

Global Health Ministries

Helping the hands that heal

Sharing news with our partners

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Nigeria: Making a Difference that Lasts

Pastor Doug interviews Dr. David Thompson

Nigeria is home for one of the largest Lutheran churches in Africa, the Lutheran Church of Christ in Nigeria (LCCN). For almost 20 years GHM has been partnering with the LCCN, but since 2009 our focus has been on improving the health of whole populations through community-based efforts. I recently asked Dr. David Thompson, GHM's Lead Consultant on Community-Based Primary Health Care (CB-PHC) to explain our approach:

Q: David, can you explain what Integrated Community-Based Primary Health Care (CBPHC) is, and why it's important to GHM?

A: GHM has long supported Lutheran hospitals and their networks of clinics. They provide critical care for the patients that come to them. The problem is, most people who get sick never show up at the hospital or clinic. They suffer and die in their village. Community-Based Primary Health Care (CBPHC) brings health care and knowledge to the community level. Integrating CBPHC into traditional hospital/clinic systems addresses this problem. The result is many of these deaths are prevented.

Let's take the fight against malaria as an example. Malaria is one of the main killers in Sub-Saharan Africa. Young children and pregnant women, particularly, can be on their deathbed within 24 hours of becoming ill. Getting to a hospital or rural clinic (often in the middle of the night) in the rainy season can be very challenging. Roads are muddy, streams that must be crossed may be flooding and transportation is hard to come by.



Q: In Nigeria GHM sponsors bed nets in fighting malaria, but what does CBPHC have to do with that?

A: Bed nets are good but they aren't the whole story. The keys to diminishing the impact of malaria are prevention, early diagnosis and treatment, plus bringing these activities/resources to the community level. Malaria can be prevented by simple sanitation efforts that eliminate the breeding sites of the mosquitos that transmit the disease to humans. Since the mosquitoes in this area are most active at night, additional protection can be afforded by sleeping under a bed net.

But preventive behaviors must be practiced in a large majority of households, not just in scattered households. This takes sustained behavior change on the part of everyone in the community.

Rapid diagnosis and treatment of early stage malaria can be available 24/7. Empowered Village Health Workers (VHWs) with proper training and backup can do this and more. Patients with more severe illness can be treated in a clinic and those few needing advanced care can be brought to the hospital.

Where CBPHC is integrated into the traditional hospital/clinic-based health care system, most of the deaths can be prevented.

In this integrated system the hospital provides the training, coordination and management of resources needed to keep everyone working together to improve community health. But to be successful, ownership belongs in the community!



- Nigeria is the 8th most populated country in the world and has more people than any other country in Africa.
- More than 60% of Nigerians live in extreme poverty
- Nigeria has the 10th highest infant mortality rate in the world
- About 50% of Nigerians are Muslim, 40% are Christian and 10% Indigenous
- There are more than 2 million internally displaced persons in Nigeria

Learn more about Nigeria on our website: www.ghm.org

Stories of Strength and Hope

By David Thompson

The CBPHC program in Nigeria consists of two pilot projects, one in the south (Wakka) and the other in the north (Dingai). The Dingai pilot project is led by Besty Phineas and Kumso Da'Ajabiu. On November 20, 2014, I received a report that the extremist movement Boko Haram had launched multiple attacks in the northern part of the state, including Dingai and Gombi. Program leadership had lost contact with Besty and Kumso. The LCCN churches in both towns as well as numerous businesses had been burned. A number of people had been killed including the pastor of the Dingai church. The area was in chaos with thousands of people fleeing, many trying to reach Yola the state capitol. The news was frightening, and many of us worried about our friends and colleagues in the area. Six months later I had the opportunity to attend a training program with the Nigerian team, including Besty and Kumso, where they recounted their stories.



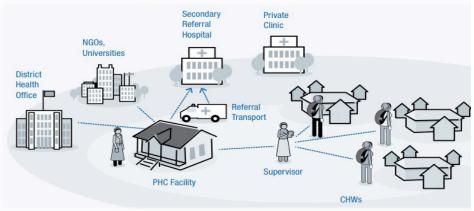
Besty is a single young woman. She was living in a rented house about one hundred yards from the newly constructed Dingai church. Early on the morning of November 20th she heard gunshots and the sounds of an attack. She huddled with her friends in the darkened house praying that God would intervene and protect. After a while the frightening noises diminished and it became quiet. Then she heard voices in the street in front of her house. It was probably the men who had just murdered her pastor and his young guest, wondering what to do next. Finally, the talking stopped and it was silent once again. As the sun rose over the town in the morning, smoke was rising from the church and numerous buildings. Two people lay dead in the street in front of the house. Besty tried calling family members in Numan but couldn't send messages because cell phone towers had been damaged in the attack. After about four days she arrived safely back in her family home in Numan.



Kumso was alone in Gombi during this time. He ran into the "bush" where he remained wandering for four days before he found the main north—south road that led to Yola. Both Besty and Kumso were transferred to the Wakka area pilot project. They were able to return to their work in Dingai late last summer. We give thanks to God for His protection.

More than two million Nigerians have fled their homes seeking refuge from Boko Haram insurgents over the last six years. The witness of our Nigerian partners is a tangible expression of the love of Christ, both in the face of disease and persecution. We remember them in prayers of thanksgiving for their witness, and for strength and safety as they continue their important work.

Community Based Primary Health Care



Graphic created by The Earth Institute of Columbia University

The CBPHC program in Nigeria is still in a pilot stage but it is already making a difference. In some communities the use of bed nets by pregnant women has increased from 30% to over 90% in just three years! GHM has been leading this kind of health care system building in Nigeria, Madagascar, Tanzania and El Salvador with support from the ELCA, POET Foundation and hundreds of supporters like you. We are working to expand this to other Lutheran Church partners.

Demsa Check-In



We celebrate continued progress at Demsa Health Referral Center! Renovations at the In-Patient Clinic are expected to be completed any day, and GHM is preparing a shipment to help equip the surgical theatre and new delivery rooms. Lutheran Partners in Global Ministry has coordinated the renovations with financing from Mount Calvary Lutheran Church in Excelsior and other churches in the Minneapolis Area Synod.



Where in the World is GHAP?

By the time you read this, GHAP volunteer Steve Laible and GHAP Director Cindy Wilke will have left for a return consultation with the Evangelical Lutheran Church of Cameroon's health system, OSEELC. They will travel to Ngaoundéré by way of Yaoundé, spending some time with ELCA missionaries Anne and Willie Langdji. The primary objective of the trip is to assist Ngaoundéré Protestant Hospital, OS-EELC's flagship hospital, in reaching financial sustainability. We are grateful to Steve for sharing his expertise in finance to help strengthen the church's healing ministries in Cameroon. Steve and Cindy will work with Bishop Ngozo, OSEELC CEO Dr. Aroga, and the hospital's and OSEELC's management teams. They will focus on financial management, human resources, pharmacy and performance metrics.

The B-line



Bea is on sabbatical but she'd like you to know we are in need of white, twin-size flat sheets. Mission hospitals and clinics regularly these as well as GHM kits and bandages.

Save the Date!

GHM is buzzing with excitement as we prepare for our first spring Gala! Our theme for the evening is "Empowering the Leaders" and we look forward to celebrating stories from around the world of lives changed. Your presence will help GHM provide scholarships for nurses and medical officers, training for village health workers, and consultation for leaders who offer health and healing to some of the world's most vulnerable people.

Join us at Columbia Manor in Minneapolis on **Friday, April 22nd**, for stories, a silent and live auction, food and fellowship. See back panel for more information.

Shipping News: A Walk Through the Warehouse

By Sarah Thomas

GHM's warehouse is full of opportunities for people of all ages and backgrounds to help the hands that heal. In this issue of the newsletter, we want to focus on the Equipment Room. Volunteers in this room repair, refurbish and certify donated medical equipment so it can be sent to our partners overseas. Volunteers make sure there is a manual for each machine, convert power to 220v/50hz, add the right plug adapter and include a voltage stabilizer for critical equipment. Power surges and outages are common where these machines will be used, and can "fry" sensitive equipment. Biomedical volunteers from Allina, Fairview, Health East and more come to GHM to share their experience working on a variety of equipment. But you don't need a biomedical background to make a difference!



A pulse oximeter being used in Ethiopia.

Larry Atherton has volunteered in the Equipment Room since 2005, just weeks after he retired from a career in electrical engineering. Larry loves working in the Equipment Room because, he says, "GHM is a fantastic organization," and he enjoys working with the equipment, making sure it will work well for those who need it overseas. Larry gets especially excited when a lot of pulse oximeters come in, because he knows so many mission hospitals and clinics need these. Pulse oximeters measure oxygen in the blood through a finger clip.

The Equipment Room is also a space of learning and training for those going into electronics and biomed careers, like Ray Johnson. "I like electronics and technology, I wanted to work in that field and this was a good way to gain experience and see if I really liked doing that kind of work," Ray said. "Now I take what I learned out in the field and bring it back to GHM. I also like that I still learn things when I volunteer and I can help others with the gifts and skills that I have."

The Equipment Room recently underwent renovations to make the space more efficient, safer and attractive. But there is still a need for more volunteers to organize and sort through donations, and to help with basic equipment such as blood pressure gauges, otoscopes, ophthalmoscopes, digital thermometers and more. We also have a supply of dental equipment, but need volunteers with dental knowledge to help prepare these for shipment overseas. Let us know if you would like to join Larry, Ray and others serving in the Equipment Room. Training provided, along with unlimited animal crackers.

Kits, Kits, Kits!



The end of 2015 saw a number of shipments leave GHM's warehouse, one right after another. Five GHM containers are currently at sea, two en route to Madagascar, two to Cameroon, another to Zimbabwe. They will start arriving at their various ports by early February (you can track their progress on our website!). All contain Hospice Kits, Newborn Kits and rolled bandages for our overseas partners.

As a result of this unusual volume of shipments all at once, the warehouse is almost out of our supply of these precious gifts. We need more! If your congregation or group is looking for a service project, please consider Hospice and Newborn Kits.





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Feb-March 2016 Page 4



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In this issue: Nigeria

Making a Difference that Lasts

Stories of Strength and Hope

Demsa Check-In

Shipping News: A Walk

Through the Warehouse

Where is GHAP?

Kits, Kits, Kits!

Spring Gala Save the Date

In the next issue:

Cameroon

