



AFRICA INLAND MISSION

Christ-Centred Churches
Among all African Peoples

AFRICA news

Jun-Sept 18
www.aimint.org/ap

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2018 AFRICAN MOBILISATION



Africans on the move

Mobilising the Church in Africa

Winning North Africa for Jesus Christ will be accomplished when the churches of Sub-Saharan Africa go north.

This is the view and challenge put by James Forlines to a conference of 148 AIM leaders and African co-workers in Kenya in February. The conference marked the commencement of Africa Inland Missions' *"Africa Inland Mission's 2018 Year of African Mobilisation"*.

James is Executive Director of Final Command Ministries and lives in the USA. Final Command is facilitating Disciple Making Movements among Muslim people groups in Africa through partnerships with African indigenous organisations in Senegal, Mauritania, Morocco, Mali, Niger, Chad and the extreme north of Cameroon.

According to James, there are now about 180 million evangelical Christians

living in Africa. This is more than on any other continent, but there are many less to the north. He noted Nigeria had a high proportion of Christians with 30.8 million. However, Niger to the north had only 0.1% Christian.

James said there is enough resource in Africa to reach the unreached of the continent, and beyond. James noted Matthew 24:14 promises the end will come when the gospel is preached in the whole world for a witness to all nations. This placed a unique call on the church in Africa to make this happen.

According to James, the church in Africa has 12 strengths equipping it to go north (see table).

James also encouraged the church in the west and in Africa to work together in the task of winning North Africa for Jesus.

1. Numerical strength, with about 180 million evangelical Christians.
2. Proximity, being on the same continent.
3. Religious background. There are hundreds of thousands of Muslim-background believers.
4. Prayer strength. Prayer is the backbone of the church in Africa.
5. Spiritual Warfare strength. Africans are tuned to the reality of spiritual warfare.
6. Creative flexibility. They will find a way to get it done.
7. Cultural strength. Cultural traits like collective community give strength.
8. Stealth strength. Africans are viewed as less threatening than white people.
9. Sustainable Models of outreach and church planting.
10. Linguistic aptitude. Most Africans have two or three languages and can learn more.
11. Adaptability strength. They can rough it, and "sleep in the market".
12. They are familiar with hardship and persecution.

Just Briefly

AIM Dinner Join an AIM dinner on **Saturday 10 November** in Gosford. Hear from our International Director and missionaries. Kath will share about ministry in Chad. Celebrate what God is doing! Register on www.aimint.org/ap/agmdinner or phone 02 4322 4777. **Bookings close 31 October.**

AIM's Year of African Mobilisation In May AIM leaders met with the leaders of our five main East African partner churches to discuss doing mission together. Pray for more Africans to go into mission.

Workers Meet About 200 African and expatriate workers focused on the

unreached people of the Kenya coast met in Mombasa in April. Pray for this ongoing vital outreach.

October Prayer Day Come to our biannual prayer day on **Wednesday 31 October** in our Gosford office from 2 to 4pm.

Medical Electives Nine students from Hong Kong and one from New Zealand left for Kenya in April to do medical electives.

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**AFRICA
INLAND MISSION**
Christ-Centred Churches
Among all African Peoples

Cover Photo Children in Africa — waiting to hear the Gospel

National Workers Mobilised

Melias Nicholas of Madagascar is one of an increasing number of national workers being mobilised to take the gospel across Africa and beyond.

Melias was born in the south of Madagascar. At age 21, he came to know Jesus Christ through American missionaries. Melias said his new-found faith led to him being ostracised from his family home. However, Melias felt compelled to share the good news of Jesus.

In 2016, Melias joined an Africa Inland Mission training program in Madagascar. This included six months classroom training and 18 months field ministry.

Following their six-months training, Melias and another Malagasy Thadee and his family, were sent out for ministry in the Tanala area, to the villages of Ambodimanga and Ikongo.

Africa Inland Mission's Madagascar unit leader is Rosina from the Sakalava people of Madagascar. Rosina said the Tanala area is very hard to reach as many villages are built in the hills and roads are almost non-existent. Crossing rivers is difficult, especially during the rainy season. Walking is the best way to travel!

Melias and Thaddee and his family ministered for 18 months in the villages to complete their training.

By the end of their time, in November 2017, they had seen 34 people baptised, 47 disciples, 12 prayer groups and three churches formed.

Rosina said the Tanala people are quite hospitable. They love people once they get to know them enough. However, they have some hard feelings toward the Malagasy people from the highlands, who historically hurt them in various ways.

"In the beginning, our team of Malagasy missionaries had to prove themselves to be good people, not coming to steal land, or steal the bones of their dead ones, or to steal their children.

"Soon trust was built. Life was good even though challenging.

"Near Ambodimanga, the village where Melias was based, there are more than a hundred houses spreading all along the hills. A place to stay and to meet was given to Melias by a witchdoctor, - what about that! This was without even paying."

People then started to be open to the good news, and gatherings started in the village.

Rosina said Melias noticed hygiene was a big problem in the villages. Babies and kids died almost every week. The team started to do some cleaning up, aided by people who attended the gatherings. This included encouraging people to build latrines. Consequently, fewer people died.

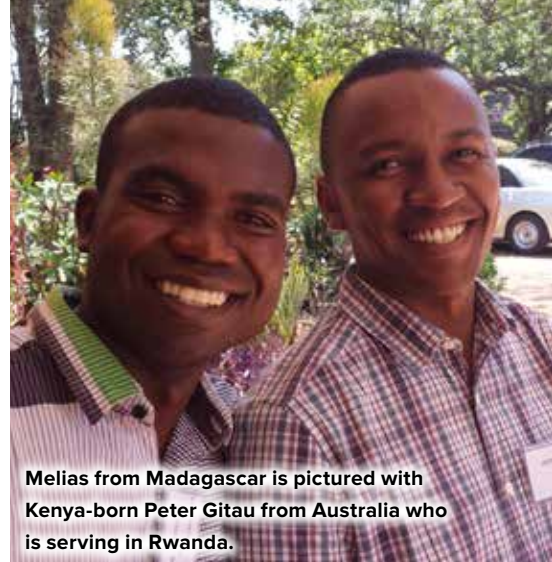
"Other villages noticed it and wanted to welcome the good news too. It was spreading, and there were baptisms."

Rosina said at one stage, Melias and the believers decided to list all the names of witchdoctors in the villages so they could pray for them.

"Some of the witch doctors became believers afterwards."

Other witch doctors were not happy. The team found out later these unhappy witchdoctors had planned to poison the leaders among the believers and their children by putting some kind of poison in their meals when they came to visit. Visiting each other and eating meals together is a common part of life.

Some people started to have big tummies and very soon they died. In 10 days, seven people died. These were leaders or their kids who were all related to the believers. All suffered the same symptoms, Rosina said.



Melias from Madagascar is pictured with Kenya-born Peter Gitau from Australia who is serving in Rwanda.

"There are no medical facilities in the villages. They have to walk six hours in mud and cross a river, taking their sick people on their shoulders to reach a 'hospital' where there is no medicine.

"It was sad days!"

Rosina said some believers were discouraged and left. Melias was worn out and discouraged, full of tears. However, they soon realised it was a spiritual attack, and that they needed to rise up!

They started to visit each other and pray for each other in their houses, listening to the word together. God encouraged them. Some people returned, but some not, or they moved to other places but stayed as believers.

Rosina said the challenging situation taught them to stick with the Lord and His word. Leaders were strengthened and able to go out themselves, seeing God's healing. They learnt from hard things so early in their walk with God!

Thaddee and his family are planning for long-term ministry among unreached peoples. Melias' heart is to go back to the Tanala area for a long-term ministry.

"We praise God for raising up local missionaries! We are praying for some more."



Rosina Ferdinand, AIM's Madagascar unit leader.

Health Opportunities on the Islands of Africa

By Kathleen, Nurse

(Pseudonyms are used in this article to protect the identity of workers and patients.)

Traditionally, our organisation's health work options have been in one of our major Mission hospitals. These structures still offer great care, great opportunities for volunteers, and great witness.

However, as our organisation has grown, and focus is increasingly shifted to the unreached people groups of Africa, health opportunities have shifted and grown too.

We now have many varied and different ways to serve through healthcare. One of these options is serving in the government hospitals and facilities. Bev and I work in a government and community-run health post, in a rural village, in an almost completely Muslim country. Whist we are the main care providers, we work with local staff, a village committee and government officials. Working in a government facility does have certain drawbacks. As volunteers you have a lot less control and say in the way things are done and run.

Helping to bring about change is a much slower process, but in our experience, it is all worth it.

We have seen positive changes in the way things are done, as we have modeled a new approach in our behavior and attitudes.

Being the village health 'go to', we have had so many opportunities to love people when they are most vulnerable.

We are called to births and deaths and everything in-between, at whatever time of day or night people need us. Through this we've had many opportunities to share. However, being available like this isn't always easy.

You can't just go home and leave work behind- and our heavenly Father has used this to chip away at the 'rights' we like to cling to. We regularly feel out of our depth and at the end of our strength or knowledge, but our Father is faithful, and when we come to the end of ourselves, we learn to depend ever more closely on God's wisdom and strength.

*In our weakness,
He is strong!*

One of our patients was a girl called Natasha. Natasha is a strong willed, outspoken and lost adolescent, who burned herself horribly one night after a fight with her husband.

Her injuries were serious, and it's an amazing testimony that she is still around today. People look at her scars and say "surely she should have died". Natasha required hours of daily care both emotional and physical.

She has a history of broken relationships with many in her family and community and floated between several houses during her recovery. When she was hungry or wanted a 'safe' place, she often joined us for dinner. When she needed a listening ear, she'd call in or pop round, and slowly over time she made improvements.

Healing took time.



Although she is now physically well, she continues to carry the scars of that night, both physically and emotionally.

During her time of convalescence, people told her she shouldn't spend too much time with Bev and another colleague involved in her care lest they



try and convert her. Her response was, “Why shouldn’t I follow their faith, after all they loved me when others didn’t.”

Natasha has not yet made a decision to follow the Lord. However, during those months of treatment she had the opportunity to experience and hear about the One who loves her unconditionally and sacrificially.

During the past three years, God has given us many opportunities through our position and practice, to show in word and deed how much He cares for this precious people!

Sandra is transformed

We all have plans and strategies in doing our work, and often these are necessary, but isn’t it amazing when our heavenly Father blows these out of the water and does something amazing and unexpected!

Sandra has been an amazing and miraculous blessing to us on our island.

In our community, talking about faith and beliefs is common place, but changing those, and going against what you’ve taught is not.

Although Sandra was a friend, we had never had many opportunities for in-depth spiritual conversations with her until she walked into our living room one day and announced that she didn’t believe Mohammed was a prophet of God. This basic principle is taught here since infancy and is foundational to their faith, so we were shocked and taken aback by this confession.

However, we rejoiced and explained that we follow Jesus.

We then asked if she wanted to explore more about what the Bible says about Jesus. She did, so we spent the next four weeks working through a new video tool that had just been finished in the local language weeks before.



By the end of the video she was ready to accept, saying “Jesus wasn’t related to anyone in my family, my father, my grandfather and yet He was prepared to die in my place, and carry my sins! Even though my sins are so heavy!”

We explained that though we weren’t family, Jesus died so that we could be welcomed into God’s family.

Since then, we have seen Sandra grow through the portions of the Word we have translated, in prayer, through fellowship with us and neighbouring Island believers, through dreams and even a possible angelic encounter.

Continue to pray for Sandra. Her family are not yet believers and at the moment she is the only follower in our community. Pray for boldness for her to share what she’s learning and pray for others to join her. Pray for more amazing miracles like her!

For information about opportunities to serve in health care in Africa, contact Liz on personnel.au@aimint.org or visit www.aimint.org.



Ordinary People

Paul and Helen

In 2013, as the warm August rains swept through western Uganda, Doctors Paul and Helen Shepherd were wrapping up their second short-term stint at Kagando Hospital. They loved the people and the vibrant work of discipling medical staff, and they returned to their home in the UK certain God was calling them into full-time mission service.

But where and to whom, exactly, was God leading them? It would've been simple, even logical, to return to work at Kagando. Equally appealing was the prospect of serving with fellow missionary friends who were soon heading to Angola.

Back in the UK, however, these very same friends unearthed a startling statistic that stopped both couples in their tracks: only three percent of missionaries live among unreached people groups. An overwhelming 97% labour where the church already exists. While work in all of these contexts can be valuable, the Shepherds and their friends wondered if perhaps God was calling them to places of urgency, where the gospel has not yet taken root.

Unreached peoples and places are a catch-22: no one serves there because no one's already there to pave the way. Cross-cultural mission relies on a vast web of connections fuelling relationships, community, longevity. Many missionaries first serve in a short-term role alongside established workers on the field. Once there, they fall hard for the bright chaos and the people. When they transition into long-term work, they're most likely to return to this place that has snagged their affections, that already smells and bustles like home.

By contrast, the landscape of the Great Unknown, where many of the least-reached folks on earth reside, seems murky and shapeless. No stories trickle out of these regions, no rudimentary



hints of what life or ministry might look like. Nobody goes because nobody's gone before them.

The Shepherds' friends, and then later Paul and Helen themselves, went back to their respective mission leaders with a gutsy question. "You know the needs on the field," they said, "so if you could send us anywhere, where would you send us?" In response, their friends were rerouted to a place steeped in Islam, while the Shepherds were told of an unreached people group in Uganda.

Though Paul and Helen had never heard of Kotido Town or met any of the Jie (a sub-tribe of the Karamojong people), when AIM asked them to serve in Karamoja, they readily agreed. And so they leapt into the unknown, without a lick of language or existing relationships, and found that God had faithfully

gone before them. Despite a reputation for toughness, the Jie have been gracious and helpful, enfolding Paul and Helen—and especially their children—into the earthy rhythms of Kotido life.

In this region, known to be the poorest in Uganda, the Shepherds could easily spend every clamouring minute of each day attending to medical needs.

"But what we really want is to see the gospel go out,"

Paul explains. "We want to see people get saved; we want to see churches grow and thrive here. We want to see the Karamojong go from an unreached people group to a reached one."

This is the heartbeat of AIM, because we believe it's the heartbeat of God. May we continue to follow Him into lands wild and uncharted, bearing the lambent hope of the gospel.



Helping out in CAR

In April 2017 an AIM team, led by Steve & Sharon Entwistle had to leave Zemio, in the Central African Republic. But since August 2017, a small team of AIM personnel has returned monthly to offer support to our African colleagues. In November, a medical team offered practical care.



Médecins Sans Frontières (MSF) reports that the fighting in Zemio displaced about 20,000 people, with more than 7,000 initially seeking refuge at the health centre and 5,000 at the Catholic mission, with others fleeing to different sites around the town. The violence witnessed by MSF, including shootings within the health centres, forced MSF to also withdraw, leaving behind thousands of patients with no access to medical care.

Many of those who fled the fighting in Zemio have settled around 200km away, in the town of Obo. So it was in this town that an AIM team of five, including three doctors, initially set up a base. The team took with them basic medical supplies to support the Obo Church Health Centre, which has been overwhelmed as it seeks to help the influx of needy people. Immediately the doctors began seeing patients, whilst the others tried to get a clearer picture of the overall situation. Visiting local health authorities, as well as the Prefect and UN Commander, meant that permission and assistance were given for the team to also visit Zemio.

In Zemio some team members were able to meet with and encourage pastors and church leaders. In the midst of all the trouble that they've seen, it was an honour for the team to remind those

they ministered among about who we are in Christ, and to remind them that the things we face in this world are only temporary and that a good eternity is awaiting.

Medical Provision

The team unloaded the tarpaulins, mosquito nets and the other materials they had brought. They presented them to the Muslim community and then later to the Zande community. The church leaders were excited about us providing medical care in Zemio. They felt they could announce it in the refugee camps on both the CAR side and the DR Congo side of the city. In one day in Zemio the team saw well over 300 patients with probably more than 100 that they were not able to see.

This trip accomplished far more than we had hoped or expected. In Zemio and Obo many told the team how thankful

they were that we had come. It was clear this visit had been a big encouragement. Hundreds had been seen by the doctors, and medications were distributed. Even surgeries had been carried out. Hearts have been spoken to of who we are in Christ and how to understand these difficult times in the perspective of eternity. Many were able to tell their stories and be heard.

Reaching the UN

Whilst in CAR we were well looked after by UN Peacekeeping troops. On this occasion, they were from North Africa, and it was a privilege to be able to interact with them too. In particular, our pilot Chris, who has spent years in North Africa, could speak to them in a dialect of Arabic they understood.

We were even invited to share a meal with the UN Commander. As we ate couscous together we were able to have good conversations.

Chris was even able to witness to them of his faith in Christ.

Pray for safety and healing for the Zande people, many of whom have been displaced into neighbouring cities and countries with no healthcare, schools, and poor water supply, and for forgiveness for the men of violence. Pray for the gospel to be spread among Muslim neighbours in CAR, including the UN troops. Pray that the church in CAR holds firm, resists hatred and division, and uses available resources to help the poorest and most needy.



Medical Opportunities in Africa

There is an urgent need for mental health specialists to serve with Africa Inland Mission in Africa.

These are many opportunities for medical and allied health professionals to serve helping missionaries or being a part of outreach to unreached people groups.

AIM's mental health unit called AIM Care or Tumaini needs psychiatrists, counsellors and psychologists.

Tumaini is the Swahili word for peace. The unit operates from Kampala in Uganda and Nairobi in Kenya. They serve more than 400 clients from more than 100 mission organisations each year. About one-third are from AIM.

A focus of the unit is to provide services that help keep people serving on the field.

Tumaini can take licensed

professionals short-term for a month up to a year, or full-term from two years, in Nairobi or Kampala. Longer service is preferred.

AIM currently has about 142 credentialed health care professionals. However, 58 are not practicing and involved in other roles. About 84 are active on the field in health ministries. These include: 35 doctors; 33 nurses; six physiotherapists and 10 others – including lab technicians, counsellors, etc.

Many health professionals are serving in locations where they can proclaim the gospel and support others who are making disciples among unreached people groups.

Visit our website for more information or to inquire about opportunities in health ministry www.aimint.org/ap



"When biblical Christ-centred medical care is given with professional excellence, compassion, and integrity, we find the Lord using it to address people's brokenness to draw them to himself."

Joh Eager, AIM GP in Tanzania

ONE YEAR TO A CAREER

FULL TERM MINISTRY

From mobile clinics providing basic medical care in isolated communities to large hospitals providing complex surgeries, longer-term care, education, and prevention. We long to see professional practicing compassionate healthcare, but doing so in places where they will influence Unreached People Groups for Christ.

UNDER A YEAR

SHORT TERM MINISTRY

If you're looking to spend up to 12 months using your medical skills in Africa, then we can provide you with a placement, working alongside fullterm AIM missionaries. Use your God given skills to witness to unreached people groups and help in developing Christ-centred churches in Africa.

TWO MONTH

MEDICAL TRACK

EAST AFRICA - JUNE - AUGUST 2019
A field orientation to a range of cross-cultural health ministries. You will receive basic missions training along with personal spiritual development for two weeks followed by five weeks of interactions with AIM health care providers. This is designed to stimulate reflection on the interaction of health ministry and AIM's priority towards engaging Unreached People Groups.

FOUR TO EIGHT WEEKS

MEDICAL ELECTIVE

KENYA AND TANZANIA
We are able to provide a limited number of medical elective slots for students preparing to be medical doctors. Applicants must be current health care professionals or students enrolled in health care professional program (nursing student, medical student, etc.)

www.aimint.org/ap/go personnel.au@aimint.org



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