

October 2007

# Sachibondu News

Z A M B I A



**20<sup>th</sup> Anniversary**  
of **Sachibondu Health Clinic**



Dear friends;

*As I'm writing this here at Nyangombe, trying to have a weekend away to rest and also try and write letters, I end up looking at the huge pile of unanswered letters, slips from parcels & gifts etc that you've kindly sent us.*

*I always want to write individually to all your letters and also to mention the items that come in parcels, but time won't allow. So, to those who know us and those who don't, we really appreciate your love shown and hope that, through this newsletter, you will get to know us a bit better.*

Ruth

## NEWS

In May we celebrated the Health Centre's 20th anniversary with a day of thanksgiving. Many friends and officials came to be with us. We were so glad that Peggy Suckling decided to be with us that day. So many folk helped with food, transport and gifts to make it possible, and to feed all who came.

Peggy however, went to be with the Lord on Friday 17th August 2007. She had been failing slowly over the years, and longed to go and be with her Lord and her loved ones. In the end her death was quite sudden; she was ill for just one week, first with malaria and then a kidney infection.

Her funeral was held on Tuesday 21 August at Sachibondu. Many of her family, relations and friends, government officials, as well as hundreds of her large extended church family, came from

all over Zambia and Congo – by bus, lorry, assorted vehicles, bike or on foot to be with us as we celebrated her life. Many gave testimony of the many ways they had been helped by her life and ministry.

I count it a joy and a privilege to have helped care for her and to have had her friendship, especially these last 10 years since Gordon died. Peggy going will leave a big gap in all our lives here at Sachibondu and throughout Zambia.

In both the above events it has been such a blessing to have such a good team spirit amongst all the families and workers on the Mission, who have opened their homes to accommodate, entertain and feed all the visitors; and in our turn we have been blessed by the new friendships and all that the folk have given us.



*Giving my speech at the 20th Anniversary celebrations*



*receiving the gifts*



*Sunday School children*



*Ruth with an official*

In July many of us went up to the Zambezi Rapids to join in the celebration of the official opening of the new Hydro there, which is to provide power to Kalene and the surrounding area; and again a time of thanksgiving to God who made it possible.

The new Laboratory extension is now at the stage where we can start plastering and wiring inside, and building the benches, soon we hope to get the plumbers in. Funds are still needed to tile the walls and for other furnishings like shelving etc. Thanks to Help International and Bristol Christian Fellowship for the funding so far.

## **HEALTH CLINIC STAFF**

The Health Clinic continues to provide holistic care to all who come.

Sadly Sister Miti left in June as she was only contracted here for 2 years. She was an excellent nurse and a good friend.

ZEN (Zambian Enrolled Nurse) Molly Kossamu has retired – her husband retired last year – she too has worked faithfully here since the Health Clinic opened in 1987, even though she has suffered from diabetes for many years. They are still living here at the moment, but we will miss her cheerfulness and input at the Clinic.

Grace, another ZEN, is still here, though retired she is back on local terms and is a big help;

as well as Clifford Fwalanga the EHT (Environmental Health Technician) who is a big help with the government admin side and attends all the planning workshops for me.

We still have our 11 untrained staff, who do most of the work. John is still keeping the turbine going, looks after all the vehicles and the maintenance side of things.

John's wife Sue is still in charge of all the buying and paying for the food and other works, and second hand clothes, etc.



*The new Pathology Lab*

Naomi continues to look after me in many ways in the house, as well as her big growing family; her three oldest children at secondary school are now taller than her! The three youngest are all at the local primary school and full of fun. John's two oldest children are at secondary school and the two youngest are here.

## GIFTS

We continually give thanks and see our Lord's faithfulness and how He knows what we need before we often even know ourselves, when we find items that take a year to arrive but then arrive just at the right time, or are then here when they are needed.

So many thanks to you who send us gifts, money, and for all your prayers, which is how we manage to stay here.

All the gifts help us keep the Health Centre running and providing an ever-bigger service to the many who come.

This year, government help has decreased, and most of the government clinics have few drugs and no trained staff, so people continually flock here from over 100km or even from over the border from Congo etc.

Some ways that cash and clothing gifts help;

- Food, fuel, firewood and all other essentials for everyday living
- Repairs and general maintenance; repainting & decorating, locks & keys (white ants, rats and damp help to destroy building structures)
- Ground maintenance, grass slashing, road repairs, water ram repairs, electric hydro repairs;
- Transport funds and care for patients moved to Chitokoloki and Lusaka for specialist surgeries



*Ruth's grandchildren*



*Naomi (right) and one of her daughters*

- Help to equip and run the pre-school, primary and Sunday schools. These are greatly helped by all the toys, books and stationery
- Orphans; This year we have managed to give them all shoes, clothes, bedding and books and pencils etc. We can also help pay their school fees and other needs.
- Housing; we have repaired houses for widows and orphans, and have built several new ones, including help for some of our older orphans who have shown the initiative.
- Baby milk powder and supplements; more is always needed. At the moment we have ten babies needing supplementary feeding; as well as over 10 orphan babies

I hope this will give you some idea of how your many and varied gifts have helped us to be His hands and show His love.

Please pray constantly that as we express it in many practical ways, they also hear the good news so faithfully taught at the Health Clinic, villages and schools, and that many more will come to know him as their Lord and Saviour as many have done already, and some are now also helping to tell others.

## Visit to Ruth Wallis at Sachibondu

June 2004

by Marjorie Waddecar

For several years I have promised myself a visit to Zambia to see Ruth – so when I retired from teaching last summer I began to make plans.

I have been supporting Ruth's work with my pupils at school in Sunderland for 10 years or more. We have seen photos and received letters and cards, and been so thrilled to know that we have been of real help to the children and their families. Many of my pupils do come from homes without a lot of money but every pupil in the school contributes something – a packet of teabags, some soap, pens and pencils, a few coins in the collecting tin – and last year we sent off 75 boxes via MMN, and previously raised over £1000 to help equip the new Mother and Baby Clinic. So it was obvious I had to go.

On 11 June 2004, I left Livingstone by bus for Lusaka, and my onward journey to Sachibondu on the Tuesday, in a little 4 seater plane, along with lots of medical supplies and other essentials for the various missions in the north west of Zambia. This flight was lovely, so close to everything, and to see the beauty of Zambia

On arrival at Mwinilunga airstrip (a mown grass strip in the bush) Ruth was there to meet me with her son John and daughter-in-law Sue. What a welcome! It felt like I'd known Ruth all my life yet this is the first time we'd met.

Then followed a drive through the main village, Mwinilunga, to do some shopping and collect supplies, and on to the Mission and Health Centre. I met

Naomi, Ruth's daughter, and son-in-law George, and discovered I was to have a little guest cottage all to myself, with the most stunning views out over the

gardens to the lake, produced when the dam was built in the 60's. The hot water was provided by a little furnace outside, connected to a water tank in the house, and the fire had to be kept burning all day – Zambian central heating!

There is a tremendous team of people working there, and while nominally the catchment area includes about 4000 – and that is how the government funding is calculated – many more people come to the centre for help because the quality of care is well respected and their home areas may not have such facilities. People come from over the border from Zaire for example, since those missions were forcibly closed, there isn't much care available.

The clinic is a tremendous place: there are four hospital wards – male, female, children, and maternity, each with 4/6 beds, surrounding a courtyard with a typical African open-walled shelter.

There is also a large kitchen/sleeping area for relatives who come to help care for the patients, and this makes for a very sociable atmosphere. Many illnesses are treated, ranging from TB to malaria, and stays in hospital vary a lot.

Treatments beyond the scope of the hospital and clinic can be treated elsewhere – at Kalene for example there is a huge mission hospital, and surgeons with a wide range of specialities.

The clinic has a large waiting area with reception and medical records room, and this is packed out most of the day.



Ruth at home

There is a laboratory to examine blood/urine samples etc – this is recently a much improved facility due to the donation of a good

quality microscope. This is very valuable because otherwise such work would have to be done elsewhere with subsequent delays for patients.

There is a nurse's surgery for dressings and minor procedures, and an additional surgery for the HIV clinic – HIV is a frightening situation with an estimated 45-50% of the population being HIV positive. Specially trained AIDS project staff try to provide education, treatment and counselling, but it's obviously an uphill struggle, and new cases are a result of heterosexual infection and mother-to-baby transmission during pregnancy. These staff also go out into the villages to hold education sessions and clinics.

There is a dispensary with a fluctuating supply of drugs – donated supplies of simple over-the-counter products are extremely useful – and this is an extremely valuable part of the clinic's work. Simple dressings, nappy liners, safety pins etc are always useful. For a population that is, on the whole, not very well nourished, simple medicines to deal with everyday ailments are invaluable. People are so weak at resisting infections that a simple cold virus can be extremely debilitating and have a very long recovery time.

There is huge storage unit containing clothes which are for sale, and many people make purchases with 'tickets' – a simple system where someone will work for Ruth around the Mission to 'earn' a ticket. It seems strange at first but it does work and is well-respected and understood by everyone. Other storage units around the mission will contain the unopened parcels, bicycles, and larger items – one of my jobs was to open parcels from my pupils and sort out the contents. I found a huge box of medicines including paracetamol, cough remedies, skin creams, vitamins etc. All these items were in use the following day and it was marvellous to witness the immediate practical use of our gifts.

The new Mother and Baby clinic is great – long queues every day, mums and dads with babies

and small children arriving for check-ups, vaccinations, weight monitoring and nutritional advice. This latter aspect of the work has expanded tremendously and there is now a special kitchen where nutrition classes are held. The staple foodstuff is nshima, a type of thick porridge made with cassava or maize boiled in water; then served slightly warm. It is pure carbohydrate and contains no vitamins or minerals. If possible it is eaten with a sidedish of some boiled cabbage/vegetable, or some wild greens/fruit. You roll up a ball of nshima with your right hand from the communal dish and dip it into the relish. For those more fortunate the relish will be some sort of meat cooked in a stock, and so the family are getting some protein.



*Patients arriving for a clinic*

Another important aspect of the new clinic is showing and encouraging parents about the importance of playing with children. This is critical in fostering good development, especially when a toddler will be sidelined when the new baby comes along and absorbs all of mum's attention. These little children suddenly experience a wrench from mum, and this is when they often become malnourished – their diet changes from

breast milk to nshima. So in the courtyard there is a open-walled shelter with lots of toys and the staff get parents and children interacting. It is truly joyous to see children who have seldom had adult interaction with toys and games learning to 'play' – fun and laughter all round.

There is a kitchen to provide food for staff and patients, and the stores where food supplies and other requisites are kept account of – as well as caretaking staff and the night watchman. Ruth is running a substantial organisation as well as all her medical duties, and this is even more amazing when she confesses to hating admin work!

One day we went out to one of the villages to hold a clinic, and to give out the Sunday School prizes. People had walked for miles through the bush, many with small babies and toddlers,

clutching their medical cards, to access the monitoring of child health and medical help that is needed so much. The local church became the consulting room, a nearby house became the ante-natal clinic, and the children (and teenagers) were fascinated to see another white face. One sobering event was sitting next to a young mum with her tiny scrap of a baby – the child was obviously very sick, barely energy to cry, malnourished and dehydrated, and I have no idea if the child had any chance of survival. My feelings – at first the pain because there was nothing I could do for that child, then sheer anger that any child should have to experience such deprivation.

Next it was prize giving – children who could recite their scripture memory verses and had attended Sunday School regularly, were given a small toy, some clothes and some sweets. The children sang lots of songs to welcome us and to entertain us, and they are natural musicians with a very strong appreciation of rhythm – lots of clapping, foot-tapping and dancing, and it's very infectious!

During the weekend there was a joint churches study weekend, where people from 4 or 5 local parishes met together. The church service on Sunday morning was fabulous – even though I couldn't understand a word, I could sing the hymns from the Zambian hymnbook as I knew the tunes, and the minister kept breaking into English during the sermon so I could understand. When he did this everyone in church turned round to smile heartily at me to ensure I felt at home! The choir was fabulous, and the congregation had this amazing ability to sing in harmony to any music announced.

I was able to visit pre-schools, primary schools and a secondary school near the Mission. I was so pleased that Sunderland pupils had sent

out lots of school equipment – stationery, story books, small toys etc – because these things really do make a difference. Some parents can't afford to buy exercise books, pencils etc, so the child can only sit and listen, rather than participating in the lessons fully. Many younger children have no shoes to wear for school, and only one set of clothes, and very little to eat for lunch – and still parents send them to school because education is important. Secondary age children will travel



*Prize-giving*

several miles to the next village, often on foot, to keep up their schooling.

Eventually it was time to come home – mixed feelings: deep thankfulness for what I have had all my life; humility because people who have so little loaded me up with gifts (including a real African dress made by three of the ladies and some beautiful basket-ware); real respect for the hard work and effort the people are making to develop their country for the benefit of all; gratitude for the very real warmth of the welcome afforded to me from everyone I met; admiration for Ruth and all her staff in their work and the difficulties they face and overcome; and finally out-and-out pleasure because of all the fun I had as guest of some of the loveliest people I have ever met.

## POINTS FOR PRAYER

- Wisdom, strength and resources to meet the many challenges and needs each day
- Ruth's health and strength to continue whilst short of trained staff
- Government to pay all of the staff wages promptly (currently 60% are late)
- Zambian banks profiting from varying interest rates before transferring money from the UK (Ruth has to wait 6 weeks or more for money sent from the UK for funds to be made available to her)
- For more nursing staff on whom she can rely when she's not on duty / away from Sachibondu. (Especially a mid-wife as Ruth is currently on call 24/7)
- For better crops; bad weather this year has meant poor yields
- Funds to fit-out the new laboratory extension
- A solution to the lack of office space
- More investment in local projects for bush dwellers to earn money, and be less dependant on handouts from Ruth's resources
- More funds for the Aids project to combat the spread of Aids & relieve the Health Centre of an ever increasing demand for services for the terminally ill and support for Aids orphans

## NEEDS

Teabags  
Instant coffee  
Baby food and baby milk (packets not jars)  
Oxo cubes, stock powder; marmite  
Baby soap, shampoo, powder; lotion, etc  
Small soaps, shampoos, shower gels, hand/body lotion etc

Small toys and games  
Exercise books, writing/drawing paper  
Biros, pencils, rulers, colouring pencils (not felt-tips), geometry instruments  
Reading books for younger children  
Textbooks for older children  
Baby clothes

Medical items:  
Vitamins for kids and adults especially Vit B  
Calcium tablets  
Anti-inflammatories e.g. Ibuprofen  
Simple cough/cold remedies  
Sinus tablets  
Antihistamine tablets  
Inhalation eg Vicks  
Ointment for dry skin/oedema  
Complete food preparations e.g. Complan preferably sweet versions  
Nappy liners

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