

Central **AFRICA** Healthcare Organization

Michele Ashton, editor, on behalf of the CAHO board

Merry Christmas!

I pray that this season finds you marveling at the wonder of EMMANUEL. God who is WITH us. "Veiled in flesh the Godhead see, Hail the incarnate Deity!"

As this year draws to a close, we want to make sure you are all informed of some of the things that this Incarnate God is doing at our CAHO-affiliated hospitals and how your prayers, encouragement and financial giving have made that possible!

Did you know that? . . .

-An electrical power system is in the works to provide a consistent, reliable source of electricity to Nundu hospital in Democratic Republic of Congo (DRC).

-A Rwandan, highly-trained surgeon is busy at Kibogora ministering to both bodies and souls.

-A disabled person in the Kibogora community now has his own home, partially funded through CAHO benevolent funds.

-Short term volunteers are serving as missionary managers at Kibogora, taking the burden of the logistic details off of the long-term missionaries and visiting medical professionals.

These things (And many more!) are happening around the world because of YOUR support of CAHO, both with your prayers and your financial giving! Well done, good and faithful servants!

Scholarship Spotlight, Dr. Ronald Tubasime

by Joel and Paula Green

We think of missionaries as sacrificial people who choose to give up a comfortable life for the sake of the Gospel. Missionaries often spend months raising funds for this unpaid vocation; they might spend years learning one or more new languages needed to communicate with the people they are going to be living with and serving. They go through culture shock, homesickness and a myriad of obstacles and frustrations before landing at a place where they feel at ease in their new world. And they may or may not ever feel at home among the people they serve.



What would a local missionary look like? Someone who hailed from the very country he felt called by the Lord to serve? He or she would already know the language. All of the necessary languages, actually. They would understand the cultural norms and how not to upset them. Logistics would never be lost in translation. Best of all, this person would have a special advantage to be able to pray and speak freely with community members in their own language. He would understand them and earn their trust.



This very possibility has come to life at Kibogora Hospital. Kibogora was honored to welcome Dr. Ronald Tubasime on staff in 2016.

Dr. Ronald is Rwandese by nationality and grew up in Uganda. His life, like so many others in this pocket of the world, was greatly affected by war, poverty, and family tragedy.

But God...

God stepped into Ronald's life and uprooted the bitterness, anger and shame. In place of those weeds, He planted forgiveness, love, joy, compassion, and generosity into Ronald's heart and life. Serving Jesus and living for Him has become Ronald's single focus.

Ronald was inspired to become a doctor. Gazing down the long road of medical training the obstacles seemed to abound. This would be an impossible task.

But God...

God put specific people along this journey to help Ronald financially. God put a firm determination in Ronald to heed the call in his heart to serve the poor and the sick. After medical school, God was gracious to Ronald and gave him a helper for the next leg of his journey. Ronald married his beautiful wife, Cissy, who shares his passion for serving the Lord. More recently, God added to their family with the adoption of a baby named Mugisha (meaning "blessing" in English).



Ronald was accepted into the PAACS program for a five year general surgery residency. The Pan-African Academy of Christian Surgeons (PAACS) is a strategic response to the need for surgeons in Africa. PAACS trains African physicians to become surgeons who are willing to remain in Africa to meet this need. These residents are disciplined and trained under board-certified missionary surgeons. They learn to share the love and Gospel of Jesus with patients as they treat medical needs as well. Ronald completed his PAACS residency at Soddo Christian Hospital in Ethiopia following which he successfully completed certification by the College of Surgeons of East Central and Southern Africa (COSECSA), through the financial sponsorship of CAHO donors. At the beginning of his residency, Ronald committed to return to Kibogora Hospital to serve as a missionary surgeon in this underserved setting after his training, spurning more lucrative opportunities in the city.

In the recent past, the hospital has relied on short-term foreign missionary surgeons to continue the surgical services. The discontinuity of surgical leadership has been difficult for the staff and unreliable for the patients. With Dr. Ronald's consistent presence, he has been able to create a good routine and education for the staff. He remains focused on Jesus, and his patients feel his genuine love for God and for them as he serves them and prays over them with deep empathy in their own heart language.

We praise God for bringing this special family to serve at Kibogora Hospital, alongside the many national and expatriate staff who proclaim Jesus' love in word and deed as they care for all who have need.

Nundu Transformation Delayed

by Tim Kratzer

Randy and Alice Matthewson are retirees who have traveled to eastern Congo numerous times, assisting the Free Methodist Church of the Congo in various projects. They flew to

Rwanda, Congo, Burundi, Haiti

Bujumbura, Burundi, in mid-September planning to spend six months at Nundu in South Kivu, an eastern province of the Congo. They were expecting the arrival of a 20 foot container packed with solar power and water systems, systems which would transform the station. But upon arriving in Bujumbura, Burundi, they found that rebel activity around Nundu made travel unsafe. The Bishop of the Free Methodist Church of the Congo gave his instruction to remain in Bujumbura until it was safe to travel.

Located at Nundu is Deaconess Hospital, a full-service Free Methodist hospital that has not had reliable running water or electricity for many years. The hospital oversees a network of health centers and maternities, serving a population in excess of 183,000. The Democratic Republic of Congo (DRC) endured a period of civil war from 1996-2004. Despite the resulting political and economic instability, Nundu Hospital has continued to function under the leadership of national doctors and nurses.



For many years Nundu depended on a diesel generator, but with present budget realities diesel fuel has been increasingly more expensive. In addition, water had been provided by a diesel powered water pump. However, when the nearby Sanja River changed course,

the well and pump were destroyed. How was Nundu to address the power and water needs of the hospital?

Solar technology has become more efficient and is now readily available, providing an immediate, affordable source of electricity. CAHO collaborated with International Technical Electrical and Construction (I-TEC), located in Montoursville, PA, to build a 17 kilowatt electrical system. The total cost of the project is estimated to be \$160,000 and has been underwritten by a \$60,000 grant from the Butterfield Memorial Foundation, \$30,000 from the Anderson Family Foundation and the balance from individual donations.

Construction of the Nundu solar power system was completed in July by a team of volunteers. A 25 kilowatt diesel generator was built into the system as a back-up. In addition, a water filtration



system powered by solar electricity, will provide 10 gallons of water per minute. Also included in the shipment are LED lights, an LED surgery light, small sterilizers, oxygen concentrators and shop equipment. About two weeks after arriving in

Bujumbura, near the end of September, the Matthewsons were given clearance by Bishop Lubunga to travel to Nundu. The container, into which the solar electric system was built, had been shipped out of Louisiana in mid-August and arrived in Dar es Salaam, Tanzania, mid-September, on schedule. From there it was to have arrived at Nundu by mid-October, in preparation for installation of the electrical and water systems by the I-TEC team in early November. But this was not to be. Political unrest delayed the transport of the container by truck from Dar es Salaam to Nundu, and I-TEC found it necessary to cancel its trip to the Congo.

Pray that political stability will return and that the I-TEC team will be able to travel to Nundu soon. Yes, the container safely arrived at Nundu just before Thanksgiving, and for its safe arrival we give thanks. Reliable solar electricity and an adequate

source of clean water will enable the hospital to function at an efficient and sustainable level, a transformation which is urgently needed. But for the present, water will be carried by hand and limited electricity is the norm. Pray for Randy and Alice, that they will be safe and encouraged during these uncertain times. Yes, Nundu transformation is delayed, but we believe we will see transformation in God's time.

Kibogora Mission Management Project

by Michele Ashton

In the sixth chapter of Acts, we read of a conflict in the first-century church. The number of disciples was increasing and conflict arose regarding the distribution of food to the needy widows. The apostles, in their Spirit-filled wisdom, decided to delegate this task to other men. They said, "It would not be right for us to neglect the ministry of the word of God in order to wait on tables. Choose seven men from among you who are known to be full of the Spirit and wisdom. We will turn this responsibility over to them and will give our attention to prayer and the ministry of the word."

Just like the first century Christians who were growing in number, Kibogora Hospital has experienced a growing number of visiting short-term volunteers. And, as the number of visitors grows, the material, logistic needs increase. Free Methodist World Missions saw that "It would not be right" for the career missionaries to neglect the ministry of nursing, teaching, discipling in order to meet these logistic needs. So, the idea of the Kibogora Mission Manager was born!

The Kibogora mission management project is using short-term volunteers to work alongside national staff, who can serve for at least six months to a year or more. The program began in April, 2015, with Linda McGuinness (UK) and Grant and Esther Teal (Canada). Dr. David and Carol Crandall recently completed a year of service, and were replaced by Lee and Mim (Cobb) Stevens who are there serving until June 2018. There is a need for volunteers to begin service in June, 2018, when the Stevens are scheduled to return to the U.S.

If you always thought that you had to be a doctor or a nurse to serve at a busy mission hospital, then think again! If you have any of the following gifts: hospitality, administration, handy-man skills, and if you would like to spend several months in a beautiful setting where it's 75 degrees all year round, then FM World missions would love to hear from you!

Contact Deb Miller at deb.miller@fmcusa.org or call the VISA office at 800-342-5531.

Kathy Fryman, RN, Memorial Scholarship

A brand-new scholarship opportunity is now available for nurses or nursing students who want to travel to CAHO-affiliated hospitals for volunteer service. Applications will be available soon on the CAHO website! (gocaho.org)

Save the Date:

CHRISTIAN HOSPITALS AND CROSS-CULTURAL MINISTRIES SYMPOSIUM

April 27-28, 2018

Spring Arbor Free Methodist Church

Thank you to the many financial partners who make these ministries possible. Contributions can be made by mail or online at www.gocaho.org (if giving for a specific project online, please indicate the project designation in the "comments box" of the donation form).