

APRIL 2014

NEWS FROM THE OLIVER FAMILY

Mission?

OF GOD?

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Update...since we wrote at Christmas.

Immediately after Christmas we moved to Maxixe (500km north of Maputo)

Gina soon began working at Chicuque United Methodist Hospital in the Surgical ward and before long she began to explore developing community outreach work. It is this that we wish to focus on in the update. We are taking small steps to try and ensure anything we do can be sustainable.

We have learnt that medical staff are keen to help, however because of being very poorly paid they simply are unwilling to commit themselves to volunteering their time and energy to additional work. There is also a culture that any duties away from the hospital will be rewarded by the government at £6 per outing with refreshment in addition. Staff are often reluctant to

volunteer without this incentive. For the medical outreach we have been exploring, this amounts to at least £145 per month. We have repeatedly said that funders and donors are often not willing to pay this and are increasingly wanting people to involve themselves as volunteers. In the past there is evidence of programs using sizeable parts of funding for 'incentives' and subsistence. These have ended and the work collapsed.

Gina has therefore been cautiously building on a government initiative of going into rural areas one a month using a vehicle which doubles as an ambulance and is often not available...at least not at the right time. The program has been solely about under five weighing and basic infant health issues. Gina ensures these visits happen by assisting with transport and

add to it HIV testing, Malaria diagnosis and treatment, TB, blood pressure. Visits are now made at least twice a month.

The good news is that number of medical staff have agreed to volunteering during their normal working hours albeit we provide light refreshments for lunch. We believe money can be found for donors for a vehicle and equipment. It is the other on costs that are a bigger challenge....and without funding for these a mobile outreach facility simply is unsustainable. We would welcome your thoughts and prayers about how the work can be sustainable.



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Our new home in Maxixe....and our new church Community in Chicuque.



A dream... begins to become reality

If only there was funding to buy a Clinica Móvel like the picture above!BUT Maybe not.... Maybe its the simplicity of what we have begun to establish which is the secret of success? To maintain a fully equipped vehicle is of course very costly and to maximise the expenditure, needs a full time doctor team.

Our approach has been much more modest:

- Using volunteer doctors and nurses from Chicique rural hospital
- Limiting services to initial diagnosis and some treatment of HIV, Malaria, Hypertension, TB..and maybe in future such things as diabetes.
- Using a 4x4 pick up with reasonable running overheads.
- Outreach held in open air or in shelter in village rather than in a van with need for air conditioning.
- Encouraging those with medical need to visit their nearest clinic or hospital.
- Providing public Health element for example, dental, family planning, safe sex.
- Building good relationships with traditional healers.
- Keeping accurate records of medical data obtained
- Using reliable digital/electronic measurement for accuracy and to enable as many people to be diagnosed/ treated as possible.
- Working with closely village leaders in promoting health strategies.

With many thanks...

We are therefore very thankful to Igreja Methodist Unida(UCM) for allowing Gina to work with them in this project and to the Igreja Metodista Wesleyana(IMW) for releasing and funding our accommodation costs.

...and as the future unfolds in broadly three stages:

PHASE 1

Continue the newly established program with the Mission Partner coordinating the work, visiting five designated areas at least twice a month. This is to be done in conjunction with program established by the government. This can continue in the next few months, without large funding. Any donations received will be prioritised as follows (1) Purchase of basic equipment for the project.

(2)Payment of costs for running vehicle

(3) Provision of refreshment for staff choosing to help with the program. It is seen as important in this phase to keep a clear record of number of people seen at each centre on each visit, gender, age, diagnosis and treatment given. Also as far as possible to follow up treatment by phone conversation.

The second dimension of phase one is the need to begin dialogue with other partners with view to (1) exploring other places which need this provision (2) Ways of joint working (visits, transport, grant application etc) (3) Building relationships and avoiding duplication of effort.

For Prayer

On the 6th day of each month in the UK Methodist handbook, people are invited to hold us in their prayers

1. Developing Medical Outreach
That we may have wisdom to know how best to develop a sustainable outreach program of diagnosis, treatment and public health.

2. Work with others
In Mozambique there are different Methodist Churches. The biggest are the United Methodists. (from USA). May be God is calling us to work together as one family? Maybe there needs to be a closer link between church and other NGO's?

3. The IMW with its many dreams
That the leadership will make the right choices to build healthy relationships so that the people resources within congregations can be a blessing to others.

4. Elections on 15th October 2014
That the country may cast votes in a Godly way and prepare for the elections in as constructive and peaceful way.

6. New work in Nampula
The District have just appointed Revd Arlindo Munduma to be a mission Partner in Nampula. That the District will work in an open and collaborative way with funding partners and Arlindo as he prepared to be a National in Mission Appointment.



Further Prayer

1. Securing funding for running costs

The hospital does not have sufficient funding to cover costs, so for any outreach project to be sustainable the hospital/churches will need to secure alternative funding.

2. The bigger picture

In the much longer term, one would hope that the government/hospital would agree to funding some of the running costs, even if capital expenditure such a vehicle was donated. There seems to be such poverty in the rural areas that asking for a financial contribution from the service users is not at present feasible. The government medical staff are used to receiving incentives for such work. We thank God that they are choosing to forgo these.

3. Developing further

The Methodist church in Mozambique is unable to finally sustain its existing structure and therefore is unable to make any financial contribution. We are therefore praying that away will be found to work in partnership with other non governmental organisations(NGO's).

4. Visiting other medical outreach programs

Gina is planning to go with others to visit other established medical outreach programs. There is one a little way north in Massinga. We first became aware of it when we saw the vehicle they use travelling through Maxixe. It had Barclays Bank Logo printed on the side. We pray that it will be possible to arrange a suitable trim to visit this project.



Three phases..continued.

PHASE 2

Begins when some reasonable funding becomes available. This phase will hopefully be reached within 6 to 12 months. In addition to consolidating the work of phase 1 active consideration will be given to exploring centres of operation further afield from Chicucque hospital. It is hoped that some funding could be secured from NGO's or other donors to achieve this phase. The priorities of the budget are

- 4x4 vehicle
- Km allowance of M12 per kilometre
- Administrative costs
- Providing staff lunch during outreach visits
- Purchase of equipment for testing diabetes.
- Refreshments for staff volunteers team building meeting
- Refreshments for meeting with other NGO's
- Contingency, mainly for out of hours working

PHASE 3 SUSTAINABLE MEDICAL OUTREACH

At least one year away and possibly 2 or 3. There are two core large budget implications (1) Continued provision and maintenance of a dedicated vehicle. (2) Payment of medical coordinator. Clearly, involvement of other partners would influence the development of this phase. It is envisaged that partnerships will be developed so that the project can increasingly be self sustainable. Securing a vehicle should be possible as it is a one off expenditure. The running costs will have already been budgeted for. Payment of staff to replace the Mission Partner, is perhaps a more sensitive issue. For long term sustainability, this will need to be supported by a government funded person or by longer term support from NGO.



*Diagnosis, Treatment ,
referral and public
Health issues...and
sometimes taking a team
to a rural school for
inoculations...this time
Tetanus*





Last BUT not least
our family settles into
in MAXIXE



Each evening we go for a walk....
we live opposite a petrol station.



We move to Maxixe on 27th December 2013



FAMILY PHOTOS
..in the heat of Maxixe




