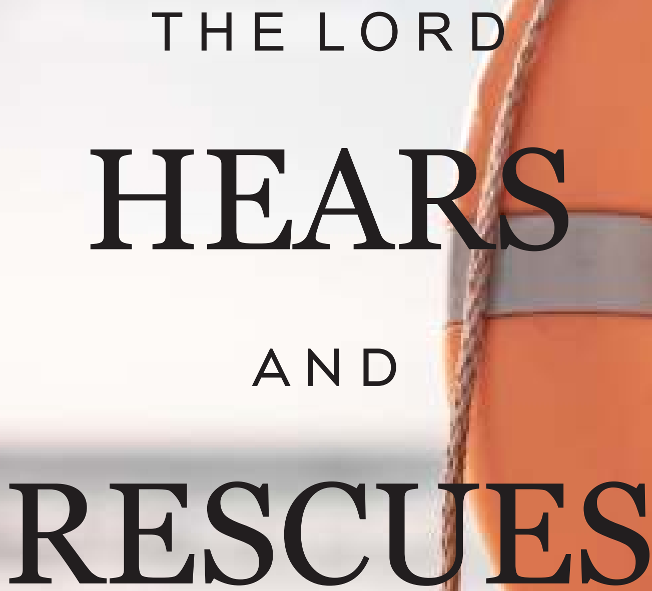


THE LORD HEARS AND RESCUES

MEDICAL MISSIONARY NEWS

Supporting Christian Mission through Healthcare

2021
Issue 2

PAIN WITHOUT SUFFERING

"Unless you're just visiting from another planet, you must surely be aware of the glaring fact that..."

When wanting to emphasise the importance of a particular issue, a good friend would routinely use the above rather melodramatic introduction before launching into an animated discussion on some 'burning issue' that had provoked him. I think my friend would certainly employ the same approach when drawing the reader's attention to the appalling brokenness of our world today. Disasters and atrocities, natural and man-made, abound on every side. Wars and genocide, violence and conflict, drought and floods, tornadoes and typhoons, earthquakes and tsunamis, locusts and coronavirus ravage the land leading to unimaginable hardship, pain and suffering and ultimately to countless reports of despair, distress and death from all corners of our blighted world. It certainly all begs the question 'Where is God in all this?' or 'Why does evil seem to prosper?'

I do get some comfort from the knowledge I'm not alone in this matter as the same heart-rending questions were asked by many of the great prophets and writers of Scripture (Jeremiah, Job, Habakkuk, Elijah, the psalmists) who found the apparent triumph of evil more than they could handle. Even Christ Himself cried out in anguish from the cross: *"My God, My God, why...?"* I do not propose to explore this vexed issue any further but would prefer to direct the reader's attention to a number of well qualified and capable authors and theologians who have tackled the whole issue of 'Good and Evil' with an admirable degree of insight, humility, honesty and candour. I would thoroughly commend DA Carson (*How long, O Lord?*), Philip Yancy (*Where is God when it hurts?*), DM Lloyd-Jones (*Why does God allow war?*) among other titles. All excellent reads!

The general tenor of Scripture is to suggest there will always be evil in the world until the 'End of Time'. The Lord said as much when speaking to his disciples (John 16:33). The same Scriptures nevertheless go on to proclaim the necessity for God's people, and His Church in particular, to confront, challenge and rectify the outworking of this evil in the world. It's a never-ending battle. Time and time again, in parables, in direct commands, in directives to the disciples and instructions from the apostles (in their letters/epistles), the bidding is the same: to do good at every opportunity and not to become discouraged (Gal. 6:8-10, 2 Cor. 4:1, James 1:27, Micah 6:8).

In a recent article I encountered about the 'Hospice Movement' the concept of 'total pain' was being discussed. It suggested that pain consisted of four elements: physical, mental, social and spiritual. It then went on to make the bold and (initially) shocking claim that pain was inevitable but suffering was optional! What? Really? I had to read the next few paragraphs a few times before I fully grasped the truth and significance of that bold pronouncement. Pain is the initial negative 'stimulus' or 'provocation' and is invariably horrible, nasty and bitter. But, our response to that initial pain determines the degree of suffering that follows. The concept was becoming clearer as I read on. From the Church's viewpoint all suffering, whether personal or general, can and should be addressed, modified and eased. Pain might be impossible to abolish but suffering can be managed. To do so is to follow the command of Scripture, and organisations like MMN are just one of those many channels that can deliver on that commission to "do good to all especially those of the household of faith" (Gal. 6:10).

Given the enormity of the wickedness that exists and seems to thrive it would be easy to falter in our own theological understanding of events, or waver in our spiritual commitment to our calling. However, we must not be shaken but remind ourselves first and foremost of basic scriptural truths and re-establish our bearings. Let us not forget that the Lord directs the course of nations and holds the world in His hands. His is the ultimate victory and His divine purpose will be fulfilled.

At a personal level let us depend on His divine Providence and the assurance that our heavenly Father knows best. Let us keep everything in perspective, keep our priorities right: life is fragile and transient, like the flowers and grass of the field (Matt. 6:30).

So let us live circumspectively, gently, mindfully, and renew our faith and commitment to the Lord given the uncertainty of the times. Such sentiments were beautifully summarised in a recent devotional article I read: *"live a life of desire towards the Lord, a life of delight in the Lord, a life of dependence on the Lord and a life of devotedness to the Lord."* And finally, we must maintain a compassionate and generous outlook, strive to help those who suffer and make every effort to alleviate that suffering. It's a privilege to be able to do so through the good offices of such mission-minded organisations like MMN. Many readers will recognise the name Graham Kendrick, a modern, prolific hymn-writer. One of his best hymns ('Beauty for Brokenness', my favourite; listen to it in its entirety some time if you can) has the following lines:

This is our prayer:
Bread for the children,
Justice, joy, peace,
Sunrise to sunset,
Your kingdom increase.
Shelter for fragile lives,
Cure for their ills,
Work for their craftsmen,
Trade for their skills.
Come, change our love from a spark to a flame.

Maybe that hymn should be the prayer-anthem for all those striving to help in a broken world. I would like to draw my few thoughts together in the words of an ancient benediction which summarises beautifully the necessary resolve of all believers as they face the challenges of today's broken world. Go forth into the world in peace; be of good courage; hold fast that which is good; render to no one evil for evil; strengthen the faint-hearted; support the weak; help the afflicted; honour all people; love and serve the Lord, rejoicing in the power of the Holy Spirit. And may the blessing of God Almighty, the Father, Son and the Holy Spirit be upon us and remain with us for ever. Amen

Editorial by
Dr Ray Allen,
MB FRCA,
MMN Trustee

Support IN TROUBLED TIMES

DR SYLVIA GLENN MBBCH BAO MRCGP
ABC HEALTH FOUNDATION

Albania is a small country located in South-eastern Europe with a population of approximately three million. It has a universal health care system which is based on both mandatory and voluntary contributions, supplemented by funding from the State budget.

Healthcare in Albania declined steeply after the collapse of communism, 30 years ago, but a process of modernization has been taking place slowly since 2000. However, in the last 15 years the private sector has been at the forefront of development and is now competing with the State for services, though for the average Albanian the fees are expensive.

PALLIATIVE CARE

Palliative Care in Albania is a relatively new specialty which commenced in 1993. It was introduced in Korça, by The Little Company of Mary, UK, a Roman Catholic religious institute of women dedicated to caring for the suffering, the sick and the dying and who continue to be the main donors of palliative care for the south-eastern part of the country. Around the same time palliative care was

also introduced in Tirana with support from the British Charity Sue Ryder, providing home care services and in 1996 this role was extended to incorporate Durres as well. Following these initiatives, the State also opened a palliative home care service in Tirana in the mid-90's, along with small palliative units in local hospitals which function to a varying degree, and in 2001 The National Palliative Care Association was formed. Despite these structures and organisations being in place, many still face a disproportionate lack of access to palliative care and to pain-relieving medicines such as morphine. There is a general lack of social support for patients and their families, a lack of trained health professionals in this field and many taboos to be overcome.

Our involvement with palliative care in Albania commenced when Hospices of Hope, UK, visited in early 2019 and asked us to consider opening an out-patient centre for palliative patients. We had already discussed as a team for several years the desire to train further in this specialty and add palliative services at the health centre so we were only too happy to collaborate. Having undertaken the Princess Alice European Certificate in Palliative Care in 2016, I agreed to take the lead on establishing this service at ABC. As this service was being established, MMN very generously provided us with a grant to cover additional items needed to maximise our ability to serve this particular group of patients and to advertise the service.

Initially we commenced with the management of lymphoedema, liaising with the local oncology hospital. Gradually other services were added such as wound care, administration of injections and infusions, psychological support for patients and their families, and most recently a home care service. Although the majority of our patients have a cancer related illness, we are seeing an increasing number of patients being cared for with other end of life needs such as dementia, stroke, heart failure and other complex medical issues.

SHARING HOPE

When possible, we take opportunities to celebrate important events with our patients, such as Christmas, birthdays, retirement, completion of chemotherapy, as well as organising activities on international awareness days. All

PALLIATIVE NURSES, IRENA & MARJANA

Rejoice with those who rejoice, and weep with those who weep...

of these occasions provide us with a unique opportunity to once again share *'the reason of hope'* that is in us (1 Pet. 3:15) and to *'rejoice with those who rejoice, and weep with those who weep'* (Rom. 12:15). Albanians, in general, love to have a reason to celebrate and the bond many of these dear ones have with our staff, especially the palliative nurses, is incredible.

As the two-year project with Hospices of Hope ended in May our desire is to continue to offer this holistic service to the needy in Tirana. We have seen many blessed and we have been able to witness openly to all who have attended. For many, the centre has been a place of refuge and emotional support as 'cancer' is still a taboo and many families want to protect their loved ones by not acknowledging or mentioning their diagnosis, thereby suppressing many unanswered questions and relevant conversations. However, being a small facility and having worked most of the time during a world-wide pandemic we have been privileged to spend quality time with our patients, who have mostly attended alone, and openly discussed their many worries and concerns. As we plan ahead, we look to the Lord for the necessary resources to continue and expand this vital ministry and in so doing that many will be won for Christ.

PATIENT USING LYMPHOEDEMA PUMP

COMBINED FORCES

TED LANKESTER, ARUNKAH NETWORK

I worked as a medical missionary for many years in the north Indian Himalayas. I was called by God when I was working as a GP in Twickenham. Off we went, my wife Joy and our three children aged one to six. We worked in close partnership with a variety of local communities, hospitals and other health projects. But the area we had been called to consisted of about 100 remote villages, some a couple of hours from the nearest dirt road. For surgery they could go to a hospital in the town where we lived, but most villagers if they became ill, either got better on their own, saw a local healer or died. What on earth could we do?

The first thing we did was to visit and to listen to villagers; to find out what the needs were and what the communities wanted. There were two main requests. First they wanted a clinic or health post which they could reach within an hour or two's walk. It needed to be affordable, reliable and friendly. The second was to train health workers from each village, which they themselves would choose. These village health workers (VHWs) taught prevention, but they also had medicine kits so

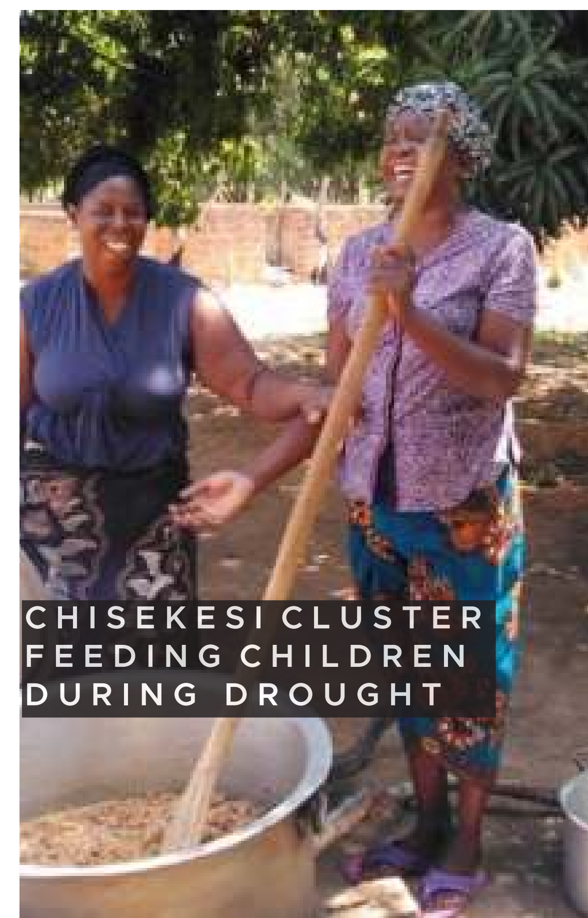
they could save lives, especially of children with diseases like malaria and pneumonia. Equally important they would teach each family how to use local foods to give their children a nutritional and healthy diet. Within just a couple of years the number of children with severe malnutrition in one group of villages fell from 30% of all under-fives, to just two cases.

I came to realise that the combination of village health workers, hospitals and clinics was a fantastic trio and just what the World Health Organisation promotes under the name of primary health care. Prevention, cure and care working side by side. Because our team was compassionate and started each lesson with the Hindu VHWs with a short prayer, they started to ask us about our faith. After a lesson one of them said: "Your God answers prayer. Please will you pray that the goats don't run away every night, it means we get exhausted, and our children can't go to school because they have to round up the goats" Next week we asked what had happened with the goats. "Oh, none of the goats ran away for the whole week. Your God answers prayer." She became the first person to believe in Jesus in that community. Since coming back to the UK from India I have been involved in various health projects. The first was helping to start and lead InterHealth which for 27 years cared for missionaries and aid workers, serving 500 organisations. We saw many from the brethren community, and Dr Ian Burness was one of our associated doctors. This has now been succeeded by Thrive Worldwide which I helped to co-found in 2017 and for which I still work as a doctor.

In 2005, in InterHealth, the seed of what is now known as Arukah Network started to germinate. I had a busy day seeing aid workers and missionaries from various parts of the world, in particular from one area in Zambia. I remember seeing three different people all working in the same district of Zambia. I asked each of them if they happened to know about the organisations of others I had been seeing that morning. "No, I don't think I've ever heard of that group". And yet, they were doing similar things in similar areas. Time after time I experienced this same frustration- so many groups, Christian and secular, who did not appear to be working together for the common good. Often in fact they seemed to be competing.

At about the same time I revisited the area in India where I had been working. I was very thrilled to see that many new programmes had started and indeed were thriving from the seeds that we had been sowing a number of years before!

These various observations showed me something must be done. First I needed confirmation from God, and also someone else who shared this vision so we could work together. By God's divine providence, I was brought into contact with someone who shared the same vision, Dr Nick Henwood. Within two weeks Nick and I got together and started our charity. We called it Community Health Global Network (CHGN) and this was where Nathan Grills came in as another member of the team. He and I kicked off the launch of our first "Cluster" of Christian programmes in north India. We invited 15 different organisations and all 15 turned up. Now, many years later, 50 different programmes work together in that same Cluster. If that works in the Indian Himalayas why not in other countries? A few years later we were joined in CHGN by Elizabeth Wainwright who had contacts in Zambia. So she visited to help give birth to our first Cluster there, which has now rippled out making three Zambian Clusters in all. It's been a gradual but solid journey. We decided to change the name and make it simpler. Jake Lloyd who has recently joined us from the BBC, said why not look for a biblical word which describes what we do. And we came up with the Hebrew Word "Arukah",


CHISEKESI CLUSTER FEEDING CHILDREN DURING DROUGHT

which means working together in spiritual cooperation. It's the word used by Nehemiah when he was rebuilding the walls of Jerusalem.

The COVID-19 epidemic has amplified the impact of Clusters to a huge extent. As few outsiders are able to visit, more and more communities are realising that they can do so much themselves. There is an expression *"health of the people, for the people, by the people"*. This is increasingly happening, and it works beautifully alongside the support that external donors, local hospitals and clinics are able to provide.

So in Arukah Network, this is the model we have adopted and which we find is working so well. It's incredible to hear the stories of what communities are able to do, meaning fewer people have to go to hospital and more village health workers can be trained. The hospitals then have more time and resources to cope with the really serious cases because others have been prevented or cured in the community.

The Uttarakhand Cluster was involved with disaster relief from severe storms and flooding in areas where no government workers were able to reach. In that Cluster, the Hindu BJP state government originally made life difficult for Christian organisations. But now that many programmes work together as a registered Cluster, the government is more willing to encourage our work. They have even asked the Cluster to help carry out community health programmes and train government health officers. One Cluster in Zambia organised a feeding programme during the recent period of drought and was able to bring in outside supplies to feed hundreds of malnourished children. In Rwanda, Covid has seriously affected remote village areas and the Cluster has been identifying and visiting the most vulnerable to bring support and supplies where households have not been able to manage. In Kenya our Cluster has been working to bring different tribal groups together. During the early lockdown, when police were working long hours and sometimes being abusive, some Cluster members actually cooked and provided food for them while they were working. During COVID-19, all programmes have been working in a variety of ways to visit families with food and supplies, support children and help migrants who have no homes. Perhaps, most crucially, to encourage people to have vaccines and to try and speak Truth and overcome the lies and conspiracy theories, which are further fuelling the pandemic.

FUTURE GROWTH

As the Cluster model is proving so successful we are longing to extend our work, strengthen each Cluster and help new Clusters to ripple out: both in the countries where we are working and soon in other countries. We work in five countries at present and have nine Clusters. Some are quite small bringing together six to 12 different organisations and influential leaders. Each Cluster not only brings strength for each programme member, but also has an impact beyond the immediate area. Our largest Cluster serves about 50 member organisations and here the impact would be many thousand. The Cluster in Uttarakhand, North India, is having a widespread impact in a variety of ways. One priority this year is to measure more carefully what each Cluster is doing and the impact they are having.

Please pray for strength and encouragement for Cluster leaders and members in the really desperate situations many are experiencing because of COVID-19, for Clusters to become increasingly strong and effective, and for more to be formed.

www.arukahnetwork.org

COMMS TRAINING
SIERRA LEONE

AS SURE AS THE *sunrise*

Sunrise was estabilshed in 2001 to serve Cambodians in Kampong Cham province who were dying of HIV/AIDS. It became clear that HIV inmates in the local prison, often infected with TB also, were spreading it in the local prison. So Sunrise became involved in the care of this part of the prison population. Later the government asked that we be involved with basic medical care in the prison.

Currently, we supply medication for the daily medical clinic in the prison to prevent underpaid officials working in the prison from selling medication to the prisoners. Normally the medical clinic works four mornings a week nearly all year round. Sunrise sends one staff person with the medication daily to monitor its usage. Sunrise does not participate in the clinic when the staff have vacation, training, or personal leave, and the clinic does not operate at all during the big annual holidays of Khmer New Year (April) or Pchum Bun (September or October) when the prison staff also try to take their vacation.

Following the outbreak of COVID-19, the past year has been more unusual worldwide, but the Prison Medical component has continued to operate fairly normally all year. We were not able to enter the prison from late March 2020 until early May due to coronavirus fears, but otherwise the clinic operated normally with appropriate precautions.

The services Sunrise provides are especially important to prevent the spread of common diseases such as skin infections, boils, and respiratory infections in the overcrowded conditions of the prison cells, which each hold about 30 people per room sleeping on simple mats on the floor. The rooms are so overcrowded that they are attempting to build lofts in them for extra sleeping space.

So far, during the past year, the prison staff reported that they had to take less inmates to the hospital for serious conditions because of our work. Also, treating symptoms such as itching, coughing and sneezing helps everyone in the prison cell, and the prison guards get better sleep at night, promoting overall health.

Another result of the prison medical programme is financial relief for the prisoner's family members. Prison support per inmate is fairly low, and prisoners must ask their family for support to purchase extra food or medication. Providing these funds is difficult for rural families that have already lost the inmate as a wage-earner. As Sunrise provides medication to the inmates for free, the burden on their families in the village is reduced.

Sunrise also teaches a relationship skills course to prisoners that is biblically based. While the medical clinic gives glory to the name of Jesus for caring about the health of the inmates, it is difficult, if not impossible, to speak about Jesus as the prisoners are hurried through the clinic by the prison staff. However, every prisoner knows who is providing the medication. Then, when prisoners are selected to participate in the Peace Builders course, they can learn in depth about the character of God and His actions on behalf of each guilty person. These two programmes work well together to provide a wholistic witness in the prison.

CHALLENGES

In 2014, the province of Kampong Cham was split to form two provinces: Kampong Cham and Tbong Khmum. The Sunrise office in

the provincial capital of Kampong Cham was not far from the prison, which is now in Tbong Khmum province, across the bridge over the Mekong River. Sunrise continued working at this prison under special arrangements with the local government, even though our agreement with the Ministry of Social Affairs gave us permission to work in Kampong Cham.

In April 2021, the new prison for Kampong Cham province will be completed, and nearly half the inmates and staff will move. Sunrise has the option of working at both prisons or only one. Due to budgetary restraints we must choose only one, and due to onerous reporting requirements should we work in two provinces, we have chosen to work only at the new Kampong Cham prison to reduce our admin load.

UNPACKING MEDICINES

This prison has great brand new buildings and nothing else. The prison staff have requested a list of furnishings for the medical clinic. Sunrise is seeking donations locally to meet this need, as well as increasing our prison medical budget to provide these items. Sunrise staff are concerned about driving the greater distance daily as the new prison is nearly twice as far as the old one; however, they are willing to give it a try. We are glad for the chance to influence the new prison medical clinic from its inception.

There had been very little community spread of COVID-19 in Cambodia. However, in February some visitors brought in one of the variants and now we are seeing spread, although not yet in Kampong Cham province. It remains to be seen if COVID will enter the prison or how it will affect our work there. We are all hoping that the upcoming hot season as well as government efforts at contact tracing will stop the current spread. Vaccines are new to Cambodia, but it is possible that the government will make them availble to charity workers such as Sunrise staff soon. Thank you for praying.

Love FOR THE UNLOVED

NEPAL LEPROSY TRUST

Photo: R. Thomas ©NLT

Leprosy is a disease of poverty, associated with overcrowding, poor diet, child malnutrition, poor sanitation and housing, and lack of clean water. It is transmitted by a bacterium, and there is no vaccine. Until the root cause of poverty is addressed, leprosy will never disappear and so it remains endemic in Nepal.

Nepal Leprosy Trust (NLT) has been working with people affected by leprosy for nearly 50 years. Since leprosy often leads to impairment and disability, which lead to exclusion in Nepal, it causes psychological, social, economic and practical problems. Therefore, we provide not only diagnosis and medical help, but other interventions too - in the community as well as at the Lalgadh Leprosy Hospital & Service Centre (LLHSC).

Many lessons have been learned since the Centre opened in the 1990's: two main ones being the need to eliminate stigma in the villages, and to improve the lives of those affected by leprosy by giving them purpose and hope. A holistic approach, combining medical services with community health and development has proven to be effective.

The medical work at Lalgadh grew quickly, and many patients with leprosy presented for treatment, often with terrible wounds and ulcers. They told stories of rejection by their families and communities, and our staff gained more understanding of the deeply-rooted social

aspects of this medical condition. Patients would be nursed with compassion and skill, and would then have to return reluctantly to their communities - only to reappear again with more ulcers. This was a combination of preferring to be in a place where they were accepted and cared for, and feeling powerless to care for themselves.

Photo: Dr Graeme Clugston ©NLT

One example of NLT's medical and community work is an elderly couple called Marichman and Radikamaya, whom we have known for some time. Marichman, aged 85, is quite disabled as a result of leprosy. He contracted it some 40 years ago, but did not receive effective treatment for many years. He is blind in his left eye and only partially sighted in his right eye. He has lost his fingers and some toes, and wrist-drop has made his right hand almost useless. Radikamaya is stiff with arthritis and, because of an eye infection, has been unable to open her left eye for the past two months.

The Community staff at Lalgadh Hospital heard about this couple again, and delivered some essential pandemic supplies to them and others (rice, lentils, oil, soap and masks). However, after this visit, someone entered their monsoon-damaged house through a hole in the back wall and stole the food.

So a medical team brought both of them to Lalgadh Hospital. They were given a good meal and a full medical check-up, including x-rays and blood tests. Our ophthalmic officer examined Radikamaya's infected left eye. After cleaning and treatment, her eyesight is now restored; and they are both doing much better. Staff gave them medicines and a change of clothes, before taking them back home.

Photo: V. McEvoy ©NLT

To break this cycle of readmission, LLHSC clustered patients who lived near each other into 'self-care groups' and advocated with their villages for space and freedom to function. These groups helped foster camaraderie and a fellowship of shared suffering in the face of difficulty; but, more importantly, the group members encouraged and inspired each other to care for themselves and prevent ulcers re-occurring. This proved a landmark in the development of community health work at Lalgadh; and now, some 20 years later, nearly 150 groups have been established.

The groups have since been on a journey from their self-care roots, through self-help initiatives such as savings clubs and income generating projects to improve their own situation, to looking outward at the opportunities to help others. They began to include other people marginalised by conditions such as disability, extreme poverty, or abandoned mothers with children. They then added a focus on community transformation through health education, literacy classes, sanitation improvements, village clean-ups and clean water provision.

With increasing confidence, having overcome their own stigma and finding the process of helping others rewarding, the groups reached out to other marginalised communities, especially Dalit villages. They wanted to share their experience of working against poverty and began in Dhatora village, an extremely poor community by a river that regularly flooded and washed the little that they had away each time. The community had no access to health services or education, lived in appalling and insanitary conditions, and had little except alcohol and gambling to pass the time. The community was dominated by hopelessness;

but by building on the platforms of commitment, self-help concepts taught by the group, significant health improvements and a new sense of shared community, the situation changed dramatically.

VILLAGE ALIVE

Dhatora became a model for transformation in communities suffering from extreme poverty and gave birth to the Village Alive Programme (VAP). VAP is a wonderful community development initiative, led locally by leprosy-affected men and women with support from a small team of health professionals and social workers from LLHSC. Each VAP project is based in one village, and seeks to give the very poorest 'untouchable' communities an opportunity to get a foot on the ladder that will ultimately take them out of poverty and stigma. It is holistic in nature and combines child and maternal health, clean water and sanitation, health and literacy education, and income generation. It involves the formation of men's and women's self-help groups which seek out and include any community members with physical disabilities who wish to join. They meet regularly in a central community venue, and focus on all the matters of interest to the group, with LLHSC staff attending periodically.

NLT has worked with 14 villages so far: nine have completed their three-year project cycle, and five are in their final year. At the start of a project, a village is supported by NLT staff to engage in a process of identifying some key problems that the village would like to address. These always focus around health, education and employment opportunities, health being a foundational area that supports the others. The answers to these needs have been addressed through the installation of clean water, the building of individual toilets by the villagers, and the training of a health volunteer to support mother and child healthcare. Discussion in the men's, women's and young adolescents' groups ranges across immunisation, improving access to local healthcare services, hygiene, healthy menstrual practices, safe childbirth, advocacy for improvements in local services, education, and much more. The sense of working together brings more joy and purpose to life, and an increased sense of shared responsibility and community. It takes time, of course, which is why the project cycle is three years.

Thirty years ago it was hard or even impossible to find a believer in Jesus in this part of the world; and now churches are springing up "like mushrooms". This is through the service of Nepali men and women who love Jesus and demonstrate His life, through loving the 'untouchable' ones, and healing the sick and broken-hearted in Jesus' name.

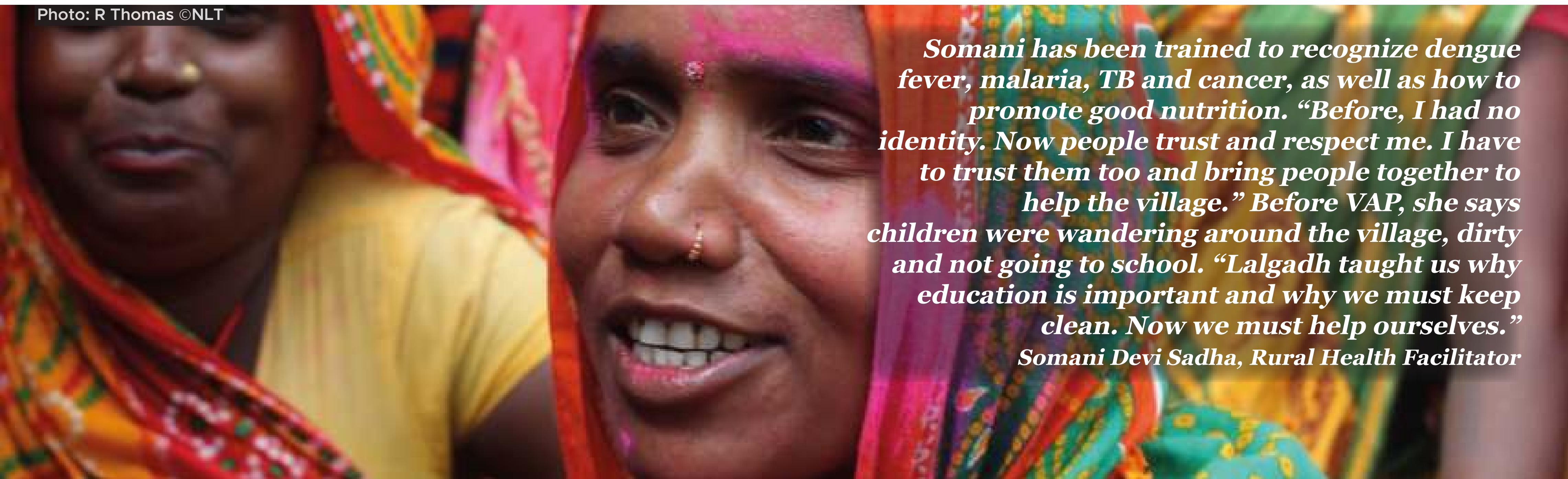


Photo: R Thomas ©NLT

Somani has been trained to recognize dengue fever, malaria, TB and cancer, as well as how to promote good nutrition. "Before, I had no identity. Now people trust and respect me. I have to trust them too and bring people together to help the village." Before VAP, she says children were wandering around the village, dirty and not going to school. "Lalgadh taught us why education is important and why we must keep clean. Now we must help ourselves."

Somani Devi Sadha, Rural Health Facilitator

CHRISTIAN FAITH MINISTRIES (CFM)

PROJECT FOCUS

What do you do?

CFM operates near Jos, a region suffering from two decades of ongoing violent conflict and terrorism. CFM provides support from biblical training to quality education, from crisis care for children who have been victims of violence to farming to create relationships between Christians and Muslims. CFM works as a bridge for creating peace in this hostile country and acts as a safe haven for so many. They equip believers in evangelism and offers support networks for new Christians. CF Hospital serves vulnerable Wurin Alheri residents, staff, and Muslim and Christian neighbours with low cost or free quality medical care.

How do you do it?

CFM's amazing team serve selflessly and tirelessly. Key team leaders trained earlier during Kent & Ruth's 35 years in Nigeria, have a passion to see the practical outworking of the Gospel of Peace restored and rebuild this nation, using every tool at their disposal to share the gospel in word and deed. Overseas donors help support the work through CFMI.

CFI, the Bible college is the foundation tool: training leaders with Christ-centred lives. CF Hospital director, Dr Mark Steve Alechenu, was first trained in the Bible school on a scholarship and later went on to study Medicine. He holds fast to the healing love of Christ in helping those who the world disregards. Selfless love demonstrated by the team brings change: transforming lives and building hope in those who face despair.

What impact have you had?

In the last major local outbreak of violence in 2018, youth of Muslim communities around Wurin Alheri refused to take up weapons. These villages have been the epicentre of local violence during brutal Boko Haram terrorism and two decades of deadly farmer and community retaliatory conflict. Acts of kindness in training for free marginalised local youth, providing low cost or free medical care, paying school fees for children of widows, helping with food and restoration of livelihoods to desperate families, have bought a new respect for and openness to the gospel. Hearts clamped fast against the gospel message are melting. Muslims now defend our rights to preach the gospel and shelter persecuted Muslim converts.

What are some of your biggest challenges?

Meeting the ongoing running costs is a major challenge. Communities devastated by conflict, without government provision of medical care, education, with no public provision for the destitute, desperately need help. Security is a big challenge in a country of such conflict. Completing and equipping the large two-storey building of the hospital, including full diagnostic lab, x-ray facilities and surgical suite, hepatitis and HIV services. A major future challenge is to bring CFM to self-sustainability. This requires investment in quality physical and human resources now, which can eventually produce income to sustain the gospel witness.

How can we be praying?

Please pray for God's wisdom for CFM leaders in handling the many complex and diverse challenges that come with working in a conflict zone. Please pray that God will continue to supply all CFM's needs to help local communities and model the change the gospel of Jesus Christ brings.

MMN PRAYER EVENING

WED 7 JULY

Join us for an evening to hear from our partners around the world.

Dr Sylvia Glenn – ABC Foundation, Albania

Susan Smith, Sunrise Cambodia

Last month we started a new monthly newsletter that we are sending out by email. The purpose is to keep you more up-to-date with what is happening through the ministry that fills in the gaps between the partner updates that are showcased in the magazine. The first issue focussed on the containers that were recently sent and included a report on what happened during 2020. If you want to receive the newsletter please sign up on our website (mmn.uk.com/prayer). If you do not have access to a computer and want to get the newsletter or container report then please get in touch.

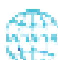
On Wednesday 7th July at 7:30pm, we have our second online prayer gathering where we will hear from a couple of our partners that have written articles in this issue of the magazine. We are delighted that we will be joined by Susan Smith from Sunrise in Cambodia, a project supported by our partner Cambodia Action, and Dr Sylvia Glenn from ABC Foundation in Albania. After hearing a little more about their ministries we will have opportunity to break out into smaller groups to pray for them. We would love you to join us for an hour and you can either sign up using the QR code above or by searching mmn.uk.com/prayer-evening.

Grev Parmenter, MMN Director

/medicalmissionarynews

/Missionary_News

/mmn.uk


info@mmn.uk.com
www.mmn.uk.com

01793 538200

Unit 16, Star West,
Westmead Drive,
Swindon, SN5 7SW