed by the local dignitaries before starting the clinics the following day.

No two clinics were the same but they did follow a basic pattern. We would travel to the designated village, anything from thirty minutes to four hours away from Bo, and there was always a crowd of around 200 waiting for us as word had got out that we were coming. After setting up the clinic we would speak to the crowd and explain why we were there (photo below), then share a short gospel message before seeing as many patients as we could in the time available.

The clinic was organised into different sections; medical/adult doctors (three or four), women's doctors (two or three), children's doctors (three or four), 'laboratory' - malaria testing, urine dips and pregnancy tests (one), pharmacy/wound care (two), glasses and eye testing (one) and dental (one or two). My role, along with the other non-med on the team, was to triage the patients and





manage the queue which allowed the medics to see more patients. A number of local personnel connected to Margaret's ministry came along to help with registering the patients and acted as translators (photo below).

The most important area of the clinic was the prayer station where local pastors were able to pray with many people, explain more about the gospel and give out Bibles (photo right).

Sometimes we would have opportunity to have a gospel presentation after lunch or at the end of the day, depending on the time, location and number of patients seen.

Over the course of the trip we saw just under 2,500 patients. Most of them saw more than one practitioner, meaning the number of actual consultations were many more.

It was the dry season so very few adults had malaria despite their presenting complaint of 'typhoid malaria'. However, more of the children tested positive and we were able to give anti-malarial treatment to them.

Many patients complained of headache, often linked either to hypertension or to financial concerns. Others had the usual musculoskeletal concerns, often brought on by lugging five gallon palm oil metal tubs. Many had eye conditions, including pterygia, cataracts and enophthalmos, and we were able to dispense around 400 pairs of glasses. The dentists performed many extractions and the nurses from the team were busy undertaking lots of tests and dressings, and helping in the pharmacy.

Some amazing clinical signs seen during the visit were osteomyelitis of the



ankle, paralysis, huge splenomegaly, unilateral proptosis, recurrent TB with harsh apical chest sounds and a boy with nasal septal erosion, skull fractures causing deafness, spasticity resulting from a tree fall and another boy with a shocking cleft lip and palate. We were able to provide further support and help for a few of these cases to get the treatment they needed with funds raised for the trip.

Another memorable young lady, kept exposing her top and throwing herself on the floor, writhing in abdominal pain. Convinced that she was not a surgical case, the female doctors' prayers calmed the storm. One exciting thing was to see the doctors being able to pray for their patients as they saw them, and this was for the first time for some of them.

Seeing the many preventable diseases that people in Sierra Leone have reminds me of how thankful we should be for our own healthcare system. It may not be perfect but it is much better than what many other people have. We were told that most people we saw would probably have never seen a doctor before, either because there are none around or they could not afford it. It was moving to see how thankful people were for the care we showed them. Many came up to me as they left to say thank you. One dental patient grabbed our microphone to announce to the crowd that 'it works, I was bad but not now!'. On the other hand, it was hard to see the desperation on peoples' faces when we told them that we could not see them or their children because we had run out of time.



Some people question the value of short-term mission like this. We went for a limited period and what we did was to give most patients some temporary respite (with the exception of dental extractions and provision of glasses). Is the healthcare system in Sierra Leone going to change as a result? The answer is no. Was it worth it for the people to be treated? As I was sharing this point with one of the trustees he reminded me that when Jesus fed the 5,000 he was showing practical love and care for the crowd as they were hungry and that would not have had a lasting effect. But it did demonstrate Jesus' concern and care for the people's physical needs at that particular time. We sought to do the same as we did our best to help the patients who were suffering with their health concerns.

Those who had travelled before told us to expect a response as we presented the gospel message: that Jesus came into the world to save sinners. At home we often preach with little expectation so it was refreshing to see the response to the gospel presentation that we gave each day and see God at work in transforming lives. The prayer station was so important as it gave opportunity to talk and pray with those who were serious. We do not have the numbers, as the local pastors had the responsibility of following up, but we estimate there were around thirty to forty people who made a profession of faith, and we pray that many of these were genuine. This is what made it all worthwhile as God had chosen to use this trip to bring people into His kingdom. That is what I was doing and what a privilege it was to be part of it.



## Christian Medical Fellowship Global Track Program

**M**edical Missionary News partners with the Global Track Program, run by Christian Medical Fellowship (CMF), which is a training and development course for medical and nursing students, along with those recently qualified. The aim of the course is to maintain and develop the participant's interest, calling and direction in global health and mission. Each track lasts seventeen months and offers seminar days, webinars, a mentor, a guided overseas trip and participation in the CMF Developing Health Course which prepares people with clinical and practical knowledge for serving God overseas. Malyha, one of the participants, shares her experience of the track:

I have recently graduated from Imperial College London, having just completed my medical elective at a missionary hospital in Pakistan. During the time I spent at the hospital I worked in the obstetrics, gynaecology, paediatrics and general medicine departments.

A couple of years ago I started the journey of considering international work by signing up for the Global Track Program. Before I started I was very unsure about long term work. On the track I benefitted hugely from eighteen months of teaching, mentoring and asking lots of big questions! One of my favourite times was spent with a group of medics of the same age and stage who were all considering mission as a possibility. The time we spent together was really valuable for encouraging, growing and supporting each other. I also found myself challenged by what is Biblical and what is cultural in the way we do Church, particularly in things like singing, praying and sitting.

All this teaching became very useful while we were in Pakistan, as on



the ground there was little time for guidance and instruction about the local church situation and practicing medicine in a low resource setting. I spent eight weeks at the hospital with my husband who is an engineer and we had a great experience working with the team, getting to grips with some elements of the culture and doing ministry work such as helping with Bible studies.

My husband and I are considering returning to South Asia in the future after I finish my training. However, at this moment, God has not shown us any clear open doors yet so we are going to continue to pray and explore as I go into Foundation Year 1 of my medical studies. The CMF global track was invaluable at helping to explore options, hammer out a lot of questions and use my elective in the most effective way. I would strongly recommend it to all medics with a passion for evangelism.



# Transforming Lives Today

by Sozos and Des Sozou

**S**ozos and Des Sozou live in Cyprus and, together with their team, commenced their ministry in India with the goal of helping to relieve the poverty and misfortune they witnessed on their first trip to that country. With the support of a small group of partners the doors have been opened to help the underprivileged by supporting humanitarian programs, offering medication and vaccinations, as well as education to deprived children. This is their story:

We grew up in the UK where we lived for thirty years. We studied, married and started our own family. They were good times but thirty years ago we emigrated to the small island of Cyprus where we are now based with our two sons and grandchild. In 2019 'Transforming Lives Today' (TLT) became a UK registered Charity and we are privileged to have a strong team working with us.

It had always been our hearts desire as Christians to be in a ministry to serve and in 2010 we had the opportunity to travel to India with an organisation to see how the less fortunate lived. We were able to share our testimonies and encourage fellowships in their churches and their villages but at the same time were very saddened to see how people lived. The poverty and pain we witnessed was too much to bear and we were deeply moved; we could not look away or forget as we met people with no hope or dignity. This is where it all started for us.

It was a breath of fresh air for both of us to know we were venturing into the unknown, but at the same time to see the poverty was overwhelming and our hearts were moved in such a big way that we wanted to do something to make a small difference to the under-



privileged. We wanted to provide love, hope and dignity through our Lord Jesus. And so it was that in 2011 we asked the Lord to make it possible for us to go back to India and serve the people by reaching out with the Gospel through medical camps where we offered simple medication and vaccinations that could save a life from a curable disease. We also provided food programs, offering a warm meal while at the same time establishing small learning centres for children to educate them and encourage them towards a better future and for them to know they were in a safe and clean environment.

Thus God has opened doors within India for the past ten years. We visit every year, we partnership with local hospitals and pastors, and through donations received we have been able to

organise medical camps, offering simple medication, vaccinations and eye surgeries for the poor. Over the years many lives have been saved due to these medical camps, TLT has reached men, women and children in slum areas, orphanages, leprosy colonies and schools, and has also reached the isolated mountainous areas of Uttarakhand Chamba where there is only one hospital in the area. For the people who have committed to helping financially over the years, together with ourselves, it has been a blessing to know that lives have been saved both spiritually and physically.

In 2019 our visit to India was very encouraging, as we had started a learning centre in Coimbatore and Uttarakhand Chamba, and now our medical camps continue every six weeks in these areas. TLT completed another three medicals camps with the assistance of our doctor team while we were there. The hospital in Chamba had been running for many years with insufficient equipment for surgeries, but this year,

with support from Medical Missionary News, we were able to equip the hospital with a hydraulic operation table for surgery. We have visited homes and villages as the thought of men, women and children being critically sick but not being able to travel to a doctor or have the finance to see a doctor is very distressing. The good news is that the medical camps have decreased the sicknesses in the surrounding village where TLT operates. A new learning centre has been set up in Sri Lanka and we are looking at setting up further medical camps in that country if God opens the doors for this to happen.

All that has been accomplished over the years is due to the Lord leading us and going before us. He has kept us safe and has blessed us tremendously; all we do is for His glory. We are grateful to our Lord for answering prayers.

'Whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through Him'. (Colossians 3:17). [www.Transforminglivesdtday.org](http://www.Transforminglivesdtday.org)





# The Challenges and the Blessings

by Tamako Monobe, Chavuma Mission, Zambia

I am a servant of the LORD from Japan, commended from my home assembly (Awaji assembly in Osaka) in 2003, to Chavuma Mission, Zambia, as a medical missionary. I am a licensed midwife, a registered nurse (RN) in Japan and I received a RN license in Zambia. One of the Bible verses which inspired, guided and led me to the mission field is 'Have I not commanded you? Be strong and courageous. Do not be terrified, do not be discouraged, for the LORD your GOD will be with you wherever you go.' (Joshua 1:9)

For the first few years I was very busy with language study (both medical English and the local language), hospital work and studying for my nursing examination. Senior missionaries had kindly helped me in my studies and many believers did so through their prayers.

When the LORD helped me to pass the exam I was able to receive my work permit in 2004. At that time we had a few missionary doctors and other senior missionary nurses who helped guide me and teach me how to help the patients at Chavuma Mission Hospital where I was situated and I was able to go round to see patients daily and help them both physically and spiritually.

By August 2008, all of our missionary doctors had left Chavuma so we had no doctors at the 100 bed hospital. Chitokoloki Mission Hospital had started to help us with surgical cases and we referred many other cases to them which we couldn't manage ourselves. Chitokoloki also sent doctors to undertake surgeries at the hospital every two weeks, which helped us to maintain the work. Later in 2008 there was an



outbreak of measles in Angola, a neighbouring country, and many Angolan patients started to visit us at Chavuma, so that the hospital became like a refugee camp. The LORD helped and sustained us through these tough times.

In 2012, a Congolese doctor was guided to come to serve the LORD together with us and he brought his family with him as well. He was a very able surgeon and we really appreciated him. He needed to go through internship training under the Zambian government for two years, and he eventually completed his training in 2015. Sadly, he unexpectedly sustained a cardiac attack in June 2018 and went to be with the LORD. But God provided a Zambian doctor from July 2018, and he commenced work with us. In April 2019 we received another Zambian doctor from the government as well.

Then in October 2019, three

unfortunate incidents happened in a week. First, a large tree at the hospital fell and a big branch hit the roof of the TB ward but mercifully no one was injured. The next day I was bitten by a snake but it was not a mamba or puff adder bite which would have caused me more harm. Then a sterilizing machine caught fire and many instruments and theatre linens were burned. Fortunately, the sterilizing room, which was made of wood, didn't get burned down.

Sometimes, there are many other challenges, and there never seems to be time to deal with them and our planned schedules. Our medicines and medical supplies can quickly become depleted and we don't always have sufficient staff to give the good nursing care to patients that we would wish. Patients suffer with terrible conditions and pain, and there are times when we fail to meet their needs both physically and spiritually.







Parcels from overseas need to be sorted in the store room and acknowledgements need to be made. We have to fight off the termites in the store room. Baby layettes are needed in maternity. Patients' food runs out and we need to run to the market to purchase fresh supplies. Malnourished patients need prioritizing and require much attention. Sometimes our medical equipment becomes broken or damaged.

Very sick patients are regularly brought in from Angola and can die in a few hours if it is not possible to deal with them immediately. There are times when there is no blood in stock and anaemic patients die. Premature babies are born but we are not always equipped enough to help them breath, and sometimes we have no electricity supply to run the oxygen concentrators.

Frustration and overwhelming stress builds up and we lose focus, get upset, become depressed and can

become bad testimonies as believers.

But the LORD protects us and when I reflect on these difficult situations I see the blessing of God with us throughout the difficulties. The LORD has put us in a hard situation to learn how to depend only on Him. We get disappointments when we depend on people around us. We get hurt or upset when we put high expectations on others and when they fail to do things. Our emotional distresses can cause trouble in our relationship with others. The LORD guided me to go in to the fields because I needed to learn how to be obedient to Him, how to be patient, how to depend on Him, and I have so much more to learn. If I am distressed myself, I cannot help patients spiritually.

If it was not for the LORD, I would have gone back to my home country a long time ago. But it was He who guided me to serve Him here in Chavuma. I have to stay focused on what He wants me to

do. It is always helpful to read God's Word to get spiritual nourishment and encouragement and prayers day and night help me to keep going. The Gospel is preached through the public address system at the hospital, and many sick people receive an opportunity to hear the Word of God.

Many believers overseas send us medical supplies and needed items which help our daily activities greatly. I recognize these as blessings from the LORD. The medicines we order from the UK with the support of MMN and Echoes International are a tremendous help to our small hospital in the bush. The loving kindness of the believers overwhelms and amazes me and, despite the difficulties and challenges, I feel very privileged, encouraged and honoured to serve the LORD here at Chavuma, together with other believers from overseas and with the faithful support of those who pray with us and who send us supplies.

Since 2010 the LORD has given me a desire to go into Angola to help the sick through our mobile clinic ministry. As Chavuma is only 10km away from the Angolan border we see many sick patients coming from Angola and they are often too unwell to recover and go home. Sadly, many delay getting prompt medical care by going to witchdoctors in the villages. After seven years of praying and waiting, the LORD provided the equipment and vehicle, and I started to go to Angola. We are encouraging Zambian workers to take more responsibility for hospital work so that we can extend our services into other areas where there is no medical care but a lot of witchcraft.

I want to become more effective in my service for the LORD, learn more languages and organise my time and schedules so that I am able to help the people of Chavuma and Angola in a much better way. I appreciate your prayers.

**'.... rejoice in hope, be patient in tribulation, continuing steadfastly in prayer' (Romans 12;12)**





## Bringing care to remote communities in Nepal

by Fay Garrett, Nepal Coordinator of 'Stand by Me'

Nepal is a country landlocked between India and Tibet, with a history of closing the border to the outside world and the persecution of minority religious groups. In 2010, Stand by Me became aware that there were hundreds of children living in isolated and remote mountainous villages where the possibility of an education was simply a dream. So Stand by Me adopted a children's home run by a compassionate

Christian couple in the southern town of Hetauda.

Today, the children's home provides care for 114 children, many considered 'untouchable' due to their low caste. They live at the home in term time and all go to one of Nepal's best performing schools in the town.

The work in Nepal expanded when the Nepal earthquake hit in April 2015 and destroyed the homes and livelihood

of many of our children's families. Stand by Me's staff in Nepal were perfectly placed to deliver life-saving provisions of food, water and temporary shelter to isolated families in remote communities in the mountains. However, the staff recognised a need beyond immediate relief and decided to establish a school in the Khairang area which has now become a centre from which we reach the local community through building homes, educating children, initiating sustainability projects and providing teaching about, and access to, healthcare.

The Khairang can be a dangerous

place for children, particularly girls. The lure of child traffickers is a serious threat and the cultural bonds of early marriage still remain. For parents who fear that their daughters could be snatched away at any moment, abducted by child traffickers or encouraged to marry before they are legally allowed, the Khairang Bethany School is a voice of hope, raising awareness and empowering girls, helping them realise their own worth and identity.

Phul Maya's name means 'beautiful flower'. When I visited the Khairang, she was walking around with her new-born baby in her arms, struggling to cope.







Phul Maya (photo left) has a husband but they have no land or home of their own, a familiar story in this remote community. After being taken in early marriage by a boy, she had given birth to her first child at the age of fifteen. She and her husband lived with her parents who themselves struggle to make ends meet.

Stand by Me is promoting education aimed at helping families break free from traditions that allow girls as young as even twelve to follow the cultural expectation of marriage at an early age. Our loving staff equip them with the knowledge and skills needed to avoid these dangers. We help them with advocacy, understanding their rights under Nepali law, and teaching about the benefits of a free choice in marriage and delaying marriage until girls are physically mature.

Education also extends to the parents, encouraging them to not be passive in these situations but help protect their daughters from becoming trapped in the same cultural bonds of the generations before them. This education also includes the men and young boys and we are encouraged by the positive attitudes for change shown by so many in this remote community. It may have come too late for Phul Maya, but her little sister will now have education to make personal life choices to benefit herself and her community.

Shree Maya is Phul Maya's mother. She was also a child bride. Her family home is little more than a mud and stone hut, with no water supply and no sanitation other than the fields around. The family scrape a living through subsistence farming like most of their neighbours.

Some of Shree Maya's younger children attend the Khairang Bethany School supported by Stand by Me. As well as basic literacy and numeracy, Shree

Maya's children are learning about hygiene and health. These are lessons that have come almost too late for many of the adults.

In November 2016, Shree Maya gave birth to another child, but knowing nothing of the process of childbirth, did not understand that a retained placenta was a serious complication and needed rapid intervention. She had no idea that a placenta should come away within an hour of the baby being born and that to wait any longer was to invite life-threatening infection and serious haemorrhage. It was not until a week later, when she was bleeding and weak with infection, that her family finally contacted Stand by Me's manager in the Khairang for help. He asked them to bring her to the hospital in Hetauda which involved an eight hour walk through the night with Shree Maya in a dhoko basket on the back of a friend. At the local hospital, doctors said she was only hours

away from death and her only chance was to be taken to the Intensive Therapy Unit at Bharatpur Hospital, another two hours drive away. Here, surgery, a blood transfusion and medication saved her life.

Shree Maya made a miraculous recovery. Prayers from the church in the Khairang and from those in Hetauda and the UK were answered. After her recovery Shree Maya began to attend the church and has since accepted Jesus as her Saviour.

On a subsequent visit to the Khairang, I was able to meet Shree Maya who came to say thank you and brought her small son, then a healthy baby of several months old. She asked our staff to name the little boy and so we gave him the name Ashish which means 'blessing'.

In November of 2019, I again saw Shree Maya and Ashish, (photo below) who is now almost three years old and will be joining our Bethany School. Ashish





is a living reminder of God's blessings given in the most difficult of times and places.

Improving health provision is part of Stand by Me's vision for the Khairang as currently there is no local healthcare and people must travel four hours by bus in the dry season or three days by walking in the wet season to even reach a nurse. The nearest hospital is still another hour's drive away. Equipping women like Shree Maya with the most basic of skills and knowledge about normal body processes would make this sort of incident less common and far less traumatic for all concerned.

Maternal death rates are very high in such communities as this, with three local women dying in the months following Shree Maya's recovery. The consequent orphaning of children leaves them very vulnerable, as a father taking a new wife will usually abandon the first family because this is the longstanding

cultural custom.

Two of our school staff are about to start training as healthcare givers, being trained by an experienced nurse in Hetauda. They will bring basic skills to the community, teaching the people about first aid, improving diets and maternity and post-natal care. Stand by Me already provides first aid materials and covers medical costs for our school children, and these trained ladies will expand the provision to the wider community.

While Stand by Me is still facing difficulties in bringing healthcare to the isolated Khairang community, progress is being made. In Hetauda, where there are local hospitals and nurses, the children's health remains a priority.

Two of our girls are going through a second round of plastic surgery to relieve the consequences of severe burns to their hands which they suffered as babies. Burns to the hand are a common



injury for crawling babies because cooking fires within the poorest homes are a simple pit in the floor.

Both Soma and Ram Maya (photos above) suffered these burns as infants and now have the scar tissue and constrictions in tendons that make their hands misshapen as well as limiting normal function. Neither girl's family would be able to afford any medical help for the girls but with the help of Stand by Me they have been seen by the best plastic surgeons in Nepal, and surgery on their hands has resulted in greater mobility and better cosmetic appearance. Seeing them able to sew and draw has been wonderful, but it is the willingness to keep their hands out of pockets and in



plain sight that is heart-warming. The hands will never look perfect but most fingers are now straight and the girls are happily practising their physiotherapy exercises to maximise the improvements that the surgery has given them.

As we work towards improving access to medical care and increasing health and hygiene education, we are hopeful about seeing the long term benefit of communities making better health choices and receiving vital medical assistance whenever they need it. From the remote Khairang to the town of Hetauda, children who were once feeling worthless and isolated are today much healthier, are growing in self-worth and are experiencing the love of God.







**A**ccording to UNICEF, there are an estimated 93 million children with disabilities in the world and these children represent one of the most marginalised groups on the planet. Children with disabilities must frequently overcome prejudice, stigma and institutional barriers to education and services, as well as their own physical or mental challenges. It is all too common for disabled children to be isolated, neglected and written off as useless because of stigma, ignorance and misguided beliefs.

*Wukwashi Wa Nzambi (WWN), translated in Lunda as 'God's help' is a home situated in Kitwe, Zambia for disabled and mentally challenged children of all kinds and it is run by a local couple Henry and Joyce Mutembu.*

*The home makes a tangible difference to disabled children, in all sorts of ways. At their weekly support and physiotherapy groups, children with disabilities can play, make friends, receive vital therapy, and be assessed for mobility aids. These groups also provide the children's parents and guardians with vital support. Wukwashi also helps disabled children to access*

*education and learn simple life skills, so they can become more independent and make a contribution to their communities.*

*Among those who have faithfully supported the work over many years are John and Becky Wright and the following narrative is a report of their recent visit to Wukwashi. In some cases names have been changed or omitted to protect identity.*

After settling in Kitwe our first visit was to the support group in Ndola and one of many we were to visit during our two week stay. The group was held in a building donated by Disability Africa on some land belonging to Christian Missions in Many Lands (CMML). It was a sturdy block classroom with barred windows which contained no glass.

We met a fifteen-year old boy with severe scoliosis caused by spasticity in all his muscles. Despite this, he had a bright smile and his mum explained that his left hip was out of joint. We talked with her about how to make him comfortable. She explained he was on medication to help him sleep. Joyce said he was due to go to Beit Cure, a local hospital, for assessment and that the family were worried about the journey by public transport. We were

able to help with the cost of the trip and the Mum was delighted. He has since had surgery which should relieve some of his discomfort.

On our return journey we diverted to Luanshya to Daga Ma school where we saw Mary, the adopted daughter of Henry and Joyce, who has Spina Bifida. Two other girls were placed there, both now teenagers, who had been at WWN school when it started in 2009.

We were warmly welcomed at the Wukwashi Wa Nzambi School and Centre and arrived to see the Physical Education session in full swing. It was a game of chasing around a circle and there was lots of laughter. The team led the children in a welcome song which was very emotional for us to hear and we greeted them individually.

One girl was constantly chattering to herself and we later learned she was a Luvale speaker. Joyce told us that she had been sent by a doctor from Chitokoloki Hospital in the northwest region of Zambia. She was blind, partially deaf and exhibited violence. She had come to WWN for long term assessment and was improving with attention and some drug therapy. Henry and Joyce were hosting her and the mother in their own home, as there was another disabled boy and his brother also being assessed and staying in the only school guest room. The Mother was helping her daughter in class and with the cooking at the school.

The school team are very dedicated and work hard. We had opportunity to meet staff we had met before, including the head teacher, administrator, social worker and counsellor. The counsellor is about to get married and so this will be the first Wukwashi wedding! The best welcome was from Kondwani, who we have known since he was a baby. He came to speak to us, with his limited vocals and limitless warmth. Daga Ma had said he was not







able to be taught, but he has so much to share with a fun filled nature.

There was a new venture for the school as it aims to become a training centre for parents. Half the children remained home and the other half came with a carer. The objective is to show the parents how to work with their child to achieve maximum independence. The activities of daily living, physio and academic groups went on during the day and we were able to work with the children in all three settings.

We explored ways to improve seating and especially shoulder and neck control. Peter was unable to stabilise his shoulders so struggled to reach his mouth with accuracy. We tried some ideas out with his Mum to help. He was very keen to walk and he achieved this by hooking his elbows over the parallel bars. We found a braced wheeled walking frame, received from MMN, for him to try out. He was able to use a low tech skate board for useful mobility and the frame for therapeutic walks.

Melinda, being both deaf and blind will need specialist education once she has settled down. In the meantime she loves trying to draw letter shapes with a pencil. We discussed using a tray of sand or millet with her finger and possibly learning the 'QWERTY' key board lay out so she could write usefully. She will need hearing aids as her Mum has to shout.

Friday at the school is a non-pupil day and all the new local volunteers came for some basic training. We decided to concentrate on normal movement, the skeleton, muscles, tendons and the cause of Cerebral Palsy. It was good to see the experienced volunteers enabling the new ones to understand. There were twenty-five or so in this group and at the end we were asked to give encouraging words, so shared Nehemiah 8v10 on how The Joy of the Lord is our strength. We are building as teams, and must work as one.

We shared the story of how WWN started, how the Lord guided, how Joyce was able to continue the work alone and how it has grown.

We were able to visit the farm that was bought with the help of MMN. It has good ground water and can grow produce throughout the year. One volunteer is living there in a tent with his family. The six year old daughter had received Wukwashi's help with bilateral club foot surgery and was running around happily with her siblings. Up until now it had been the dry season, but there was water available to plant cabbages. It may be an option to take some of the older lads from the school in Ndola to help the farm as a cultivating camp. Some of them already help the gardener at the school and they could have a share of the produce for their work.

We travelled on to Chambeshi with chairs and a standing frame from the Apter workshop, where we dropped them with the group leader, then headed on to the Chingola group. There were twelve children there with a great variety of needs. We were impressed by the care given by siblings in this group. Emeldah was fearful when I went to assess her.

She had a twin sister who came alongside taking her to the toilet and then she came back calmer. She needed to go to Beit Cure as her ankles and knees were getting tight. She was able to travel to Lusaka on the bus and has since had surgery. Another lad led his blind two year old brother in walking practice, calling out his name. Outside, a very lively blind lad was busy soon exploring the outside of the car by touch. John gave him the chance to sit inside with his sister and he was using fingers to explore the horn and other controls. His ability was clear and he needs education soon.

Two chairs were to be given out and they were tried out for size. The chairs are made from paper and card, and are a very useful way of recycling MMN boxes.

Mondays' Chimwemwe group was full, with eighteen children, and we saw half of them individually, the other half would be coming to the school centre for the extended parents support program later in the week. As we gave small bits of advice and prayed over each child, we felt overwhelmed. One child with hydrocephalus was very sleepy, another had microcephaly. Several had spastic







quadriplegia. Fortunately, physio third year student Emmanuel was aware of all the children's conditions and helped us as we talked to each parent. One Mum asked if her son's leg would be fine. It was hard to say he would always be struggling due to brain damage so tried to explain gently. She came back for two more chats, desperate to understand the situation.

Another day at the school gave us the chance to talk about logistics and the future development of a family accommodation block for rural parents to come for extended training. The parents are enthusiastic to learn and the school grounds could accommodate six small 'one-room' homes with a central cooking shelter. There could also be two dormitory blocks for training camps.

We knew it would be busy with little time to record notes but we were able to use gaiters and issue some shoes with an ankle splint for one little girl. Two older girls had night resting paddle splints for hemi hands and we started to look for longer full length callipers for a little girl with potential to stand. We emphasised that these were not to be left on for long periods and that the skin would need to be checked for rubs.

There are new volunteers to train, so Henry helps me as I use a PowerPoint presentation to talk over moving and handling. Older children may be getting too heavy to lift from the floor.

In conclusion, we would want to convey our grateful thanks for all the help and support MMN has given in providing equipment and financial help to assist the children and families of WWN. It was a very encouraging visit and with many new volunteers and an expanding project, any visiting experts would be gratefully received, especially occupational therapists, physiotherapists, speech and language therapists, orthotists, nurse specialists, and even a webpage designer.



New Foundations continues to serve the poorest in the marginalised communities of the politically volatile Niger Delta. Since the kidnap of three trustees and the murder of Ian Squire, a partner and friend of the mission in 2017, the mission has been increasingly led by the Nigerian team of three Nigerian trustees and the core of fifteen community health workers. How apposite are the words of Solomon in Ecclesiastes; 'for everything there is a season, and a time for every purpose under heaven'.

Missionary activities are the work of the Lord and it is by grace and in His strength that we are called to labour in whatever capacity He calls us. Woe betide the man or woman who takes ownership of the work, or seeks to be validated by some misplaced heroism. For us, we have known the work was to be handed over, and the Lord stepped us

back maybe two years earlier than we expected, and in His purpose, chose to take Ian home. After sixteen years there is an encouraging maturity in the team and it is right that they now step forward for the day to day running of the programs.

Following Ian's death there has been revival, the seed fell to the ground and fruit has been the result. Beside the ongoing clinical work across our two remote clinics in the flooded terrain of the delta jungle we now hold discipleship days every fortnight. Up to eight boat loads of new converts, some 150-200 people eager to hear the Gospel come to be taught sound biblical truth.

Recently, twenty young men who were enmeshed in drugs and drinking, came to ask of the person of Jesus and so a satellite fellowship was started in a neighbouring community, and with nowhere to sit new chairs were purchased.





Within the team there is a new seriousness and sense of purpose in the work. The security in the region is fragile and oil theft and illegal distilleries in the jungle are a major challenge to the team. Much of the work involves treating burns, cases which should be handled by specialist centres, but there are no burns units in the State. By God's grace we see amazing healings.

Compassion and patience saw a complete healing in three men, two of whom came to Christ and now join the discipleship days, still amazed how God had been so merciful to them. The team continue to tell of God's mercy to all who come through the doors, delivering evidenced based healthcare with the love of Christ.

Gang activity is still endemic in the area and the communities in which we work provide security for the workers overnight. Nevertheless, we were able to go back twice in 2019 to have time with the team and are extremely grateful to Medical Missionary News for facilitating the entire team coming to meet us for a week of fellowship, prayer, study and training in September last year. Though we had to meet outside the Delta we were able to seek the Lord together and



to once more lay the mission down. It is so easy as humans to run ahead with ideas of man and our own thinking, and we know from the Word that there are ways that seem right to men but in them lies the way of death! Because of this we always spend much of our time together seeking the Lord to learn what He would have us do, so that, in all we undertake and discuss, we are looking for God's direction.

Alanna Carson, who was held hostage with us for three weeks, has now joined the mission as a trustee. A trained Optometrist, she came back with us to Nigeria to invest in the eye team who Ian Squire had initially trained, to continue his legacy.

Glaucoma and refractive errors are a serious problem in sub Saharan Africa, and we have been able to purchase a tonometer to screen for glaucoma, which is second only to cataract as the main cause of blindness, and yet amenable to treatment if caught early.

We continue to provide prescription glasses; a unique service in such a rural area. And yet, without a simple pair of glasses, threading a needle or the ability to mend a fishing net by kerosene lamp can spell economic ruin.

The burden of cataract remains high and the security of the region is unattractive for many surgeons to visit. We are looking to send those blind with bilateral cataracts to more regional centres for treatment where possible. To see a patient's sight restored is a marvellous thing, as the young girl photographed left evidences from our last cataract camp; the mask like expression gives way to such an engaging and communicative smile.

The team see up to 300 patients each month, the majority being children and mothers. Over the past ten years the majority of babies are now born at the clinic, and with good antenatal care, problem births can be anticipated by use of our ultrasound machine and a good understanding of the mother's health and obstetric history. For those requiring surgical deliveries we can transport in time for elective surgery at a government hospital two hours away.

This year we have sectioned part of our little inpatient ward to provide a basic but more dedicated delivery suite with bedroom and bathroom facility; basic, but serviceable.

In all we do, we strive to do it unto the Lord. In all we do, we do in unity and in the desire to demonstrate God's abundant love through compassionate evidenced healthcare, that all may come to the saving knowledge of the Lord Jesus Christ. This aim underpins the entire mission.

There are many patients who come to the clinic with terrible problems and presentations, such as children, horrifically burnt and in severe distress. The team work tirelessly to save lives and prevent complications from life changing injuries. In the midst of such trial, with the love of Christ and attention to all the complex medical needs of the patient, hope can be restored, and even, by God's grace, a smile.





## The testimony of Moses Chiluba



Let me share a bit about the ministry I am involved in. I trained at Gospel Literature Outreach ( GLO ) in Ndola, Zambia and the Proclamation Institute Zambia ( PIZ ) in Kitwe in 2017. The expository preaching training I learned helped me to teach the Bible at church in Kazungula, Southern Province of Zambia (photo above) .

The training also helped me to train others in preaching. Not everyone can afford to go to Bible college so I was able to organise a seminar in Livingstone where 100 preachers from different churches came. With the little knowledge I have and with God's help, I taught them some principles of Biblical preaching.

Since I left PIZ I have been involved in a church planting work. The picture below shows a church service in the open air as we have no building for this church plant in Mwandi, Western Province.



I have now started some leadership training in Mwandi. Two leaders have emerged and I am training them in leadership matters. These are Liwikala Sooka and Iwonder Mwikisa (photo above).

One day, as I was evangelising, I met Inambao who is thirty-six years old. He was born without legs and was housebound as he had no close relatives in the village to help him go out. He lives alone but occasionally received help from well-wishers in the village. I preached the Gospel to Inambao (photo below) and he received Christ as his personal Saviour.

The receipt of a wheelchair donated by Medical Missionary News has made Inambao more mobile and very happy. He is always praising the donors of the wheelchair because the chair has helped him have a much better quality of life.

Thank you.





## From the Director

*Grev Parmenter*

**T**hank you very much for your prayers over the last few months, as we have been working through some of the details of how things will operate when we are no longer based in Wickford.

We have identified a warehouse in Swindon that fits our requirements for which we are very thankful. It is now going through the legal process to agree the lease and as soon as that has been completed we will share the contact details. We trust that we will be able to move in during May.

The other area where we have been busy is in recruiting new staff to take things forward. It is exciting to see the way God has been working to bring the people with the right skills and experience to us at the right time. Our new Administrator, Margaret Pearce, will be working with me in the warehouse in Swindon and will be the main point of contact for those of you who bring goods to be shipped out in the containers. Hannah Pearce will be responsible for all our communications going forward, including the next issue of the magazine. She will be working from her home in Bath. We will give you a little insight into who Margaret and Hannah are next time.

I know he will not want me to mention it but this is the last magazine Tony Cox will edit. We have enjoyed reading about the work God is doing through medical outreach in many parts of the world and want to thank Tony for all of his skill and hard work in making the reports and stories come alive. Thanks too to Keith and Judy Watts, Roger Sheldon and Malcolm Pickard, who have helped make it happen – a real team effort!

## MEDICAL MISSIONARY NEWS

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### *Please note:*

In consideration of the closure of the Wickford premises on 31st May 2020, and the transition to the new office and warehouse premises in Swindon, please do not send or deliver any further goods to Wickford.

Between now and the end of May the staff at Wickford will be loading and sending the last containers, and clearing the office and warehouse in preparation for leaving.

Once the contact and office opening hour details have been publicised for the new MMN premises then deliveries can be received there in the usual way.

In the meantime, and until further notice, all correspondence can continue to be sent to:

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## STAMP AND COIN COLLECTIONS

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