



**MEDICAL
MISSIONARY
NEWS**

2021
Issue 3

Making Jesus Christ known through healthcare

HEALING

AND

RESTORATION

HEALED IN HIS NAME



In the UK we are extraordinarily privileged. We have a National Health Service that takes very good care of us when we need it and it does so without us having to worry about paying for the treatment we receive. I know it does not deliver all that many people want: human nature is such that our expectations are almost limitless when we do not have to pay, but when we need help we happily avail of NHS care without worry. But the care is not free. Everything has a cost. The question is ‘Who pays?’

I am reminded of when a good friend of mine visited a tea plantation in India many years ago. The children of all those who worked on the plantation went to a nearby private school with fees paid for by the plantation company. When asked about this, the workers did not say their children’s education was free. Rather they said the fees were paid for them by the company. They understood not that it was free, but that there was a cost that had to be paid and that it was paid on their behalf by the company. Most are not so fortunate.

Healthcare is expensive. In most countries of the world, healthcare must be paid for by the patient or their relatives. My son in the USA has just had to pay over \$3000, despite very good insurance, for his wife’s straightforward, uncomplicated delivery of the birth of their latest child. In some countries families are bankrupted by healthcare costs and in others the debt can result in bonded labour for generations. This presumes that there is healthcare available. For many, there is nothing available or, if it is, the costs make it beyond reach. The result: preventable sickness, chronic illness, disability and death.

Such was the situation for the woman who was in the crowd when Jesus was on his way to the home of Jairus, the synagogue ruler, to lay his hands in healing on his sick daughter. The woman had endured much at the hands of many physicians, and had spent all that she had and was not helped at all, but rather had grown worse (Mark 5:26-34). She was convinced that the mere touch of Jesus’ garments would be curative for her, and so it was. But she was

discovered, and confessed the whole truth to Jesus whereupon he said to her “Daughter, your faith has made you well; go in peace and be healed (in a state of wholeness) from your affliction (scourge: illness implied)” – the meaning of the Greek is much broader than referring to just physical healing.

What has this to do with mission hospitals today? Throughout the current COVID-19 pandemic we have seen on our television screens distressing images of sickness, death, overwhelmed hospitals and staff and distraught relatives. Our hearts are moved and in compassion we give to organisations that strive to help. This seems to many to be a normal, natural response to the distress of other human beings, yet in many countries and cultures this is not necessarily the response. Globally, what we consider normal and natural is actually the outworking of a set of values based on the Christian faith. Such was the case with Florence Nightingale, who introduced nursing care as we know it today, yet in her time it was revolutionary.

This Christian value set seeks, out of compassion, to provide healing for the sick as our Lord Jesus did.

But, if that is the sole intent of our actions we misunderstand the healing that Jesus came to provide, for a Biblical understanding of restoring to health is actually a restoring to wholeness: the body to physical well-being and the soul to spiritual well-being with God. If we seek mere physical well-being in a mission hospital we are merely humanitarian, no different from the many secular organisations. However, if we seek to support those who strive to restore the whole person to well-being: body to health and soul to salvation through Jesus Christ, we seek an eternal and truly good work in God’s eyes. This is work of the mission hospitals you, through MMN, support.

Mark 6:5 gives us a sobering evaluation of physical healing only: “He (Jesus) could do no miracle there except that He laid His hands on a few sick people and healed them”. Surely the greatest miracle in this life is the new birth of man or woman, for as Jesus himself said, “Truly, truly, I say to you, unless one is born again he cannot see the kingdom of God.”

*by Peter Gill
MMN Trustee*





Bethany Hospital is a 200-bedded hospital situated in Thane, on the outskirts of Mumbai city, India. It was established in 1997 with a vision to communicate the love of Christ through quality healthcare, catering especially to sections of the community who would otherwise find these services beyond their means.

In normal times, managing a hospital of this size is never easy. But in March 2020, we were faced with the unprecedented COVID-19 crisis.

Within days, one of our

buildings was set apart as a dedicated COVID-19 centre. Starting with 15 ICU and 45-ward beds, we had to eventually scale up to the building's full capacity of 75 beds.

It has been 16 months since we first opened our hospital to COVID-19 patients. Though our initial steps were taken nervously and reluctantly, we have seen the Lord lead us graciously to manage what is now a full-fledged COVID hospital.

At the peak, our COVID centre had 8 to 10 patients on the ventilator at any given time. By 31st July 2021, we had treated more

than 3,800 COVID-19 suspected and positive cases at our facility. Of them, around 96% recovered completely and were discharged. Mortality rate stands at 3.7%. The number of patients screened for COVID symptoms until 31st July 2021 is over 116,500.

To date, out-patients consulted for COVID symptoms is more than 4,500, COVID patients admitted and treated is more than 3,800, non-COVID patients admitted and treated is more than 12,700 and non-COVID out-patients consulted is more than 98,000.

UNCHARTERED WATERS
The first wave brought in a lot of uncertainty both medically and administratively. With Mumbai and Thane being among the most affected areas, the pressure on the hospital was unrelenting. Municipal authorities kept up the demand for more beds.

To make matters worse, in April of this year, barely a few months after the first wave had abated, we were in the throes of the second wave. The rapidly rising numbers took us by surprise. It stretched us to almost breaking point.

The nationwide demand on oxygen and medical supplies was turning a huge crisis into an even bigger calamity.

At one stage, our fully occupied 75-bed COVID unit had 11 patients on the ventilator on high flow oxygen. It drained our stock so low that we were in danger of running out of oxygen supply within three hours. But the Lord miraculously intervened and averted a tragedy: resulting in no casualties.

The challenges were very real and colossal, but so is the God we trust in. We would have been overwhelmed, had it not been for the many who prayed and interceded for us before the Throne of Grace. To them we are indebted.

BUT FOR THE GRACE OF GOD
Despite what has been a daunting and, at times, depressing situation, we have much to be thankful for to our Lord.

God blessed us with a six-member core management team. Strong in faith, they manned the COVID war room with dedication and commitment. Each day



Many of our health workers...
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gospel...

demanded much from them: decisive decision-making, facing challenges that evolved daily, and a punishing schedule that had some of them spending six months working day and night without a break. They rose to the occasion.

Many of our healthcare workers who know the Lord have been able to communicate the glorious gospel to several who were admitted and even to some who passed on to eternity. We keep praying that the seed sown will bring forth much fruit.

Our healthcare staff have been outstanding in their respective roles. They worked tirelessly to bring relief and comfort to patients. In the course of their efforts, many among them were infected. (The fear and the isolation can be quite debilitating.) But, by God's grace, all recovered and returned to work with absolutely no loss of life.

Administratively, we have been tested to the hilt. With our COVID section operating at full capacity all year round, we were pressed on all sides. The count of patients needing hospitalisation outstripped the number of available beds almost always. The pressure from

authorities to take in more patients, coupled with interferences from politicians and bureaucrats, added to the complexity of the task at hand. It's only by the grace of God that we were not crushed under the weight of such expectations.

To our relief, the non-COVID section of the hospital continues to function alongside. Emergency laparotomies, surgeries and deliveries are regularly scheduled. The radiation therapy department sees about 60 patients a day. Patients also come in for chemotherapy. Everyone is screened as per protocol.

TO GOD BE THE GLORY
To keep the hospital running under such extraordinary circumstances required an above normal fund flow. Bethany was taking a substantial financial hit due to its COVID centre. This is due to several reasons: the significantly higher cost of treating a COVID patient due to barrier nursing and use of PPEs; healthcare staff working shorter shifts and having to be paid more as incentive; and, the policy to treat free of charge our staff and their relatives infected by COVID. But, praise be to God who supplied finances miraculously through unexpected

sources. Failing which, we would have struggled to function as a hospital.

As I write this note, we were felicitated for being the best COVID establishment in the city of Thane by the Governor of the state. We give God the glory, and it has been marvellous in our eyes.

WHAT THE FUTURE HOLDS
At Bethany, we expect to keep the COVID section open for another nine months. By which time, we are hoping and praying that the pandemic would have run its natural course. Our main

challenge at present is dealing with several non-COVID cases. Patients are either reporting late for treatment or are missing their appointed follow-up out of fear. All this has led to a few patients coming in with added problems.

Looking ahead, what lies before us seems overwhelming. But as the saying goes *“only the heart of God is capable of handling the aggregate of human suffering and pain, your heart and my heart is not big enough. God, however, burdens our heart and funnels portions that we can handle of these, so that we could be HIS hands and HIS feet.”*



Chavuma Mission is located six miles south of the Angolan border, in the North West Province of Zambia.

It was officially opened in 1923. On arrival, Mr and Mrs Wallace Logan were horrified to see a number of poles displaying human skulls. The deep spiritual darkness was evidenced by cruel and rampant witchcraft practices. Extreme poverty was everywhere and people mostly wore animal skin clothing. Chavuma Hill, 300 feet above the beautiful Zambezi River, was chosen for health reasons, as a high site away from

mosquito breeding swamps.

Outreaches and opportunities include medical services, literature work, gospel preaching, local Bible teaching, Sunday Schools, youth Bible studies, camp work, visitation, a nursing and midwifery college (opened on the mission in January, 2020), helping the needy and widows, as well as maintenance, etc. The recently revised Luvale New Testament, and soon to be audio version, are also a great tool in spreading the gospel.

In the early days, the missionaries used their basic medical



training to visit villages and give help.

Later, small thatched roof buildings were constructed to accommodate small numbers of patients. After the government hospital was built 52 miles away in Zambezi and had a doctor present, serious patients were transported there. In 1953, an outpatient clinic was built on the mission then a small maternity room was added. In the 1960's, three more buildings were added, including one for maternity. Regular doctor visits from Chitokoloki Mission were made at that time. In the 1980s, the theatre, laboratory, administration office and two small wards were built,

as well as the laundry and kitchen. Soon after this, five more wards were added as well as a nursing station, x-ray room, and a minor theatre.

C O M M U N I T Y
Chavuma Mission Hospital services a catchment population of about 45,000, with many Angolans also coming for treatment. The 100-bed hospital has medical, surgical, paediatric, TB, maternity wards, neonatal ICU, two private rooms, theatre, pharmacy, laboratory, radiology, physiotherapy, and out-patients departments. There is currently one Zambian medical doctor, about a hundred Zambian staff, and two Japanese missionary nurse/midwives.

There are several health posts and clinics. Chavuma District Hospital (8km away) was also built seven years ago, but has not been fully equipped yet, so only functions as a clinic. Our hospital receives most of the referral cases from the area.

Last year the District Hospital made a room to use as an isolation centre for COVID-19 cases, which is where we refer our COVID patients. If the patients are too sick to be moved, we keep them

at our temporary isolation room to stabilise them first. We have been giving oxygen using Continuous Positive Airway Pressure. We consulted with Dr. McAdam at Chitokoloki Mission, and the team there advised us how to create CPAP, which was so helpful. Though we have a Zambian doctor (for whose salvation we are praying), we often refer difficult surgical cases to Chitokoloki. We frequently consult Dr McAdam and the team over sick patients, and are very thankful for the great help and support they provide.

S U P P O R T
Our hospital has been supported both through prayers and gifts sent by individual believers and churches in the UK, Canada, Japan, and the USA. We use these gifts to purchase medical supplies, medicines, hospital consumables, and equipment. Recently, we ordered some oxygen saturation monitors, oxygen flow gauges with humidifiers, a haemoglobin count machine, oxygen masks, curtain rails with curtains, bedside cupboards for patients, and mosquito nets, etc.

We are very grateful for all the support received from MMN and Echoes International, which

has helped us to purchase medicines from Durbin, UK. We also receive numerous parcels of medical and hospital supplies from many churches in the UK and North America. These include medicines, wound dressing materials, baby layettes, beddings, hygiene items, tracts, clothing, shoes, milk powder, infant formula, and food. Often items arrive at just the needed time, for which we rejoice and give thanks to the Lord. We use the clothing for a food exchange programme each week and get fresh vegetables, fruit, dried fish, mushrooms, sweet potatoes, and cassava flour for the poor and needy people, as well as for hospital patients.

We are privileged to serve the Lord together with many believers. We are trying to reach out to the patients not only physically but also spiritually. Men from the assembly come in the mornings to preach the gospel over our PA system which airs into the wards and departments. Also tracts, calendars, and Gospels of John are given to the patients (one of many ways literature goes out to the community). Emmaus Bible courses are also given to patients who are hospitalised for many days. When



our distribution of baby layettes). In terms of extra support at the hospital, we received some nursing/midwifery/clinical officer students. Since last year the nursing college students have also been coming to do their practicals here. The textbooks, manikins, and other supplies recently sent have been of great help to the college students. We are grateful for them.

we become aware of particular spiritual needs in patients, we ask the assembly elders or other believers to come and minister to them. This year we have had fewer patients coming to the hospital, as people don't want to be swabbed for COVID-19. The number of deliveries is also much less than other years (40-50 per month, which has drastically cut down

We thank the Lord for His faithfulness over nearly 100 years of His work here in the Chavuma area. We do appreciate your continued prayers for ongoing staff needs. Please pray that many souls will be reached for Christ, that His light would shine brightly in the darkness (where the fear of witchcraft still enslaves many), and that the believers would be built up in their faith and in God's Word.



NURSING COLLEGE STUDENTS



MAKING A SUSTAINABLE Future

KISIIZI HOSPITAL, UGANDA

Established in 1958, Kisiizi Hospital is situated in the Kigezi highlands of SW Uganda in a hard-to-reach rural area about seven hours drive from Kampala. The majority of people served by Kisiizi are subsistence farmers with very little expendable income. Their plight has, of course, been greatly worsened by the lockdown and impact of the COVID-19 pandemic. Very few people have had the opportunity to receive COVID-19 immunisations, and so are vulnerable.

Kisiizi aims to provide holistic

health of body, mind, spirit and community to fulfil its motto based on the words of Jesus in John 10:10 *"I have come that they might have life, life in all its fullness"*.

C O M M U N I T Y HEALTH INSURANCE
The Kisiizi Community Health Insurance Scheme is the oldest in Uganda starting in 1996 and also the largest, with over 40,000 beneficiaries in around 220 groups across six districts up to 50km from Kisiizi. Its motto is *"Affordable access to quality health care"* and it is run as a not-for-profit scheme.

As well as achieving a key World Health Organization (WHO) goal of helping people to avoid catastrophic financial expenditure on acute healthcare, Kisiizi research has demonstrated major health benefits. These include a dramatic reduction in Childhood Stunting of over 5% a year for member families compared to control families in the same communities. Stunting is a marker for how well nourished a child is and relates to their dietary intake and the frequency of illness. A reduction in stunting will translate into better adult potential.

In addition, *Stre@mline*, the IT system developed by Kisiizi, showed admission rates to hospital are only half those of non-members! This is due to patients attending earlier in the course of their illnesses as the Scheme has removed one of the barriers: namely the fear of high expenditure. *Stre@mline* has helped connect the hospital to community groups allowing targeted health education to prevent diseases.

**M O T H E R ' S
W A I T I N G H O M E**
Members of the Kisiizi Community Health Insurance Scheme

also have free access to the Kisiizi Mothers' Waiting Home. This initiative arose from a terrible tragedy; in 2012, two mothers on separate occasions had arrived in Kisiizi already dead. They just could not get to the hospital in time, having developed complications in childbirth and being in remote situations with poor transport. Kisiizi, with the assistance of Kisiizi Partners, built the 24-bed home and it has been a huge success, with over 400 mothers a year coming to stay so that they are in a safe place. As soon as they go into labour, they can immediately move to Maternity.

The mothers in the home have a Matron on duty at night to watch over them and they are reviewed by a midwife every day to ensure all is well. Another benefit has been that these mothers rest, whereas if they had remained at home, they would be still digging in the fields, carrying water etc. The result is better outcomes for both the mothers and their babies, and we know that there are some who would definitely have died at home if they had not come to the Mother's Waiting Home.



**S P E C I A L C A R E
B A B Y U N I T**
Kisiizi provides a Special Care Baby Unit (SCBU), which by western standards is very basic and yet has helped large numbers of babies, including many sent from other hospitals that do not have neonatal services. It is part of Kisiizi's theme of '*Care for the Vulnerable*'. Here is one of the "graduates" from SCBU

coming back to visit with her dad. Now, aged nearly four, this little girl was born weighing only 800 grams in Kisiizi and was cared for over many weeks until she was strong enough to go home. It is a great joy to see such children growing up healthy.

**N U T R I T I O N
P R O G R A M M E**
Of course one of the key requirements for health is good nutrition and, sadly, Kisiizi still sees many undernourished children and adults. Malnourished children are far more vulnerable to infections and can quickly become cold or drop their blood sugars. The economic pressures of COVID-19 and the resultant lock down has exacerbated the problem greatly. In addition to education about the need for a good diet, Kisiizi has demonstration gardens to show that it is possible to grow



a range of vegetables and different foods with local resources.

Kisiizi has also established some of these gardens in the very communities from which the malnourished children came, to help prevent further cases.

Kisiizi also has chicken and goat projects and will give some families a chicken to take home so they have an ongoing supply of eggs, and others are given a goat for milk.

These interventions can radically help a family recover and move forward as they treat the root cause of the problem, which is poverty.

M E N T A L H E A L T H
Kisiizi operates the *Ahumuza (He cares)* Centre with in-patient and day-patient services and runs outreach clinics four times a month into local communities seeing hundreds of patients. For decades Kisiizi was the only rural hospital providing in-patient

mental healthcare. This wonderful centre was built with support from Jamie's Fund, a UK based charity set up in memory of Jamie Devaney, a little boy who tragically died of Haemolytic Uraemic Syndrome.

As with many parts of the world, the extra pressures of the pandemic have affected the mental health of many in local communities. As well as outreach with curative services, Kisiizi is also active in supporting Mental Health Gap Action Programme training, a modular course developed by World Health Organization, helping a range of personnel to recognise and manage mental illness. These include teachers, prison wardens, as well as health workers, because it is clear that there are far too few psychiatrists to meet the need. Therefore, supporting earlier diagnosis and management of milder cases can free up specialists to treat the more severe patients.

Kisiizi will still periodically receive patients shackled in their communities, when the villagers just do not know how to cope with them. It is a great joy to remove the shackles and see patients restored to their families "in their right mind".

J U S T U S

The compassion and care given by the Ahumuza Centre mental health staff to many vulnerable patients is heart-warming as we see the fruit.

This young man, Justus, was found by police in a drainage ditch having had seizures. They brought him to Kisiizi knowing he would be cared for.

On arrival, Justus was weak and unable to eat well. At that time nobody knew who he was or where he came from, but as he improved on treatment the team were able to trace his family and re-unite him with them.

There was great joy in his household when he was reunited with them. Justus' story is another example of Kisiizi's Christian witness of caring for the vulnerable.



JUSTUS ON ARRIVAL

Sadly, there are some patients who are diagnosed with epilepsy but who have had seizures in the community and even sustained burns when falling into fires. In the current pandemic, there have been challenges in accessing supplies of important anti-epileptic medication such as carbamazepine.

Please pray for God to lead the team to the right people to fill some important staff vacancies. They would value prayer for God's ongoing provision of the resources needed to care for the vulnerable. Please pray for wisdom for Management in planning and prioritising in the current uncertain climate. Pray too for Kisiizi to continue to share "Life in all its fullness" with patients, attendants, staff and community.

www.kisiizihospital.org.ug
www.streamlinehealth.org



JUSTUS AFTER RECEIVING CARE





ROSALIND JEFFERSON

CHITOKOLOKI MISSION HOSPITAL

I am a paediatrician serving the Lord at Chitokoloki Mission Hospital, Zambia. In 2014, after studying Tropical Medicine in Liverpool I made the first of many regular visits: I currently spend at least half of each year in Zambia.

My main role is to lead the general paediatrics service, though I also see adult medical patients on the ward and in clinic. I am only found in theatre for Caesarean sections, when I attend for the baby. Common paediatric problems include malaria, infections, malnutrition and

fractures (strongly associated with the mango season). The paediatric ward is currently being refurbished to include a small High Dependency Unit for very sick children. This will also allow us a small neonatal unit. The recent arrival of Zesco power supplies benefits us greatly.

My particular interest is neuro-disability and I see many children with developmental problems. Some have syndromes like Downs; others have cerebral palsy, often related to complications around birth or illness in early life, including cerebral malaria. Physiotherapy forms an integral part of their management. In addition, I hold outreach clinics for children at Kabompo and at Loloma Mission Hospital. At Kabompo, Mr Lingford Kayombo, a brother from the assembly, heads up the local Wukwashi wa nZambi support group. He turns his home into a clinic for my visits. In a typical clinic I see up to 40 patients, often with complex difficulties. Resources are limited: there is little in the way of either therapy or specialist equipment such as seating. On occasions, we have used alternative technology to make equipment, but this is time consuming and difficult to fit into the busy hospital schedule.



EDI

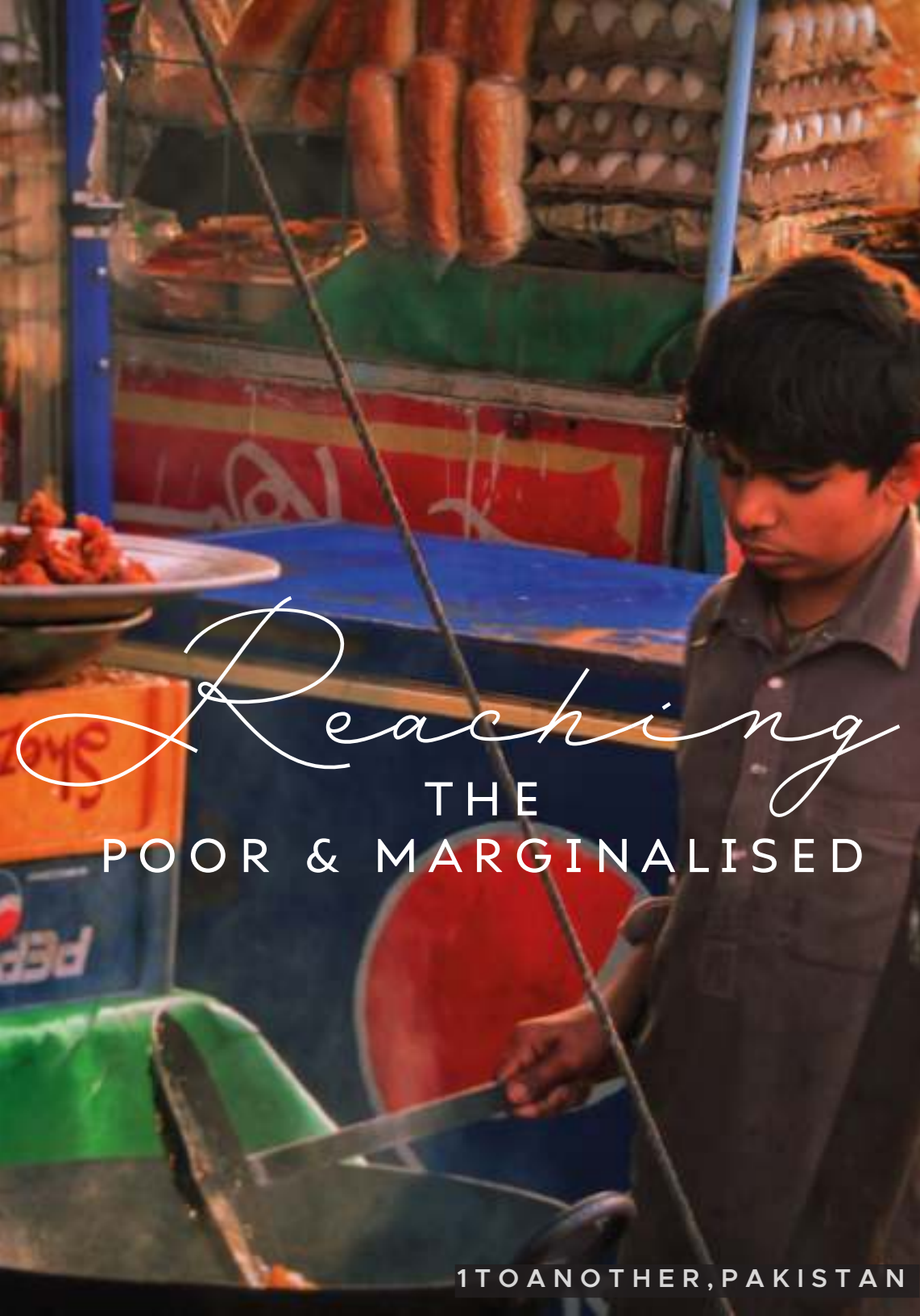
Edi is a local young man in his late twenties who has choreo-athetoid cerebral palsy. He spent 18 months in Kitwe at the Wukwashi wa nZambi centre, where he benefited from regular physiotherapy, help with activities of daily living and basic education (he had always wanted to go to school). He is now back in his village with a full-time carer. During my regular visits, he always asks what Scriptures I have been reading and expresses appreciation of a simple gospel message.

Hospital life is busy, but spiritual work is important too. Together with one of the nurses, I hold a weekly children's meeting on ward with choruses, memory verse learning and a Bible story. One bright little boy learnt the seven 'I am' texts from John's Gospel during his

admission. I also meet with a couple of young sisters from the assembly each week for a time of Bible study.

It is a great privilege to serve the Lord here and I thank Him for dedicated medical and nursing colleagues, both missionary and Zambian. At the time of writing, we have a surge of COVID-19 cases in the community, which impacts on our services. In the goodness of God most people have only mild symptoms. Currently we have adequate supplies of oxygen and PPE. We thank the Lord for this provision.

We would greatly value prayer for: *Hospital work* - Pray for wisdom and sensitivity from the Lord in dealing with patients and their families. They are people who need a Saviour and we must show them the Lord Jesus as we care for them. *Gospel outreach*: a Gospel message goes out each day at hospital. Both children and parents hear God's Word each week on the ward. *Edi and his carer* - Edi has made a simple profession of faith in Christ; his carer is unsaved. *The COVID-19 situation here* - there has been a surge of cases in the past month. Pray that numbers will soon fall and for the protection of hospital staff.



Reaching THE POOR & MARGINALISED

1TOANOTHER, PAKISTAN

The project '1toAnother' exists to improve the lives of poor and marginalised families in Pakistan by: providing education and training to equip and empower, mobilise human and material resources to create enterprise, seek spiritual wholeness for each individual and pursue sustainability for long-term success.

The project is based in Multan, which is a city in the Punjab province, Pakistan. It is Pakistan's fifth largest city by population (4.3 million) and has an area of 133 sq km.

The city is located on the banks of the Chenab River in the geographic centre of the country.

Multan is known as the City of Sufis/City of Saints because of the large number of shrines and Sufi saints from the city. The city is blanketed with bazaars, mosques, shrines, and ornate tombs.

The city has grown to become an influential political and economic centre for the country, with a dry-port and excellent transport links. Multan is famous for its crops: wheat, cotton, sugarcane, mangoes, citrus, guavas, and pomegranates.

B E G I N N I N G S
Since October 2010 1toAnother has been helping poor and marginalised families through loans, training, food distributions, building homes, medical camps and establishing healthcare facilities. 1toAnother aims to continue this work by providing a health facility on the outskirts of Multan City.

There are many hospitals in Multan, but very few that help families who have little resources. Many of these poor families have to take loans in order to pay hospital fees. Private hospitals in the area have a reputation of charging high prices and not providing acceptable healthcare. Government hospitals are required to provide free healthcare to the general public, but not many facilities have adequate medical staff and, due to poor standards, the majority population is forced to seek healthcare from private institutions. Victoria Memorial Hospital is currently situated on the outskirts of the city. However, with a rapidly growing population, we expect to cater to thousands of families within five to ten years. The main aim of this project is to provide good and affordable healthcare to poor and marginalised families.

A C T I V I T I E S
 Construction of the hospital was completed in early 2017; but, due to various reasons, 1toAnother was unable to start functioning. Four years on, Victoria Memorial Hospital (VMH) was inaugurated on 28 February 2021 and we saw our first patient on 6 March. This was an incredible moment for us as a team as we had been waiting for four years to see our efforts materialise. We are grateful to donors that have provided financial and prayerful support, but most importantly we are thankful to God for providing us this

opportunity to serve our community through this hospital, which ultimately seeks to glorify God.

Our initial plan was to provide healthcare focused on women, children and terminally ill patients but over the last several months we have seen a greater need for providing general medical care. We are very pleased to have Dr. Naz Akhtar on our medical team as a visiting doctor. Currently, she is visiting once a week, but hopefully, as the flow of patients' increases, she will increase her visits.

P A T I E N T C A R E
 Between 6 March and 31 July VMH has been able to serve a total of 246 patients. Ideally, we would like to see these numbers increase and we are hopeful that with Dr. Naz on the team, they will. She has only been with us a few weeks; therefore, we expect these numbers to rise in the coming weeks and months.

Our hospital was in need of an ultrasound machine, and we are grateful to Medical Missionary News for supporting us and providing the much needed funds to purchase this. We were able to acquire this just after Dr. Naz joined our hospital and we look forward to her utilising it to help our patients.

E Y E C L I N I C
 In addition to focusing on providing general healthcare, the hospital will also be running an eye-care clinic with the view to perform cataract surgeries within the next month. We are thankful to our friends and supporters in Australia who have provided us the opportunity to purchase all the necessary equipment to run this eye clinic, and we are currently in the process of hiring an optometrist and an ophthalmologist.



ULTRASOUND MACHINE

Our plan is to have the ophthalmologist visit once a week when surgeries are required and have an optometrist visit between four and five days a week to run the out-patient clinic.

We intend to provide cataract surgeries at the lowest costs possible, and will also provide some surgeries free of cost for those that cannot afford them.

P R A Y E R
 Our biggest challenge has been finding a doctor. It has taken us four months, but we are very grateful to Dr. Naz for joining us. We hope



VICTORIA MEMORIAL HOSPITAL

that by having her on board, we will be able to serve a larger part of our surrounding community. Please pray for our medical team as they serve on the frontlines.


We have a great need for surgical instruments and other equipment, so that we can start performing surgeries. Please pray that God would provide the necessary supplies so that we can care for our patients better.

Please pray for continued support for our operational costs. We have enough to get us through 2021,

but will still need financial support for operating costs in the coming year. We are hoping that our locally generated income will increase, which will allow us to be less dependent on financial support.

Pray for wisdom as we look to recruit qualified personnel for our eye clinic.

God is good and we are thankful to Him for His provisions and for the opportunities to serve. Pray that God would continue to use this hospital for His glory, and that it will provide healing to many in the coming months and years.



Pray that God would continue to use this hospital for His glory...



HEAL AFRICA DEM. REP. OF CONGO

What do you do?

WorldShare's ministry partner, HEAL Africa, runs a Christian medical ministry compassionately serving vulnerable people and communities through a holistic approach to healthcare, education, community action, and leadership development. What began as a small teaching hospital has now grown into one of only three referral hospitals in the Democratic

Republic of Congo, providing health services to Congolese people who would otherwise have no access to basic healthcare. The holistic approach that HEAL Africa has put in place goes beyond the physical by integrating psycho-social, economic and spiritual aspects, first affecting the individual and then extending to the community.

How do you do it?

In the eastern city of Goma, the HEAL Africa hospital provides general surgery, orthopaedics, obstetrics and gynaecology (including fistula repair), paediatrics and internal medicine. The hospital also serves as a centre for research and training for doctors and other healthcare professionals. It is the only hospital with an

emergency care unit and a specialist emergency doctor. Many patients who arrive at the hospital cannot pay for their treatment and are treated free of charge thanks to HEAL Africa's Mercy Fund. Medical Missionary News generously supported the Mercy Fund in 2017.



What impact have you had?

the support of the Mercy Fund. His mum Chloe said, "I thank God very much for all those who help people like us...I was not able to pay for my son's health-care...May God bless you all."

HEAL Africa also runs a Chaplaincy Training Programme that trains both male and female chaplains to provide holistic and spiritual care at the hospital, in prisons, schools, churches and in the wider community. After their training, the chaplains work to bring restoration to the broken hearts of vulnerable people suffering with trauma, in conflict-torn communities, by providing counselling and sharing the love of Jesus.

HEAL Africa recently helped a three-year-old boy, Moise, who would have lost his leg and possibly his life without

What are some of your biggest challenges?

On the evening of 22 May the active volcano, Mount Nyiragongo, erupted on the outskirts of Goma. Many were left homeless, grieving or traumatised, and thousands of children were separated from their parents during the evacuation of the city. We praise God that the lava did not reach the hospital and, although some patients had to be evacuated for a period, there

was no damage to the facilities. HEAL Africa continues to battle an increasing number of COVID-19 cases during a third wave. Recently, Medical Missionary News provided funding for desperately needed patient monitors and oxygen concentrators, critical for treating patients in intensive care, including those suffering with COVID-19.



How can we be praying?

Please give thanks to God for the faithful support that HEAL Africa has received from Medical Missionary News, WorldShare supporters and others over many years.

Please pray for HEAL Africa as

they provide supervision, guidance and reintegration for children separated from their parents due to the volcanic eruption, and as they treat and care for those affected by the third wave of COVID-19 in the Democratic Republic of Congo.





One of the ways that we support the mission hospitals in Zambia is by shipping medicines and medical supplies to them in containers. This is becoming more and more challenging, so we value your prayers as we navigate our way through the processes. For example, the last container was stuck at the dockside for over three weeks before it shipped and will have another four-week delay before docking in Namibia.

Looking ahead, we are preparing for our Christmas appeal to link with *TheBigGive* and *GivingTuesday* charity events

in December. We will be focusing on three projects that are supporting children living with disability: Helping Hands in Mozambique, Special Children's Trust in Uganda and Wukwashi in Zambia. More details will be in the next magazine, as well as our newsletters and social media. One thing I am doing as part of this campaign is to run my first ever marathon. Please get in touch if you want to know more details or go to my JustGiving page to encourage me through this challenge.

www.justgiving.com/campaign/grevsmarathon
Grev Parmenter, MMN Director

Stuart & Jess Fergusson
Chitokoloki Mission Hospital - Zambia

MISSION HOSPITALS

28th Sept 2021
7.30pm

Sadaf Beynon
Victoria Memorial Hospital
- Pakistan

MMN Prayer Evening