

AFRIGO

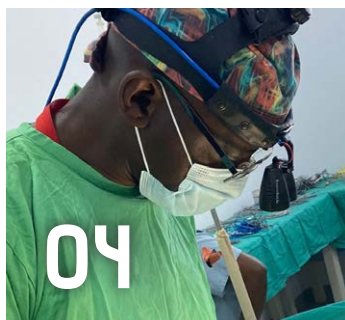
Encouraging the African Church in world mission

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**AFRICAN HEALTH WORKERS
THEIR VITAL ROLE IN
GLOBAL MISSIONS**

CONTENTS



03 HEALING FOR A SICK WORLD

Following in the steps of Jesus, missionaries are healers. Nigerian Dr. Chinedu Oranye maintains that God's healing touch works through modern medicine too.

04 A SCALPEL AND A BIBLE

Dr. Sam Fabiano once saw an emaciated child with a huge belly, and was moved with compassion. Today, he's a missionary surgeon to vulnerable people in Angola.

05 THE HEARTBEAT OF GLOBAL MISSIONS

Drawing from his experiences, Dr. Dieudonne Lemfuka of DR Congo explains the role of health workers in advancing global missions.

06 NURSING WAS MY ENTRY TICKET

Nuura* entered the nursing profession as a matter of convenience, until a random message from a friend changed everything.

09 WITNESSES FOR CHRIST IN HEALTHCARE

Many healthcare workers desire to be the expressions of God's love to their patients, but do not know how to go about this. Discover ways to get equipped.

11 MENTAL HEALTH AND THE GREAT COMMISSION

Dr. Prince Oteng-Boateng sees his profession as a way of fulfilling his vocation in the Kingdom of God. Read how he merges his mental health practice with the Great Commission.

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HEALING FOR A SICK WORLD

BY CHINEDU ORANYE

When we served among the Mumuye tribe in the mountains of Northern Nigeria, we tried several methods to gain their trust and attention, but nothing worked...until we introduced medicine. Once we started administering medical treatments, people began to open up, and to God's glory, we were able to plant a church among them before we left.

I fully believe in divine healing, but I am also a firm believer that God's healing touch works through modern medicine too. People on those mountains suffered from all manner of sicknesses, and most were preventable and curable. The sick and the disabled carry a burden that most people don't carry: a pain that is both physical and emotional. The people living with disabilities are often looked down upon and despised, and for that reason, they deserve special attention whenever we meet them.

Following in the steps of Jesus, missionaries are healers. Missionaries bring wholeness and restoration. In fact, people not only expect it; they sometimes demand it, and Jesus is not afraid of their demands. He wants us to rise up to the responsibility. When Jesus' disciples failed to heal the epileptic boy, the father complained to Jesus, and His response to the disciples was, "O faithless and perverse generation, how long shall I be with you?" (Matt. 17:17). Jesus' expectation was that His disciples would heal people. Healing is not for church folks alone; healing is God's will for the nations, and medical missions is God's mechanism to bring wholeness to the world.

According to the World Health Organization (WHO), "an estimated 1.3 billion people experience significant disability. This represents 16% of the world's population, or 1 in 6 of us. Some persons with disabilities die up to 20 years earlier than those without disabilities" (<https://bit.ly/3uKMMch>). In addition, Science Daily states, "Over 95 per cent of the world's population has health problems" ([sciencedaily.com](https://www.sciencedaily.com)). Can

you imagine that? We live in a world full of sicknesses and disabilities. The sick and disabled are a huge and needy people group. For this reason, every missionary association and church growth effort must include medical missions in their strategy. Modern medicine and therapy should be embraced as effective bridges to communicate God's love to our needy world. To overlook this is to close wide doors of opportunity for Gospel expansion.

Back to my story about our ministry in the mountains of Northern Nigeria—prior to our arrival, there were no medical facilities whatsoever. People died of ordinary diseases that could have been cured. Introducing simple, healthy, and hygienic practices cut down the prevalence of diseases. Our presence revolutionized the community and increased life expectancy. And none of us was a fully trained medical doctor!

Together with our basic medical services, we presented the Jesus who had sent us to them. And they gladly embraced Him. Don't forget those figures: 16 per cent and 95 per cent. It's time to engage.

In this edition of AfriGO, Dr. Dieudonne Lemfuka highlights the vital role of African health workers in advancing global missions.

Our feature story shares Nuura's* experiences as a missionary nurse among an unreached people group. In *How We Did It*, Dr. Prince Oteng-Boateng reveals how his mental health practice fits into Jesus' command to "go and make disciples." For our training pages, we have provided information about organizations that support health workers desiring to go into missions. Enjoy this issue of AfriGO, and share with others!!

**Following in the
steps of Jesus,
missionaries are
healers.**

Dr. Chinedu Oranye is a Nigerian Bible teacher, author, leadership mentor, and pastor. His ministry has taken him to over 30 countries, sharing and communicating Christ's Gospel of love, redemption, and faith to the lost and the Church. He serves with Calvary Ministries (CAPRO) and Haggai International. He is married to Taiwo and they have three children. chinedu.oranye@gmail.com

CALLED: DR. SAM FABIANO

A SCALPEL AND A BIBLE

AS TOLD TO MERCY KAMBURA

The patient lay on the operating table. I stood over him in my green scrubs, hands to my chest. I had done this procedure countless times, but I knew as much as everyone else in that room—like life itself, surgeries are unpredictable.

I looked at my patient, knowing his trust was in me and his faith was misplaced. I crossed my fingers already in blue gloves, and asked, “If you don’t wake up from this anaesthesia, where will you end up?”

It was not a rhetorical question—I wanted him to think about it and be sure. I’d then pray for him before cutting him. He lived and will live in the next life because he decided to follow Christ on that table.

This is what being a missionary surgeon means. You meet people at their most challenging times, and sometimes, you don’t know how the surgery will go. I have a window of opportunity to ask someone, “Is your life right? I want to make sure you have an opportunity to set your life straight.” Sometimes, we know it’ll take a miracle for people to survive some surgeries.

I didn’t always think I’d be a doctor—it was a tough choice between medicine and aviation. I loved science, and after moving from my home country in Angola to study Biology and Chemistry in Namibia, I enrolled at Concordia University in California, USA, for my pre-med studies.

I finished, returned to Namibia, and started an organization caring for people and kids affected by HIV/AIDS. One day, I saw a sickly child with an emaciated body and a huge belly. I thought, “Some day, I’m going to come back and help these people.” The suffering drew my heart, and I wanted to be used to bring them some relief.

I went to medical school in Russia, and returned to Namibia to start work in a mission hospital. I wasn’t a surgeon then, but many colleagues urged me to study and become one. The calls were incessant and I wondered, “Is the Lord speaking to me?”

I applied to the Pan-African Academy of Christian Surgeons. PACS combines surgical and biblical training to equip residents to be leaders in the Church and community. They have trained surgeons in 14 African countries.

PLEASE PRAY:

- For the surgical team we plan to start training; that we find the right people with a heart for the nations.
- For more people to train the surgeons—short- and long-term.
- For missionaries serving in hard areas and for their children.



Dr. Sam Fabiano (left) at work

We don’t just operate on people; we offer them hope.

I returned to Angola to work in the same mission hospital with SIM.

One lady visited us; she had recurring breast and advanced ovarian cancers. I knew she would not get better, and we chatted for a few minutes. I talked to her about her prognosis and asked, “Can I pray for you?”

She was very calm after the prayer. When her daughter-in-law came to get meds for her, she said, “Thank you for praying with her. Today is the first day she has been peaceful in a very long time.”

We don’t just operate on people; we offer them hope. We build relationships and show that we care for their lives here and after.

Opportunities to reach out

Fewer doctors want to become career missionaries—it’s less lucrative and less glamorous living in a rural place and working more hours. But it’s one of the most fulfilling jobs ever. The investment in people is unquantifiable. It’s eternal.

As a missionary doctor, you have many cases; some you may never do in developed countries or urban centres. Everyone gets to learn from you; even the grounds people and nurses, as they watch you serve people with eternity in view.

It’s humbling to see how people must hustle for medical care. Some walk for a week to seek medical attention. Good medical care changes families. The help is visible; you see the joy in their eyes.

Unfortunately, there are too many cases and too few doctors. Leaving the comforts of your home country is challenging and hard, but it’s rewarding.

THE HEARTBEAT OF GLOBAL MISSIONS

BY DR. DIEUDONNE LEMFUKA

We treated a young lady of 18 years who came to ELWA Hospital with a condition requiring surgery. Her physical form was dire and her emotional state was equally fragile. Our team tended to her medical needs and shared the message of hope and salvation through Christ. We worked alongside our hospital chaplain, and through prayer and counselling, she found healing in her body and for her soul. This transformational journey is at the heart of what health workers can achieve in missions.

Health work has a remarkable ability to open doors and advance God's global mission. Patients often come during vulnerable moments in their lives, presenting a unique opportunity to provide physical healing and spiritual and emotional support.

A missional mindset

To harness the potential of African health workers in global missions, we must cultivate a missional mindset with the profession. It begins with understanding that our skills and knowledge are powerful tools for spreading God's love and compassion. Health work is a calling—we are called, as Christ's ambassadors, to serve, to heal, and to bring hope to those in need. Every surgical procedure, medical consultation, and act of care becomes an opportunity to reflect God's grace.

Though health worker migration from Africa poses challenges for Africa's healthcare systems, it also opens doors for mission work. Pastors can inspire healthcare professionals to consider missions, emphasizing service in underserved regions as a humanitarian gesture. Collaboration with healthcare organizations and mission agencies facilitates the process of sending health workers to serve in missions.

Christian health workers need to consider a long-term missional focus by serving for extended periods. Long-term dedication cultivates trust, ensures consistent care, imparts knowledge to national staff, and fosters deep connections with local communities.

My journey

I was working as a general practitioner when the idea of becoming a missionary was suggested to me. I initially dismissed it; however, the suggestion resurfaced when my wife and I began our surgical residency training.

We were both hesitant about pursuing this path. It wasn't what we truly wanted for our lives.

We confided in a few friends expecting encouragement, but instead, some questioned why two physicians would choose to become missionaries instead of pursuing lucrative careers. This left us confused.



In our quest for clarity, we consulted our pastor, expecting a similar response. To our surprise, he told us that answering the call to missions was God's path for us, and advised against our resistance. This caught in a dilemma.

After prayer and reflection, we became convinced we should obey God's will. Looking back, we see God's faithfulness since we joined the mission field, and I am filled with gratitude. This can hopefully encourage those hesitating to respond to God's call. God wants you to serve with your skills and talents as a means to share the Gospel with others.

Health work has a remarkable ability to open doors and advance God's global mission.

Healing and joy

A patient arrived at our hospital with nearly a third of her upper lip bitten off. The situation appeared grim as the family presented a preserved piece of the lip, desperately seeking our help.

After a thorough examination, we decided to perform an advanced procedure to reconstruct the lip. It was a daunting undertaking, but we wanted

to provide this young woman with a chance at normal life.

Two weeks later, the patient's mother was overjoyed to see her daughter's beautifully restored lip, and requested a commemorative photo with me. True healing and joy come through the grace of our Lord Jesus Christ.

African health workers possess a vital role in global missions. By cultivating a missional mindset, we can transform our professions into powerful instruments for God's work. As Philippians 4:13 says, "I can do all things through Him who gives me strength." With God's strength, we can accomplish even the most difficult tasks. Together, we can be the heartbeat of global missions, bringing healing and hope to a world in need.

Dr. Dieudonne Lemfuka is a general surgeon from the DRC. He is a graduate of PAACS and COSECSA, and currently serves as an SIM missionary at ELWA Hospital in Monrovia alongside his wife Christelle, and their three children.



NURSING WAS MY ENTRY TICKET

BY KATE AZUMAH

Nuura* needed to get this woman to the hospital fast. Her baby had defecated inside the womb, was not breathing properly, and was coming out legs first. She called an ambulance, but violent attacks and a curfew in nearby Garissa prevented the van from making its way to their remote location. It was midnight and Nuura was stuck. She explained to Ayaan* the complications—baby or mother could die.

“No!” Ayaan protested amid labour pains and tears. “You people pray! You have prayed for people and we have seen them get well. Pray to your God. Ask Him for a miracle. Please!”

A line of nurses

Nuura had entered the nursing profession as a matter of convenience; her mum had been a good nurse, and her grades had secured her a nursing school admission too. She knew about missions—it was for white people, not Africans. After her training, Nuura started work at a government hospital until one message from a friend changed everything.

She recounts, “Kenya Assemblies of God had a mission base with a school and a small clinic among Somali refugees in

northern Kenya. Someone had recruited my friend to replace the nurse who had worked there 10 years, but was leaving the field due to ill-health. Now my friend was also leaving to get married, and I was one of those she contacted to take her place.”

Nuura couldn’t believe the location her friend was describing. Out of curiosity, she decided to go and look.

“The village was remote and needy. On my first day, a long line of patients kept us busy from 8am to 5pm, most of them with preventable diseases.”

On her return to the city, Nuura called her friend: “I’ll come, but I’ll stay two years. Please don’t stop the search for someone who’ll stay longer.”

With zero training in missions, Nuura followed and observed the missionary teachers in order to learn. By the end of the two years, God had worked in her heart a deep love for the people. Now, she wanted to spend her life living among them, learning their language, and sharing Christ’s love. Half a year later, she left for mission training with CAPRO and was re-assigned to a more

interior village to found a new health post among nomadic Somali refugees.

A way in

Nuura’s village had no electricity, and the only vehicle commuted once daily. Water was a thirty-minute walk, and once there, you did all your washing and bathing. Water carried home was strictly for cooking and drinking. This inconvenience turned out a blessing though.

“It afforded me time to interact with the women as we walked and worked together. These opportunities were restricted

On my first day, a long line of patients kept us busy from 8am to 5pm.

back in the village. As a close-knit and fully Islamic community, they did not welcome foreigners. You needed a justifiable reason to be there. Being a nurse was my way in.”

Nuura did her nursing work diligently, but advises against a “saviour” mentality. “It’s easy to notice all the things they are doing wrong, but remember that they’ve been getting along over the years without you.”

Initially, the local women wouldn’t

patronize her services. They still went to Traditional Birth Attendants or TBAs, who would only consult Nuura after they encountered problems that could have been avoided had they called earlier. Rather than contend with them, Nuura stepped back to observe their unique way of caring for the pregnant women, and offered her expertise when required.

Nuura worked at the health post on weekdays and made home visits on weekends. She memorized Gospel stories in the local language and told them to her patients when she visited. They loved the stories and discussions.

“Unlike the city where one can preach the Gospel and get instant responses, here, it requires prayer and patience. It’s slow fruit.”

Boycott and attack

Soon, the community leaders became suspicious. At a meeting in the mosque, they warned, “These people are here to convert us. Don’t let them come to your homes, and don’t go to their homes.” Nuura reports that they stopped coming. Some took their children out of the school, and when they saw any missionaries approaching, they passed the other way.

“During this boycott, a family abandoned their sick mother in a wheelbarrow at the clinic. We took the woman home and cared for her. Her family had been watching. The community realized we were not their enemies. Gradually, they returned.”

Another crisis came when one man accused Nuura of stealing a phone he had left charging unattended with the clinic’s solar power. He struck Nuura with a herder’s stick, and she fell to the floor unable to move. The community elders ordered the culprit to take her to the hospital. Nuura was admitted for two days. Later at a hearing, she opted to forgive the man and absolve him of paying the required fine. The elders were not pleased; “If you have declined our



The only source of water for Nuura’s village

decision, then you’re now on your own. Don’t come to us when you encounter another confrontation.”

Visible fruit

Nuura prayed for Ayaan as she requested. The baby came out not breathing. She handed him to a TBA with instructions as she attended to the mother. After a while, the baby started breathing and crying, and turned out healthy-pink! His overjoyed mother said, “I give this baby to the Lord. There was no hope, but the Lord brought him back to us.” She gave him a Christian name. Although Ayaan remained a Muslim herself, she didn’t mind her son learning about the Lord. The community knows he belongs to the God of the Christians, and no one bothers him.

The man who attacked Nuura fled the village after the incident. Nuura thought about him one day and gave him a call. He had become a Christian.

Five to six believers now meet for fellowship in Nuura’s village. The community alienates them, but their passion to see their people won for Christ is unwavering. The laws in Kenya allow religious freedom, so the community cannot keep them from practising their new faith.

The government recognized Nuura’s work, and with the help of an NGO, built a bigger health facility for the village.

Health workers in missions

Nuura shares, “African health workers have abundant opportunities for serving among many UPGs who need health care desperately. A westerner may not accomplish as much as an African worker because of different expectations. For Africans, they know we are like them; our resources are limited so we’d have to make it work together.”

She advises health workers who are new to missions: “Several mission organizations exist now. Connect with them and find out what they are doing. Be willing to learn, even if you’re an experienced professional. Let God be your reason for serving. Sometimes the people may not appreciate you, and you’ll wonder if it’s worth it. After I left Kenya, they were now asking me to come back—‘You were doing so much!’ they said. But they never told me this while I was there.”

A missionary couple moved in to take Nuura’s place as she left for her new assignment. She now serves in one of the world’s most hostile and least-reached countries. Her nursing profession has given her another ticket.



Old health facility



New health facility

PRAY FOR:

- More open doors for the Gospel in Nuura’s new country.
- Unity and synergy among the team she serves with.
- More African workers to be sent into the harvest.

WITNESSES FOR CHRIST

IN HEALTHCARE BY IHS GLOBAL



Image by DC Studios, Freepik

Healthcare workers meet hurting people every day in healthcare settings. We hear about diseases, pain, the loss of dear ones, war, and poverty. People look to us for answers far beyond the chief complaints they present. This should be expected because disease is more than physical.

But how do we respond? As followers of Christ in healthcare, we can begin by asking: is God at work? The answer is always, yes! It is in the context of a broken world that God calls us as Christians to be salt and light, caring for our patients' spiritual needs in addition to their physical needs.

Many healthcare workers desire to be the expressions of God's love to their patients, but they do not know how to start or are too busy to use the opportunity. Yet, what would the world look like if all Christians were trained to make use of those precious moments with their patients for Jesus? What if healthcare workers knew how to be witnesses for Jesus?

"But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth" (Acts 1:8).

Jesus declared that we will be His witnesses. He didn't say, "Go witnessing." He said, "You will be my witnesses." This identity piece is at the core of engaging others for Christ. In the same way, "You are the salt" and "You are the light" (Matt. 5:13, 14) convey that we are His witnesses.

Being a witness for Jesus cannot be separated from being closely connected with Him and being transformed into His likeness. Spiritual vitality is the secret of the powerful life of biblical characters such as David, Daniel, Apostle Paul, and other role-models of faith who lived before us. Spending time with Jesus helps us overcome barriers in our lives, and

gain confidence and courage to be His witnesses. As our lives reflect that of Christ, His love overflows from within us.

The Holy Spirit too provides tools for cultivating, sowing, and harvesting as we journey with patients. The first tool is prayer. We must acknowledge that the journey to Christ is God's work and not ours, and then cover every moment from cultivating to harvesting in prayer. While we pray for our patients and colleagues to know Christ, we also need to ask others to pray that we will be effective witnesses for Jesus.

Another important tool is asking questions. These can help us develop understanding beyond medical issues. Questions build relationships and trust. When healthcare workers ask patients, or even their colleagues questions related to their families, jobs, or even their struggles, they can feel seen and validated. It can be healing. Related, we can also take a spiritual history, much like medical history, to understand each patient's spiritual background and current spiritual condition. This helps

us to understand where they are on their spiritual journey. Taking a spiritual history is considered a best practice by many influential healthcare institutions today.*

There are many more tools available to us. This is just a beginning as we consider how to meet our patients where they are on their journey to Jesus and walk with them one or many steps.

To learn more or be equipped further as a witness for Christ in your healthcare setting, take our free online training at <https://ihsglobal.org/spot>.

*Aaron Saguil and Karen Phelps, "The spiritual assessment," American Family Physician 86, No. 6 (September 15, 2012): 546-550, accessed June 15, 2023, <https://www.aafp.org/pubs/afp/issues/2012/0915/p546.html>.

**As our lives reflect
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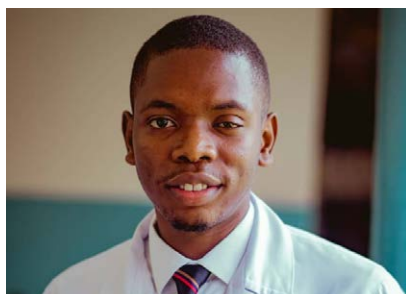
MY SALINE PROCESS EXPERIENCE

By Wakili Othniel Wakili

The rarest of opportunities to share Jesus Christ with non-believers is available to Christian health practitioners and medical students. Life comes through us at maternity, and we are usually the last human line of defence before departure from the earth. More importantly, the distance between the pulpit and the pew is absent at the bedside that healthcare workers have access to. What a privilege!

We have a spiritual obligation to be witnesses. Telling others how they can have eternal life is the greatest thing one can do for them. My biggest obstacle, however, was not knowing how to do that. I shared this with a friend who is a missionary. We talked and prayed about it, and then he recommended The Saline Process training.

The Saline Process taught me what it



means to be a witness and how to be one. It engraved in my heart an important truth we Christians know but tend to forget: “our lives, our actions, our reactions, our attitudes, our appearance, our words, our demeanor all speak, either for Jesus or against Jesus.” The Saline Process Online Training (SPOT) made me realize that being a witness is not like giving a single stat injection to a patient. It is rather like giving a saline infusion, one drop at a time. It is a process.

Through the enabling of the Holy Spirit, I became an active witness for Christ, helping others move a step closer towards Him. It has been an amazing experience. Sharing the greatest news in the world with people I encountered in the four outreaches I have been to since my Saline Process training was satisfying. I felt a sense of achievement knowing I had positively impacted the eternal destinies of other people. Nothing else will matter as much as helping people establish an eternal relationship with God. My prayer everyday is that I continue to be a witness for Christ because the harvest is indeed plentiful.



EQUIPPING HEALTH WORKERS FOR MISSIONS



*IHS Global® (see article), through partnerships, equips Christian healthcare workers who are already caring for the physical needs of

their patients to also care for their spiritual needs. It is a multinational Christian organization which provides training through their Saline Process programme. This 18-month process equips and mobilizes healthcare workers to share the love of Jesus so that patients in hospitals and clinics throughout the world hear about Jesus and experience His compassion through the words and actions of Christian

healthcare workers. The programme includes mentoring and follow-up. The community also connects people online and locally to encourage and pray for one another. Almost 50,000 Christian healthcare workers in over 125 countries have been trained through the Saline Process®. Visit <https://ihsglobal.org/salineprocess> to see this free programme and other resources they offer.

INTERNATIONAL CHRISTIAN MEDICAL AND DENTAL ASSOCIATION

The vision of the International Christian Medical and Dental Association (ICMDA), now in over 200 countries, is to see a Christian witness through doctors and dentists in every community in every nation. Members participate on a national level, and the Nigerian CMDA is one of their largest groups with over 600 doctors in Nigeria and another 3,000 diaspora doctors on their WhatsApp groups. Anyone can access the resources on their website, which include a database of 168 webinars on topics of current interest to medical professionals. <https://icmda.net/>

ICMDA



scatter global

Scatter Global (SG) is a network and support service for Christian professionals who desire to work outside their home countries in order to share the Gospel. You may browse their catalogue of opportunities, which include a wide variety of jobs in the medical profession. SG will assist in your process through Scatter Coaching, a high-quality career coaching which includes private sessions and support in recognizing your own abilities, interview skills, and job search strategy. Fees are scaled to your circumstances. Visit their website to browse jobs and watch their video series on working overseas as a Christian professional. <https://www.scatterglobal.com/>

GO! NEWS OF AFRICA'S MOBILIZING CHURCH

CENTRE FOR THE STUDY OF UPGs OPENS IN GHANA

In 2019, one of Ghana's largest denominations, the Church of Pentecost, under the leadership of its chairman, Apostle Eric Nyamekye, established a new ministry called Home and Urban Missions (HUM). Its mandate was to reach out to groups that have not responded to the Gospel.

UPGs were identified to have received little Christian engagement over decades. Therefore, the leadership of HUM collaborated with the Pentecost University to introduce a centre that

will focus on UPGs. Consequently, the Pentecost Centre for the Study of Unreached People Groups, Africa (PCUPG'S AFRICA) was established.

The centre is dedicated to developing and disseminating knowledge, and raising church leaders, researchers, and other Christian workers for UPGs in Africa. It was officially launched this year at the Pentecost Convention Centre. The centre's tasks are in three streams: Research, Teaching, and Mission Support. Read more at bit.ly/upgcentreghana.



The annual Global Day of Children and Families Praying for Unreached People Groups took place online in July this year. Children from 51 countries participated in a continuous chain of prayer. Africa led the world with 36 countries represented! For 12 hours, country after country came online to share their prayers for the lost around the world, and this included children from many languages: Francophone, Lusophone, and Anglophone areas of Africa. Not only will this repeat next year in July, but the Children in Missions Network (a MANI initiative) is now hosting a monthly prayer event to help parents learn how to pray with their children for the lost. Contact Althea Meyer at altheameyer5@gmail.com or

+265 999 389 454 for information. Read more at www.maniafrica.com/children-in-missions-network-cimn/

This year's video can be viewed at <https://bit.ly/3tczNG1>

Access the monthly Zoom meeting at <https://bit.ly/3uC4N2z> (passcode: 32223) or watch it on their YouTube channel at <https://bit.ly/3NAumYL>.

MOBILIZATION TRAINING AT KIJABE MISSION HOSPITAL

Mission Campaign Network (MCN) has been running the Kairos course for medical trainees and professionals at the AIC Kijabe Hospital in Kenya for nine years now. The Kairos course, by Simply Mobilizing, is a nine-session programme which demonstrates God's missional plan for the world from Genesis to Revelation. MCN's hope is that Kijabe's 400 Kairos course participants will see their medical professions as a strategic opportunity and platform for sharing the Gospel wherever they find themselves working. One recent surgical resident commented, "It is an amazing course that opened my eyes to the gift of the Great Commission which I am a part of. I learnt of my role as a world Christian and of making Christ known to all nations."

Mission Campaign Network (MCN), a faith-based and non-denominational Kenyan mission organization, was founded in 2010 to mobilize the Church and train Kingdom workers, so that all God's people may intentionally, strategically, and collaboratively participate in the fulfillment of the Great Commission.



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MENTAL HEALTH AND THE GREAT COMMISSION

BY KATE AZUMAH

For Dr. Prince C. Oteng-Boateng, running a mental health practice and doing missions are seamless; whether he is preaching at the pulpit or sitting across from a client, it's all ministry.

"I was first introduced to missions when I joined the Ghana Evangelism Committee after graduating from the university. I was appointed as a Missions Research Officer and served on the lead team that organized the Ghana National Church survey, a research project that assessed the extent of the evangelization of unreached people groups in Ghana."

In 1993, soon after completing the National Church Survey, Dr. Prince was awarded a scholarship to study at a seminary in South Korea. Upon graduating, he joined a para-church organization and led evangelistic efforts targeted at youth and young adults in Seoul. Additionally, he helped plant two churches in Chinhae and Koje Island (in the southern part of Korea), and led one of them until 2001. After relocating to Seoul, when the pastor's position became vacant at the Seoul Union Church, the congregation voted unanimously to endorse him as their new pastor. He served for 13 years before eventually emigrating to Canada.

Mental health practice

"My journey as a mental health professional started after completing my Master of Divinity programme. I wanted to make a direct impact in the lives and well-being of people, so I pursued another Masters in Christian Counselling and finally a PhD in Counselling Psychology. After arriving in Canada and working for a while, I enrolled in a post-doctoral study in

clinical neuropsychology."

During his time in Korea, Dr. Prince started a private counselling practice serving the needs of the expatriate community and the US military. He explains, "Rather than working for people, I wanted to run my own practice and make my own decisions in ways that aligned with my values and principles as a Christian." His practice continues in Calgary, Alberta, Canada as the founder and CEO of Innovative Counselling Solutions, Inc.

Although most of his clients are non-believers, Dr. Prince does not deny them service nor impose his faith on them. He testifies, "By the Lord's grace, I have seen many successes including marriages restored, lives transformed, and relationships healed." Sometimes when clients cannot afford his services, he offers them a reduced rate, on a sliding scale, or pro bono. He admits that taking time to rest and recuperate is crucial but can be challenging due to the increasing demand of psychological and counselling services.

Integrated ministry

In addition to his practice, Dr. Prince is an associate staff with the Worldwide Discipleship Association (WDA), and

serves as the country director for Ghana and Canada. The WDA operates a disciple-building ministry (Cornerstone) and a restorative ministry, Restoring Your Heart (RYH) that addresses emotional and relational healing as part of the discipleship process. Given the Ghana Evangelism Committee's (GEC) pivotal role in the evangelization of Ghana and beyond, Dr. Prince led the effort to create an ongoing partnership between WDA and GEC. Once every year, he leads conferences and training to equip lay leaders and pastors with skills to build emotionally healthy and mature disciples who can also train others.

"I perceive my mental health profession as a fulfillment of my vocation within the Kingdom of God. The Great Commission to "go and make disciples of all nations" emphasizes the need for evangelism and discipleship. Jesus demonstrated that emotional and relational healing were part of His ministry when He read a summary of His mission in Luke 4:17-18: bringing good news to the poor, to captives, to the blind, and the oppressed. These are exactly some of the issues people with mental illness struggle with today; and Jesus, our great mental health therapist was concerned about them. Mental health should therefore be seen as central to the Church's mission."

Dr. Prince observes a dearth of African mental health professionals who can understand and integrate aspects of African culture to address the needs of people. This presents a ripe opportunity for trained counsellors and therapists in the Church to step in the gap with God's healing for people's hearts and minds as part of a holistic Gospel. Dr. Prince C. Oteng-Boateng is doing his bit. May many more professionals respond to the need in the harvest fields near and far.





PEOPLE GROUP: THE KANGO OF DRC

The Kango people, numbering less than 50,000, dwell on the banks and islands of the Uele River in northern Democratic Republic of the Congo (DRC). They are primarily fishermen. According to lore, their ancestor, Kango was a talented fisherman. He gave his sons areas of the river to rule over, but the whites expelled the people and imposed new leaders.

A love for the water sets the Kango apart from the other tribes in the area, many of whom are fearful of the large Uele River. Also unusual is that Kango women are engaged in fishing and paddling the canoes along with the men. The Kango have a habit of smoking and drinking to be better focused before going out on the water.

Along with the confidence on the water comes belief in a water spirit that causes people to drown. When eight nurses drowned while crossing the river, the consensus was that the Kango man with them died because he warned them of the danger.

In the past, the Kango were animists, but now many identify as Catholic although syncretism is an insidious problem with the use of fetishes and witchcraft alongside Christian

symbols. Children are sent to be treated by witchdoctors instead of medical professionals. Some families have taken their children mid-treatment and sent them to witchdoctors.

Malaria is endemic and causes great suffering. The remoteness of the Kango villages means medical care is hard to get, but women try to reach clinics to give birth. Wise women in the villages help with emergencies.

The few children who attend school must walk through the forest more than 10 km each way. Literacy is therefore very low. No electricity is available, and often no cell phone service either.

The Kango speak their own language, but have adopted the languages of groups around them, such as Pazande and Lingala, which have Scripture and Gospel resources. A Scripture translation project has started, and one or two audio recordings in the Kango language are available.

The Zande, a nearby people group who have been well-Christianized for almost 100 years, made little effort to reach their neighbours. However, three Zande missionaries are now working among the Kango, who are incredibly open to the Gospel.

AT A GLANCE

- In northern DRC, it is difficult to get Bibles.
- The Kango honour their dead with graves made of stone, which is used only for tombs.
- In the two villages where churches have been, the Zande missionaries were the first to share the Gospel.

PRAY FOR

- Faithfulness and discipleship; the Kango may convert easily but abandon Jesus easily too.
- The Zande missionaries working in remote areas: for good health, for wisdom, and for spiritual strength.
- Kango disciples to rise up and begin to reach out to their own people.

Sources: AIM missionaries and Zande missionaries • BAS-UELE Pouvoirs locaux et économie agricole : héritages d'un passé brouillé » (Tshonda et al., Pgs. 82-84).
• <https://www.peoplegroups.org/explore/GroupDetails.aspx?peid=14577>



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