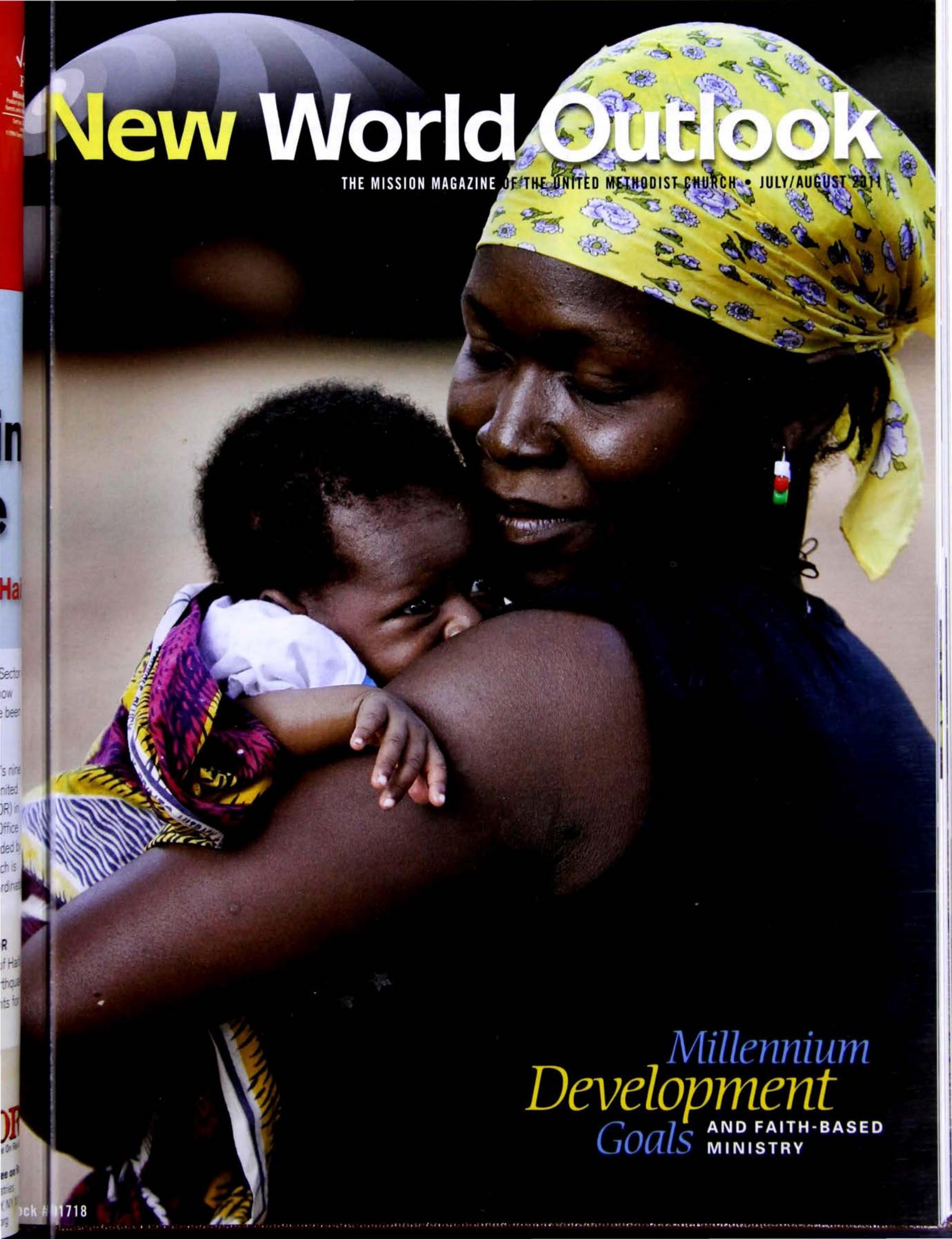


New World Outlook

THE MISSION MAGAZINE OF THE UNITED METHODIST CHURCH • JULY/AUGUST 2011



*Millennium
Development
Goals* AND FAITH-BASED
MINISTRY

New World Outlook

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Editor—Christie R. House

Art Director—Hal Sadler

Designer—Ronald Underberg

Production Manager—Brenda L. Carr

Editorial Assistant—Tylie Waters

Editorial Office

Christie R. House
475 Riverside Drive, Room 1476
New York, NY 10115
212-870-3765

Email: nwo@gbgm-umc.org

Website: <http://newworldoutlook.org>

Advertising/Promotion

475 Riverside Drive, Room 1474
New York, NY 10115
212-870-3765

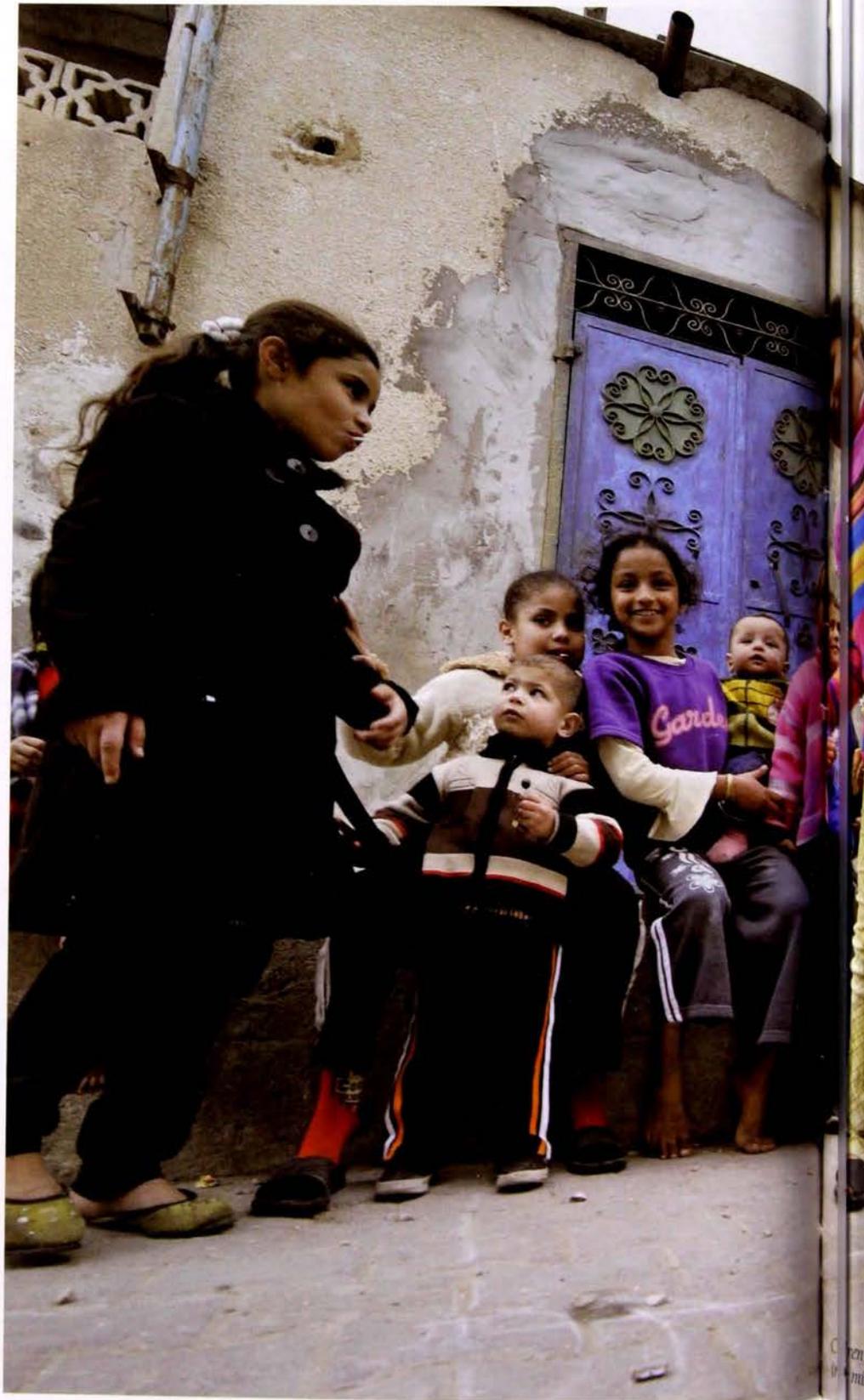
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Cover: Photo by Mike DuBose/UMNS.
A mother cradles her baby outside the United Methodist Church's Mercy Hospital in Kulando, Sierra Leone, as part of an Imagine No Malaria net distribution.



MILLENNIUM DEVELOPMENT GOALS AND FAITH-BASED MINISTRY



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Children playing hopscotch in the Nuseirat refugee camp in the middle of the Gaza strip. Photo: Paul Jeffrey/ACT

From the editor

AND THE GREATEST OF THESE...

..IS LOVE, we can recite from Paul's first letter to the Corinthians, 13:13.

As I was working with this issue on the Millennium Development Goals, it occurred to me that the rest of the world has finally caught up to the church. We often think of the church following the societal trends, but in this case, many faith-based ministries of different denominations and traditions have been tackling problems in the developing world for hundreds of years before the Millennium Development committee categorized these problems into eight neat categories.

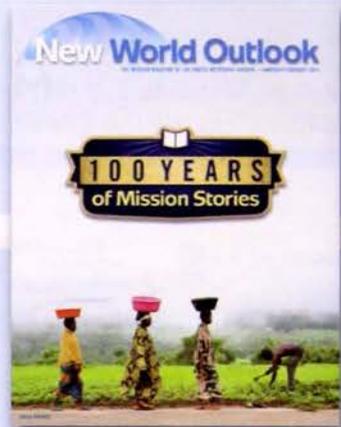
Neither the United Nations nor international pressure prodded missionaries into working out solutions for poverty, maternal and infant mortality, access to education and health care, gender equality, a clean environment, and sustainable agriculture. They responded then, and we respond today, to a call we receive from deep within us—a call to spread the love of God and to reconcile people to God and to one another.

I would have to say, upon reflection, that some of the Millennium Goals are really more important than others. The health and nutrition of pregnant women and their children have to figure as the greatest—if we can't keep women and children alive to begin with, none of the rest matters. Tackling that first problem—providing access to health care for pregnant women—also goes a long way toward reaching the other goals. Obviously, if the women receive the care they need, their newborns will also receive care. Strong women producing strong children contribute to the longevity and health of the next generation. Mothers deprived of basic nutrition produce weaker babies who will be more vulnerable to disease and who are more likely to become weaker adults, thereby producing fragile offspring.

Working on this issue also inspired me to read *Half the Sky* by Nicolas Kristof and Shirley WuDunn. The title comes from a Chinese proverb—"Women hold up half the sky." The book is on the United Methodist Women's reading list for 2011. Kristof and WuDunn have reported over time on many different gender equity issues, and they don't shy away from the difficult ones, such as sex trafficking, rape as a weapon of war, or the lack of access to education and health care that so many women around the world face. Maternal mortality is also on their radar. Their book suggests that readers support various secular organizations and independent social entrepreneurs who have struck out to provide solutions.

As United Methodists, however, we have a global connection that has historically been working on these same issues for centuries. In some places, Methodist work in education and health care has made huge differences. In other places, disasters, both human-made and natural, have hindered progress. I decided to start a blog to highlight some of our current and historic United Methodist ministries. You'll find it on the new With* website launched by the General Board of Global Ministries, which considers the Ministry with the Poor focus area for The United Methodist Church. My blog, "House Notes" is in the blog line-up of the website, <http://ministryWith.org>, and I started with the issue of maternal health. Take a minute to read it. New entries will be posted periodically that highlight different ministries. You can enter the site and send your comments. I look forward to hearing from *New World Outlook* readers.

Christie R. House



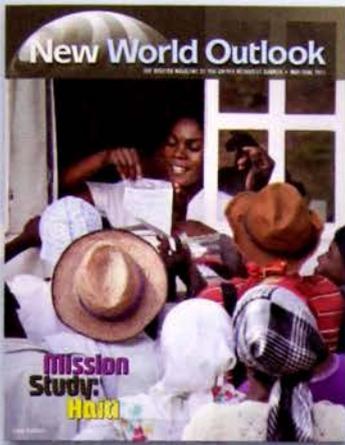
January–February 2011 100-Year Anniversary

To the Editor of *New World Outlook*,

It is very sad that we are celebrating our 100 years of the magazine, the names of contributors and their accomplishments, and yet the mentioning of people of color is very limited. Our local UMW group did a presentation on the magazine, and a lot of work had to be done to include some people of color and their contributions to the magazine in our presentation.

Our group was very interested in doing this presentation to celebrate the magazine and to help increase the subscription orders within our local unit and church. Also, we believe that UMW and The United Methodist Church is always in the mind set of being inclusive in every part of our lives; work, family, and church. However, I do not think this exercise was a very good example of that concept. I know we are in mission to a lot of people and places around the world, and for that I am proud to say I am a United Methodist Woman and I am a member of The United Methodist Church. But I also know that people like me, and a lot of other people of color, have made a lot

Letters from Readers



of contributions to this magazine and what our two organizations do every day. I would like to also pass along that part of history and the work in mission to the young people in my church.

Thank you for reading my concern.

*Marchelle "Micki" Phelps
Conant Avenue UMW
Detroit, MI*

May-June 2011 Haiti Issue

Just a note: The magazines are quite informing. One article illustrated achievements in Haiti one year after the earthquake. Another showed the origin of one of your groups and its name changes over time. The thing I admire is that the original focus of teaching and assistance is just as sharp today as it was 100 years ago.

*Norman Pullen
Tulsa, Oklahoma*

One Simple Idea

Each year our church, First United Methodist Church of Murray, Kentucky, helps sponsor a mission team that travels to Central America to provide basic medical, dental, and eye exams. Unfortunately, the villagers' needs go beyond medical assistance. Many of them do not have shoes, diapers for their infants, or clothes for their children.

In response, our church conducts an annual diaper and shoe drive at Christmas.

Members of Murray's United Methodist Women's group thought more could be done. We proposed a design for a simple A-line dress for the girls and draw-string shorts for the boys. One simple idea has multiplied into a Sew-a-thon project that now involves women beyond our UMW.



We asked women to provide fabric from their stacks at home. The response was overwhelming. Fabric was quickly supplied after our idea was aired on the radio and appeared in the newspaper. As one woman who contacted us said, "You know, I am of another faith, but I want to help. I can't get out anymore but I love to sew." United Methodist Women cut out the fabric.



This simple idea has grown into an enormous multistate, multidenominational effort to reach out to the impoverished mothers and children of Central America. In 2010, we collectively made over 600 dresses and 200 shorts for the children of Nicaragua. This mission effort was accomplished without any funding from our church or United Methodist Women.

*Paula Hulick
UMW President, Murray First United Methodist Church
Murray, Kentucky*

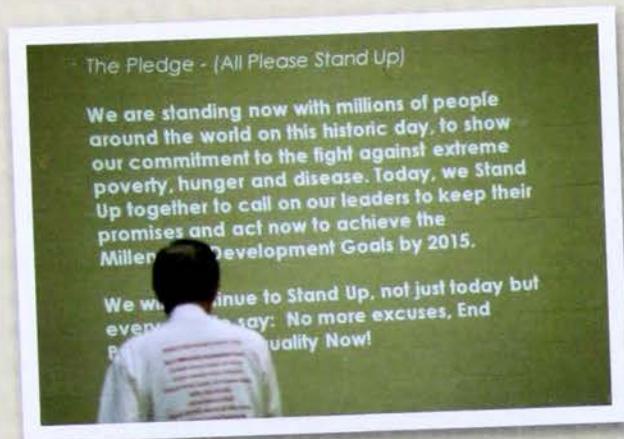
Millennium Development

Goals:

**WORKING TO ERADICATE
POVERTY BY 2015
by Christie R. House**

We [heads of state] recognize that... we have a collective responsibility to uphold the principles of human dignity, equality, and equity at the global level. As leaders we have a duty therefore to all the world's people, especially the most vulnerable and, in particular, the children of the world, to whom the future belongs.

UNITED NATIONS MILLENNIUM DECLARATION, ARTICLE 2



Near the end of the 20th century, a decade of planning, summits, and conferences involving member governments of the United Nations culminated in the UN Millennium Document. This document, adopted by UN member nations at the 2000 Millennium Summit, serves as a multinational commitment to reduce extreme poverty around the world. It outlines specific targets and measurable results to be met by the year 2015: the Millennium Development Goals (MDGs).

"The Goals represent human needs and basic rights that every individual around the world should be able to enjoy," United Nations Secretary General Ban Ki-moon writes in his foreword to the 2010 Millennium Development Goals Report, "freedom

from extreme poverty and hunger; quality education; productive and decent employment; good health and shelter; the right of women to give birth without risking their lives; and a world where environmental sustainability is a priority and women and men live in equality." (*The Millennium Development Goals Report 2010*).

Leaders who signed the document pledged to forge a wide-ranging global partnership for development to achieve these universal objectives.

Faith communities can become significant partners with the United Nations in achieving these goals. On the continent of Africa, for instance, where national governments struggle to meet the goals, faith-based organizations sponsor 40 percent of the health facilities operating today. A number of renowned United Methodist medical institutions have already been tapped by African governments to anchor outreach and training programs to help national health systems fill gaps. The goals for reducing infant and maternal mortality and for combating disease are all advanced by

United Methodist health institutions.

Likewise, Methodist schools—including institutions established in the last two centuries and new schools founded more recently—have helped to educate girls in countries where such education was not traditionally accepted. An education helps young women better understand their choices regarding marriage and when to have children. It also positions them to help girls in their communities become better educated, which tends to lift women out of poverty while improving gender equality—two more goals.

In fact, all the Millennium Development Goals give The United Methodist Church an opportunity to partner with government efforts in working toward them. The church ministries need not accept government support in order to work in the same areas of concern. Rather, church and state can augment and anchor one another's efforts to improve life for all people, upholding human dignity and equality throughout the world.

Christie R. House is the editor of New World Outlook.

Above: United Nation's Secretary-General Ban Ki-moon considers the theme of "Stand Up, Take Action Against Poverty."
Photo: Paula Filgueiras/UN

FOR FURTHER STUDY

The United Nations Millennium Declaration can be found online at:
<http://www.un.org/millennium/declaration/ares552e.pdf>.

The *Millennium Development Goals Report 2010* is available as a PDF download from the United Nations' website:
<http://www.un.org/millenniumgoals/reports.shtml>

GOAL 1



ERADICATE EXTREME POVERTY AND HUNGER

TARGET ▶ *Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.*

TARGET ▶ *Achieve full and productive employment and decent work for all, including women and young people.*

TARGET ▶ *Halve, between 1990 and 2015, the proportion of people who suffer from hunger.*



Photo: Nile Sprague

Gaza is like a prison in many ways, surrounded by high walls on three sides.

Gun towers oversee the free-fire stretch of scorched earth and rubble, warning anyone—including farmers who once tilled the land—against getting close. On the fourth side, the west, the Mediterranean inexorably draws the eye to the horizon; but it, too, is forbidden. Fishers who long pulled their catch from its waters cannot venture more than two nautical miles from shore without being shot at from Israeli gunboats keeping close watch. So they fish right off the shore—a low-yield enterprise that, because it harvests an inordinate number of immature fish, isn't good for the health of the fish population either.

Yet no matter how hemmed in they are by the Israeli blockade, the people of Gaza struck me on this, my fourth visit, as gritty survivors. Despite their many serious difficulties—caused by Israeli containment, international indifference, and fundamentalist control—Gazans continue to laugh and play and love.

"Despite all the bad things you hear about Gaza, there is life here," Father Jorge Hernandez told me. He's the priest of the Latin-rite Holy Family Catholic Church, Gaza's only Catholic parish. "People here pray and lead virtuous lives. They are happy, even living in Gaza with all its problems. This is their homeland. Their loved ones are buried here. God is here, and it's a fruit of the Holy Spirit that people here embrace and celebrate the life they have."

There are only 206 Catholics left in Gaza—a land that Jesus, Mary, and Joseph passed through on their way to Egypt. There are also some 2,000 Orthodox Christians and a handful of Baptists. The number of Christians remaining in Gaza, as elsewhere in Palestine, is alarmingly small.

Food and Health Care

This trip to Gaza, on behalf of the ACT Alliance, was dedicated to visually documenting the impact of the blockade on ordinary people. As I wandered around Gaza City's fishing port during several early mornings, the fishers kept interrupting the mending of their nets or the unloading of their meager catch to offer me tea. The hospitality of the poor never ceases to amaze me.

I also captured images related to health care. The blockade prevents a variety of medicines from entering Gaza, complicating life for people with cancer and other serious illnesses. People who need treatment outside of Gaza face serious waits for permission to travel to East Jerusalem, the West Bank, or hospitals in Israel or Egypt. Often that permission never comes—or comes too late for treatment to alter the course of the disease.

Hospitals in Gaza, damaged during the Israeli military's Operation Cast Lead, have difficulties at times getting medical and pharmaceutical supplies to treat women with breast cancer—the leading cause of death among women in Gaza. Sixty percent of all cases of breast cancer in Gaza are diagnosed at a late stage, when the cancer has already spread. In Israel, this figure is only 5 to 7 percent.

Permission to travel for medical care must come from the Israeli government,

Gaza

LIFE BLOCKADED

Story and photos
by Paul Jeffrey



which, since it pulled out of Gaza in 2005, has claimed that it no longer occupies the territory. (The occupation was illegal to start with. The withdrawal resulted from the decline in production on Israeli settlers' farms caused by the saltiness of the soil and the cost of maintaining military "protection" for the small number of settlers.) Yet Israel still controls Gaza's airspace and borders; so nothing gets in or out of Gaza without its acquiescence, including patients desperately needing treatment.

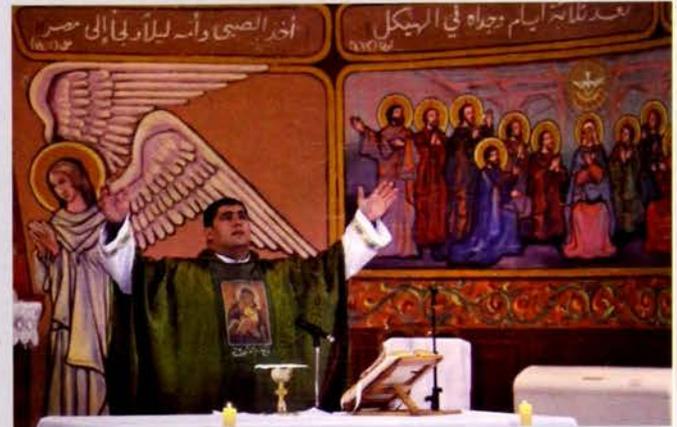
Israel accuses the Hamas-led government in Gaza of terrorism, and rockets fired from Gaza are certainly a mortal danger to several nearby Israeli communities. But no one with any sense of proportionality or humanity could use that to justify the massive destruction and death wrought by the Israeli military's Operation Cast Lead. Collective punishment is illegal under the Geneva Conventions. Yet what's illegal under international law often gets lost in the discussion of Israel's policies in the West Bank, East Jerusalem, and Gaza.

In the cacophony of opinions about the Holy Land, we who call ourselves

Christians need to listen to our Christian sisters and brothers in the region. One of the more articulate Christian testimonies is the 2009 Kairos Document (<http://www.kairospalestine.ps/>) from the bishops and other heads of churches in the Middle East. It challenges us to clean up our act, both politically and theologically. From the introduction:

We Palestinian Christians declare that the military occupation of our land is a sin against God and humanity, and that any theology that legitimizes the occupation is far from Christian teachings because true Christian theology is a theology of love and solidarity with the oppressed, a call to justice and equality among peoples.

The Rev. Paul Jeffrey is a United Methodist missionary and photojournalist who serves as senior correspondent for response magazine. He also covers emergency response operations for the ACT Alliance. His work can be supported through the Advance, mission code #09541Z. Visit him at: <http://kairosphotos.com/blog/>. This article was excerpted from his 2/19/2011 posting on his Global Lens blog.



Father Jorge Hernandez, a missionary of the Argentina-based Institute of the Incarnate Word, celebrates Mass in the Holy Family Catholic Parish in Gaza City.

"When Jesus gave the Commission, he did not make exclusions. Would Jesus say to Methodists today, 'Go and share my Good News with the world... but skip the Middle East and North Africa?'"

*The Rev. Alex Awad,
United Methodist missionary
serving in Bethlehem*

Ministries to Palestinian refugees can be supported through a Middle East Council of Churches (MECC) project, Department of Service to Palestinian Refugees, Advance #14908A.

Fishers in Gaza unload a net from a fishing boat before dawn. Under the 1993 Oslo Peace Accords, the people of Gaza were allowed to fish out to 20 nautical miles from their coastline, yet since the Israeli military imposed a naval blockade in 2007, they have been limited to just three nautical miles.

A Call to Action in Palestine Submitted by ACT Alliance

During 2010, life in the occupied Palestinian territory (oPt) continued to be characterized by violence, poverty, a lack of basic goods and services, impeded freedom of movement, aid dependency, and land confiscation. Palestinians face an ongoing crisis in education, health, the economy, and the protection of civilians. Ultimately, only a resolution to the political conflict between Israel and the Palestinians can address the root of these afflictions. Meanwhile, the humanitarian community must address these ongoing humanitarian emergencies.

Impact of the Blockade

The Israeli blockade of Gaza has daily impacts on the Palestinian population. According to a report from the UN Office for the Coordination of Humanitarian Affairs (OCHA), a lack of fuel for the power station causes about 98 percent of Gaza's residents to suffer rationed electricity. This negatively impacts the use of water wells and water desalination, affecting the availability of clean drinking water.

Gaza's health sector has long been under duress. During the winter of 2008/2009, thousands were injured during the military's Operation Cast Lead. Structural damage to Gaza's

health facilities remains and supplies are inconsistent. Psychosocial health is a major concern, especially for children. Agriculture is hampered by a lack of seeds, pesticides, machinery, and vital parts for irrigation systems. Fishing is limited by restrictions that prevent fishermen from venturing far from shore.

In the West Bank, actual and threatened displacement continued in 2010. Conservative estimates suggest that some 60,000 Palestinians are currently at risk of having their homes demolished. As of October 2010, Israeli authorities had demolished 285 Palestinian homes and other buildings in the West Bank (including East Jerusalem), displacing 340 people. Across the West Bank, Palestinians continued to face unemployment, at a rate exceeding 23 percent (United Nations Refugee and Works Agency for Palestinians). Israel also maintains onerous restrictions on the movement of Palestinians in the West Bank, especially in locations with the "Area C" designation, indicating exclusive Israeli civil and military control.



Fatima Al-Dalo, a 62-year-old breast cancer patient, prays in her bed at Al-Shifa Hospital in Gaza City, where treating cancer patients is a challenge for healthcare professionals.

The Global Response

More than 70 percent of the Palestinian population now depends on aid from international organizations, in part because only these agencies are able to bring many necessities in. Humanitarian aid that amounted to 3 percent of imports in 2007 had risen to 26 percent by 2010. (*Beit Selem Report*, May 2010).

The ACT Alliance has supported Gaza's health, educational, and economic sectors in order to reduce the people's suffering. The ACT Palestine Forum (APF), with its different members, is planning to support the neediest Palestinians by providing health and psychosocial care, education, agriculture, and advocacy geared at ending the blockade and alleviating the suffering.

Excerpted from an ACT Alliance Alert: Occupied Palestinian Territories, March 2011.

FOR MORE INFORMATION

ACT Regional Programme
Officer, Josef Pfattner
jpf@actalliance.org

ACT Deputy General
Secretary, Rebecca Larson
Rebecca.Larson@actalliance.org

Mohamed Ihab, 12 years of age, carries a new construction block in front of a pile of twisted rubble left from the Israeli bombing of his family's farm in Johor Al-Deek, a section of the Breji refugee camp in Gaza.





1

GOAL 2

3

TARGET ▶

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

4

5

6



Photo: Courtesy Terry family



Education

for **All**: LESSONS FROM AFGHANISTAN

Story and photos
by David Wildman

Coming from many rural villages in the same district of Laghman Province in eastern Afghanistan, members of the district shura, or council of community leaders, gathered for a meeting.

Together, they considered a handwritten list of 14 urgent concerns in their communities—including drought in remote mountain villages, flooding that destroyed crops near the river, a lack of jobs, and insecurity stemming from armed conflict in their area. Their number-one concern, however, was the need for girls' schools in many of their villages.

The 30 men serving on the *shura*, some illiterate themselves, had lived through three decades of war. They came from distant, isolated villages that lacked any steady source of electricity. Yet they recognized the importance of education in transforming impoverished communities. Some had received an education while living as refugees in Pakistan or Iran. Now they hoped their children could be educated at home without being forced to flee the violence of war.

For some, the nearest school was in another village, several kilometers away. With Armed Opposition Groups (AOG), drug traffickers, and criminal gangs operating in many areas, fathers considered it both dangerous and culturally unacceptable for their daughters to walk long distances to school. Instead, each village needed a girls' school of its own.

Eighty percent of Afghans live in remote rural villages that lack access to education. Since the fall of the Taliban in late 2001, the Afghan government, working with nongovernmental organizations (NGOs), has made great strides

in increasing student enrollment primarily in urban areas. Yet, though school enrollment has grown by nearly seven million students over the last nine years, 58 percent of Afghan girls and 40 percent of Afghan boys are still not in school. Adult literacy training often helps build support for expanding primary school education, but adult illiteracy rates remain very high (82 percent for women; 64 percent for men).

Obstacles to Education

A recent report, "High Stakes: Girls' Education in Afghanistan" (compiled by 16 Afghan and international organizations) cites obstacles to expanding educational access for girls. The biggest obstacles are poverty; early, often forced, marriages for girls; and rising insecurity in wartime. Children are part of their families' economic survival strategy—many being pressed into farm work, carpet weaving, other home-based work, or even begging. The Afghan government estimates that one child in five does some kind of paid work. That leaves no time for school.

Early marriage for girls helps their families cope with poverty. "Since people are poor and bride prices are very high," a school principal noted, "girls are forced to get married when they are young." A bride price generates income but usually means that a girl stops attending school and starts having children. Girls' school enrollment is highest at age 11 and steadily declines thereafter.

Given rising wartime insecurity, many schools have closed. Attacks and threats against ones that are still open cause their enrollments to fall. In 2009, about 50 attacks on schools occurred each month. Schools built by or associated with Provincial Reconstruction Teams, which are made up of foreign military units, seem

more likely to be targeted than schools supported by NGOs, with strong community participation. Afghan army and police units, often perceived as outsiders or as corrupt, don't add to school security either. By contrast, over 100 schools have reopened, with no armed security force, when the village *shura* confronted the attackers, explaining how the school taught traditional Afghan and Islamic values and was supported by the community.

While most of the reopened schools are for boys, some communities have negotiated agreements with the Armed Opposition Groups for girls to continue their education in "home schools," which are seen as more culturally appropriate. In some remote areas from which US troops recently withdrew, the security situation improved. Perhaps this will enable more children in those communities to go to school.

Redirecting Resources

Another barrier to expanding school enrollment is the fact that many schools lack an outer wall, which would provide both security and an appropriate amount of privacy for girl students. In fact, nearly half of the schools in Afghanistan today have no building at all. Classes are held in tents, under trees, or in homes. More than 2,000 new schools were built in the past two years—yet, because of security, most are in urban areas, not in remote villages where the need is greatest. Since 2001, international donors have contributed nearly \$2

billion to building schools in Afghanistan and rebuilding the educational system—that is less than what the US military spends in Afghanistan in just one week.

The United States and NATO countries have spent several billion dollars to arm and train several hundred thousand Afghan men to serve in the army and police. By contrast, the US government's average annual contribution to Afghan education—\$51 million—equals the cost of deploying just 51 US soldiers for one year. There are now 100,000 US soldiers in Afghanistan (at \$1 million per soldier per year).

The United Nations estimates that an additional \$40 to \$70 billion per year is needed to fund global progress toward meeting the Millennium

Opposite: Girls heading home midday after school. School is half-a-day for all students in Afghanistan. Girls meet mornings and boys meet afternoons at this school in Laghman Province, Afghanistan.

Below: A second grade class of Afghan girls at rural school in Laghman Province.

Ask the
truth
from a child.
AFGHAN PROVERB



Development Goals (MDGs) by 2015. The US government now devotes more than \$100 billion per year to the war in Afghanistan. The casualties of war include children across the world dying of preventable diseases, communities lacking sanitation and clean drinking water, and girls denied education. We need to redirect resources from waging war to ending poverty around the globe.



A second-grade class of Afghan girls at rural school in Laghman Province.

Enhancing Education

Many educators in Afghanistan don't meet even the minimum requirement for teaching there: a high school diploma. With low adult literacy, there is a tremendous lack of qualified teachers—especially women. Given the lack of female teachers in many remote communities, many families are reluctant to send their children (especially their daughters) to school. Another problem is poor school attendance. Schools typically lack textbooks or are open only half a day. All these factors greatly limit the quality of learning available.

One strategy for improvement aims to increase girls' enrollment beyond the primary level by combining schools. In Khost Province, the Director of Women's Affairs observed, "the number of girls attending school has gone up because the district department of education has decided to combine female primary, secondary, and high schools in more remote

areas. This has been very effective in attracting more girls to attend schools."

A number of NGOs operate supplemental, short-term educational programs for children and adults. United Methodists have long supported mother-child health programs that include nurse training for illiterate women who will work in their own remote rural communities. Birth Life Saving Skills (BLISS) courses—held in homes to make it easier for women to participate—teach mothers basic health and hygiene skills for the whole family. Such adult education constitutes a critical part of poverty reduction.

To complement regular schooling, Community Rehabilitation Centers (CRCs) offer three to four months of additional, half-day schooling for children of extremely impoverished families, such as returned refugees and others displaced by conflict and poverty. Classes discuss current events, human rights, and other topics that enrich the students' education. Since CRCs use highly qualified teachers, students often prefer their sessions to regular schools. Since home visits are included, the participation of one child benefits a whole family.

Strengthening Leadership

The best education is built on strong parent and community involvement. Recently, I visited a school in a rural village of Laghman Province. It opened in 2002 and has grown tremendously. More than 800 girls attend morning classes, and more than 500 boys come in the afternoon. Since the school adds a grade each year, it will eventually include students from first grade through high school. Yet there are already six classes without rooms—some meeting in the hall, some held outside.

This school serves several villages and has its own *shura*, or village education council, made up of parents, teachers, village elders, and district education officials. The members work together to address the pressing problems the school faces.

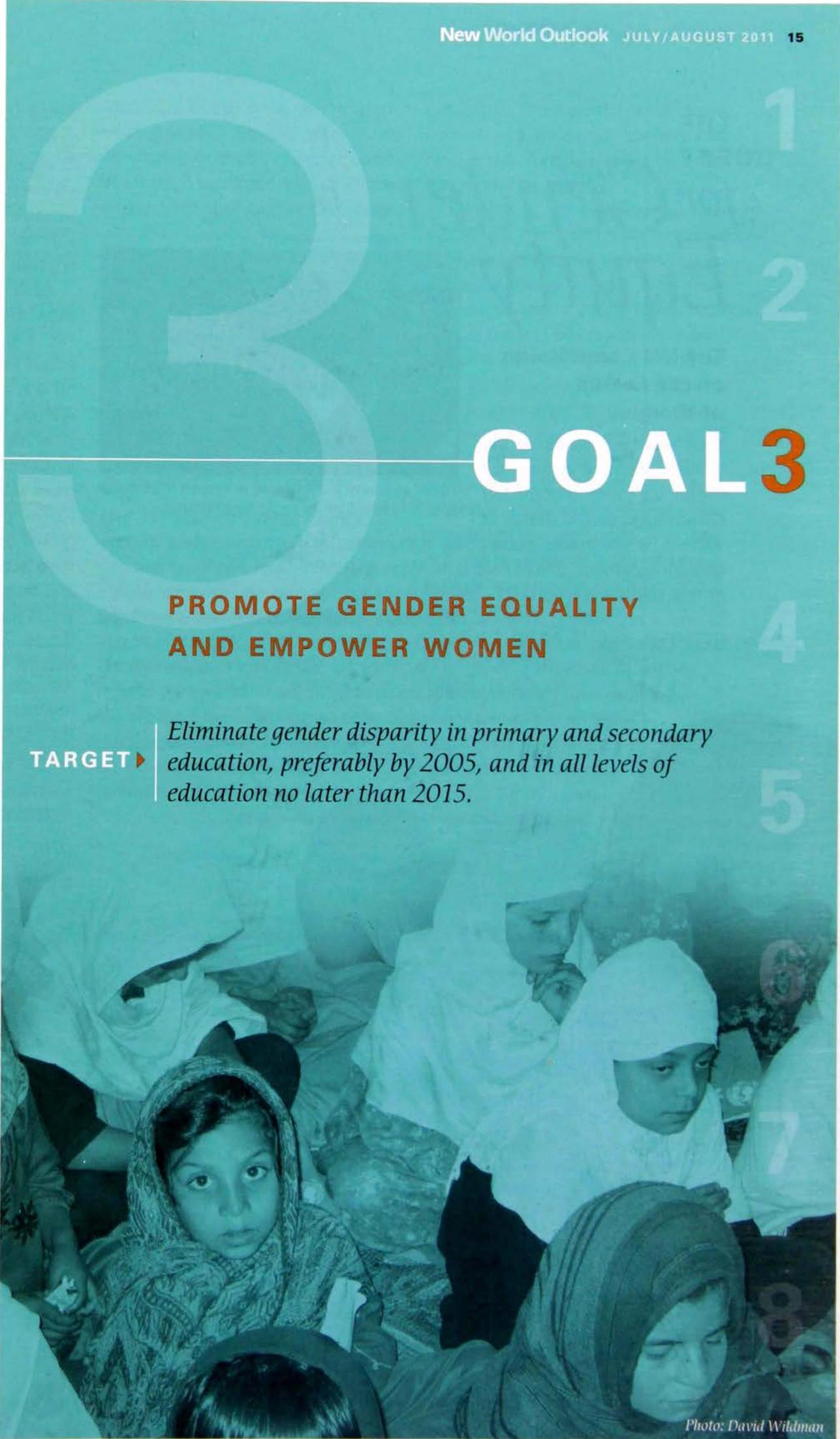
This year, the school leaders decided to invite two girls—one in eighth grade and one in ninth grade—to join the school's all-male *shura* in order to help with issues of low attendance and quality improvement. The principal and teachers selected the two girls and then met with their families, the elders in each of their respective villages, and the district officials to make sure everyone approved of their participation in the *shura*. Now these girls are providing leadership among the students and helping to improve the school for everyone. One day they may become teachers themselves. Soon they hope their school will become a model for others in the district and throughout their province.

David Wildman is Executive Secretary for Human Rights and Racial Justice at Global Ministries and has visited Afghanistan regularly since 2004.

Help support the people of Afghanistan by donating to
Advance #13352A, Mother and Child Health Training.

The February 2011 report on girls' education in Afghanistan, "High Stakes: Girls' Education in Afghanistan," compiled by 16 Afghan and international organizations and referenced in this article can be found on the web:

[http://www.oxfam.org/en/policy/
high-stakes-girls-education-afghanistan](http://www.oxfam.org/en/policy/high-stakes-girls-education-afghanistan)



GOAL 3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

TARGET ▶ *Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.*

Photo: David Wildman

THE QUEST for Gender Equity

The UN Commission on the Status of Women

Each year, thousands of the world's women gather for the annual meeting of the UN Commission on the Status of Women, which makes global policy in the quest for gender equality and women's advancement. United Methodist Women (UMW) played an important part in this year's meeting (2/22–3/4/2011), which focused on women's access to education, training, science, technology, full employment, and meaningful work. UMW sponsored a 20-woman delegation from Africa, Asia, Latin America, and the United States, giving its members the opportunity to share their experiences with the international community at the UMW-owned Church Center for the United Nations (located across the street from the UN plaza in New York). Three of the delegates' stories follow, excerpted and edited for publication. The original presentations can be found in full at the UMW website: <http://peace.umwonline.net/commission-on-the-status-of-women>.

Forging Access to Higher Education in Zimbabwe by Sandra Chinyere

I am an Information Technology (IT) specialist at a company in Zimbabwe. I studied IT at a local college in Harare, Zimbabwe. People asked me: "Why have you chosen a course that is meant for men?"

People continued to tell me that science and technology were too difficult for women. I felt discouraged, but my family supported me, assuring me that I could do it. I'm glad that, after five years of study, I finished the course. But I was the only girl among 15 boys who received the Higher National Diploma in Information Technology. More young women had been in my class, but perhaps they faced the same discrimination I did. If I had listened to my detractors, I would not have finished the degree.

Since I started working as an IT specialist, I sought to further my career by obtaining a bachelor's degree in the field. After applying at several local universities, I was offered a place at the University of South

Sandra Chinyere. Photo: Jennifer McCallum



UMW sponsored a 20-woman delegation to attend to the UN Commission on the Status of Women.

Africa. I couldn't afford the tuition, so I asked my employer for help. He said, "I would advise you to switch to administration." I asked why he thought I should do this, when I have a passion for IT. He persisted and would not give me a scholarship.

I felt so discouraged, I began to think my detractors might be right. Yet, I knew that I could do this. I asked my employer again. He said, "If you switch to administration, we will pay 100 percent of your fees."

In my workplace, I work in IT with a male colleague. My colleagues have more trust in his work than in mine. I think that if we join our hands together as women and insist that we have access to education in science and technology, we can prove to the world that we can do it.

Sandra Chinyere is president of the Zimbabwe Annual Conference's youth organization and Secretary General for the Africa Central Conference Youth Network.

Education for Women and Children in Indonesia by Indriani Bone

Three years ago, I was appointed to serve as a pastor of a village church in Lampung Province on the island of Sumatra, Indonesia. The majority of the Indonesian population is Muslim. We Christians are allowed to practice our faith, but we are not allowed to share our beliefs with other people.

So how could I show God's love to my community—the majority of whom are Muslim? I began by starting a literacy program for women over 50. I taught them about community peace building, using one of the Bible Women modules developed by the Women's Division of The United Methodist Church in the United States.

Next, I started a preschool. In our remote village, people are very poor. There are few schools there. It can be very dangerous for children to travel five kilometers by themselves to get to school. There is no public transportation. The school in the closest town is too expensive for most families in our village. So I started a preschool for children three-to-five years old. Whether the children's families are Christian or Muslim, most of them are very poor. I charge them the equivalent of 50 cents per month. If a family cannot pay, their children come free. I pay the teachers—women from our Methodist church—\$20 per month. A Muslim woman has also helped us. We work together to teach the children faithfully.

This is my way to show love and faith in action. The people in the community have gotten to know me very well. The village chief is very

respectful of our work. In the Methodist tradition, pastors are usually transferred from one church to another. I think, if I am appointed to another village, I will start another preschool.

The Rev. Indriani Bone is a pastor and the coordinator for women's work in the Gereja Methodist Church (the Methodist Church in Indonesia). She also serves as a Person in Mission (PIM) supported by the Women's Division's International Ministries Committee on Women, Children, and Youth.

A Woman's Place Is in the House of Parliament: the 50/50 Group in Sierra Leone

by Fea Elizabeth Saffa

My story is about the Kona District in the eastern region of Sierra Leone.

Girls from this district face many cultural and traditional barriers that hinder the empowerment and advancement of women.

Kona is a diamond-mining district where more emphasis is placed on the acquisition of wealth than on education. Most of the girls from this district marry young rather than "wasting time" by staying in school.

However, with the creation of the "50/50 Group," of which I am a founding member, things are changing for the better. The 50/50 Group is a nonpartisan campaign founded in November 2000 by women educationists to empower women and girls for active participation in politics and governance in Sierra Leone. Only when women are represented in governance will we be able to address the issues of girls' education and women's marginalization.

The 50/50 Group holds training

Emma Cantor, a United Methodist Women's regional missionary from the Philippines, and Indriani Bone, a Methodist pastor from Indonesia, have networked together in Asia.
Photo: Kim Lehmann



sessions and capacity-building workshops for women. But we also hold sensitization sessions with societal leaders to educate them on the importance of education for girls and women. That's our mandate.

Many of our traditional leaders think that a girl child should stay at home to do domestic chores. They favor male children because they pass on the family name. They prefer that male children go to school to be empowered over female children, because they think the family name will get lost as soon as a woman gets married. Our sensitization workshops try to address this cultural attitude.

When women are educated, their dependence on men is minimized. District by district, town by town, the 50/50 Group has held training events. We want to encourage women to go into politics, but we've learned that first we have to empower them. The women at our training sessions said: "We are not educated. We cannot speak English. So how do you expect us to go into politics when most of the debates are in English?"



Ilia Vasquez-Gaston of Puerto Rico; Roseangela Oliveira, regional missionary for Latin America and the Caribbean; and Cecilia Castillo Nanjari of Chile attend the UN Commission on the Status of Women. Photo: Linda Bloom/UMNS

We have now set up a secretariat in Freetown. We have administrative offices and an academy to teach adult literacy to women. We give professional training to those who want to go into politics. Some of our trainers come from abroad to train our women.

In Kona District, we have empowered Akona Fila, a Kona woman elected to serve in government. We serve as role models for our sisters and show them that it is never too late for women and girls to attend school and get an education. Then you have choices. Whether you get married or decide not to get married, you don't have to depend on a man.

Today in Kona, girls and women are going to school and staying in school. Some have even advanced now to tertiary levels of education. We are proud to say that we now have women lawyers, accountants, doctors, and nurses from Kona District. We have become the voice of the voiceless.

And we have seen a cultural change taking place. The men in Kona, overall,

"Women are talking about gender justice using the word of God to liberate women from the oppression and violence. They are a prophetic voice among other religious groups, most of which support traditional gender roles and the oppression this thinking fosters."

Ilia M. Vázquez-Gascot, General Coordinator, Violence Against Women Prevention program active on the 11 campuses of the University of Puerto Rico. She was speaking of the Latin America Church Council's Ministry for Women and Gender Justice.

have come to appreciate educated women. They now see that women need to be educated. When you educate a woman, you educate a nation.

Fea Elizabeth Saffa is a member of United Methodist Women in Sierra Leone and a founding member of the 50/50 Group. The 50/50 Group of Sierra Leone won the 2007 Madeleine K. Albright Award from the National Democratic Institute for dramatically increasing the participation of women in Sierra Leone's 2002 election.

UNITED NATIONS Women

One of the achievements of the United Nations' Commission on the Status of Women (CSW) has been the creation of United Nations Women, launched at the CSW's 55th annual meeting in February 2011. UN Women creates a new entity for gender equality and women's empowerment within the United Nations. The agency's first executive director is Michelle Bachelet, the former president of Chile. For more information about UN Women, visit the following website: <http://www.unwomen.org/>.



REDUCE CHILD MORTALITY

TARGET ▶ Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

GOAL 4

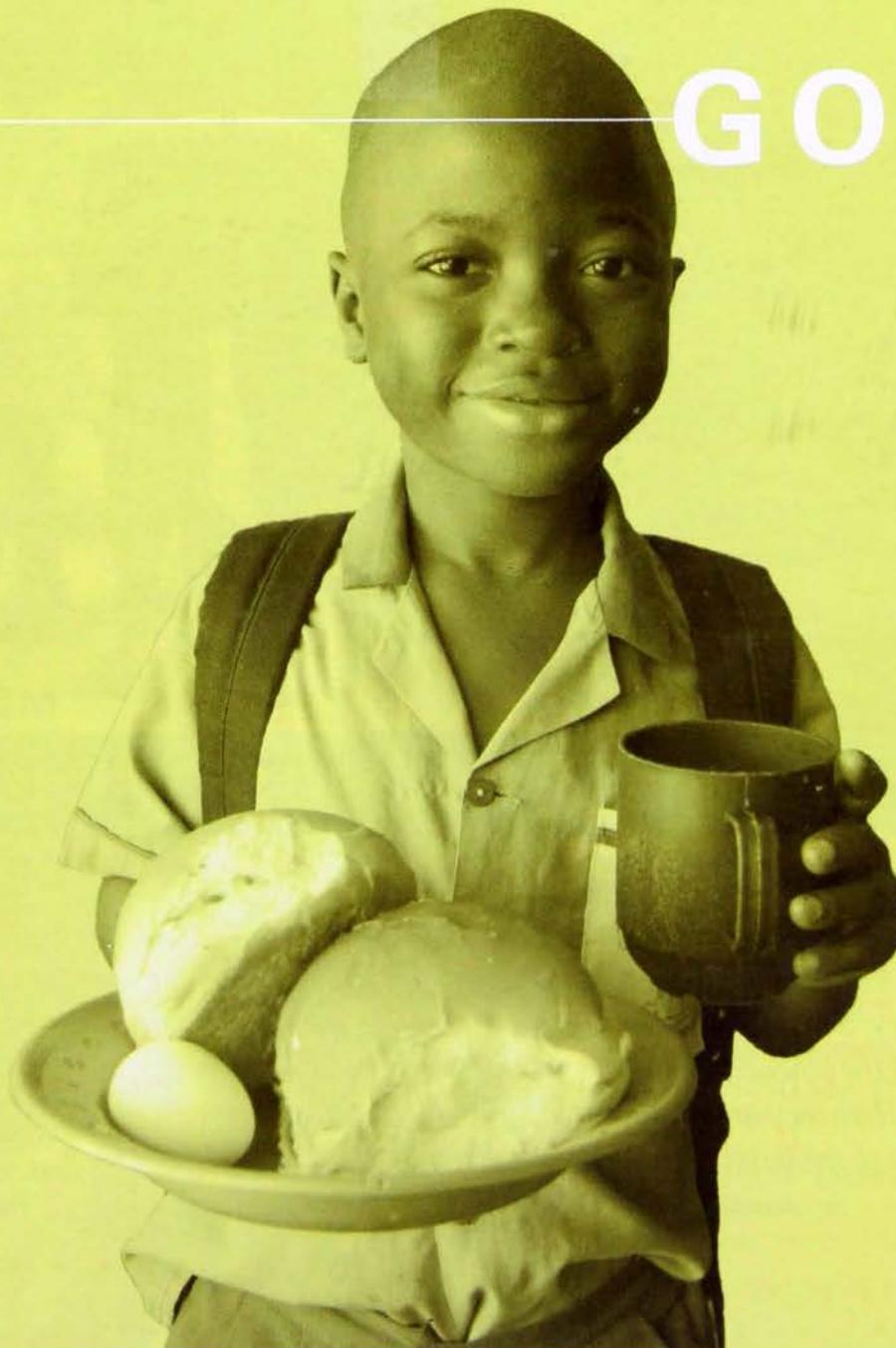


Photo: Nile Sprague



Girls carrying water through gates of Child Rescue Center, Bo, Sierra Leone.

MEETING THE NEEDS OF CHILDREN

Story and photos by Nile Sprague

I feel bad when I think about what happened to my parents. Sometimes, when I sit, I think about the way they killed my mother and father, and I cry. Sometimes my brothers or my auntie will come to care for me. I call the other children who stay here at the CRC my brothers and sisters. Here they are taking care of me. I go to school, and when I'm sick, I go to the hospital. I am happy here.

A child in the Child Rescue Centre who lost her parents in infancy

IN SIERRA LEONE

Following 11 years of civil war (1991-2002), Sierra Leone was in ruins. The average human life span was just over 40 years. Tens of thousands of children were left orphaned—fending for themselves on the streets or subject to abuse by unrelated adults.

The Rev. (later United Methodist

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Bishop) John K. Yambasu was keenly aware of the desperate situation many children faced. He asked the Rev. Tom Berlin, pastor of Floris United Methodist Church in Herndon, Virginia, if the Floris congregation could help Sierra Leone's civil war orphans. On Christmas Eve 1999, Rev. Berlin presented this challenge to his congregation. The Christmas offering that came in was four times the church's goal. It provided initial funding for the Child Rescue Centre (CRC) in Bo, southeastern Sierra Leone.

Originally, the CRC was supported by Floris UMC alone. Today, it receives financial and volunteer support from 12 partner churches in Virginia and Texas. These supporting churches formed the African Programs Partnership and its nonprofit umbrella organization, Helping Children Worldwide (HCW)—both based in Herndon, Virginia.

The CRC started in a small rented building in downtown Bo but soon moved to a larger, United Methodist facility on the outskirts of town. The new location, called the Bible Training Institute, was built in the 1960s as a training center for pastors, but it fell into disrepair during the civil war.

Patty and Allen Morell, members of Floris UMC, first visited the CRC in 2003 on a mission trip to renovate a building for use as a dormitory.

Since then, the Morells have traveled to Bo multiple times each year, currently making two annual visits of two months each. "We feel that this is what God is calling us to do—this is our ministry," Patty Morell explained. "We are also members of the CRC Board and the Supervisory Committee, which have both American and Sierra Leonean members."

The Child Rescue Ministry

Today the Child Rescue Centre houses 40 children in its residential program—all between 5 and 17 years of age—providing them with clothing, nutritious meals, a secure living environment, positive role models, and two daily worship services. These children receive medical care next door at Mercy Hospital and are privately educated in the community. There are also 150 children in the Child Support Program (CSP). They live with guardians in the community, with the CRC providing financial support for their education and health care. Another 25 children are in a Foster Care Program, living with specially trained Christian families in the community. The CRC has also been able to reunite more than 30 young people aged 18 or older with relatives or guardians. Many receive ongoing assistance from CRC to further their education through college, vocational



Uncle Phillip Momoh with children at the Child Rescue Center in Bo, Sierra Leone.

school, or certificate programs. In total, there are 245 children and youth under the care of the CRC.

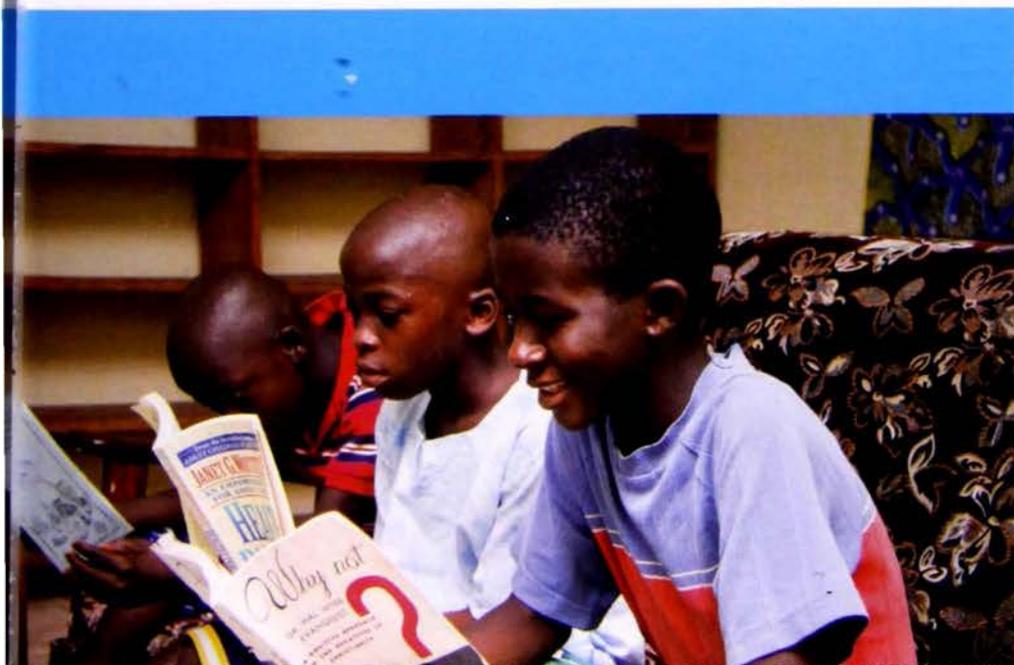
CRC is part of the Ministry to Children program of The United Methodist Church in Sierra Leone. The Rev. Mariama S. Bokari supervises the work of the center as the Director of Christian Education and Specialized Ministry to Children.

"This is not an orphanage; it is a children's home," Patty Morell explained. "The goal is not to get the children adopted, but to rescue, restore, and educate them. We give them a strong spiritual upbringing and teach them life and leadership skills so that later they can become leaders in their community."

The Rev. Francis Charley, District Superintendent for the Bo District of The UMC, remembers vividly the violence in Sierra Leone and its consequences in Bo. Kono, in eastern Sierra Leone, saw some of the war's worst violence, fueled by fighting over the region's rich diamond mines. By contrast, Rev. Charley said, "Bo was like a safe haven where displaced people and refugees were concentrated. Many children who lost their parents followed others to Bo."

"There is a Trauma and Behavioral Health Program Coordinator on

Boys reading in the library at Child Rescue Center, Bo, Sierra Leone.



the CRC staff," Patty Morell added, "because children as well as adults in Sierra Leone were traumatized by the war and its consequences." The center has four Sierra Leonean staff members in residence—Mother Emma Appiah, Uncle Phillip Momoh, Auntie Martha Koroma, and Auntie Massa Jones. They monitor and supervise the children during their activities, stay with them in the dorms, and help prepare their meals.

Education Is a Priority

Most children at the CRC attend the co-ed Zenith International Academy in Bo. Some older boys attend Christ the King College, an all-boys secondary school within walking distance of the center. Both are private schools. "In public schools you see 80 to 90 kids in a classroom," said Patty Morell. "Zenith International Academy is private, so the child-to-teacher ratio is much lower. The highest number of kids in a classroom is 40 or 45."



Children outside Child Rescue Center boarding the bus for the Zenith International Academy.

Zenith International Academy costs roughly \$250 in tuition per student per year, plus expenses for uniforms, textbooks, school lunches, transportation, sports, and other extracurricular activities. The CRC provides tutors for the children when they need remedial work or need help preparing for the challenging national exams they must pass before proceeding to the next school level.

By law, youth over age 18 are not allowed to live in children's homes, so they must graduate and move on. The CRC tries to find qualified relatives or foster families that can take them in and provide an appropriate home. Some of these students live in college dormitories, called hostels, during the school year.

African Programs Partnership, Helping Children Worldwide, and the Child Rescue Centre are all committed to ensuring that resident children receive an appropriate post-secondary education. Currently, two CRC girls are learning tailoring and another is studying to be a caterer. A young man is studying for an Information Technology certification, and two students are seeking certification as teachers. Other students are studying at Fourah Bay College, Njala University, Milton Margai, the College of Medicine and Allied Health Sciences, and other Sierra Leonean institutions.

"The goal is to help them find rewarding jobs and become independent," Patty Morell explained. "The unemployment rate in Sierra Leone is very high, so the CRC is trying to guide students in selecting programs and careers that will better position them to find jobs and succeed."

Health Care Close By

Contiguous to the CRC campus is Mercy Hospital, which provides health care for the children, staff, and community at large. Mercy Hospital opened in 2007 and is administered by The United Methodist Church in Sierra Leone. Supported by Helping Children Worldwide, the hospital grew out of a small CRC clinic that provided care for the center's children and others in the community.

The hospital is staffed by Sierra Leonean personnel, including one doctor whose work is supplemented by volunteer medical teams from

the United States. Five or six mission teams come to the CRC and Mercy Hospital each year, typically staying between 10 days and two weeks. Some mission volunteers, like the Morells, stay longer. The mission teams conduct such activities as vacation Bible school, music lessons, summer school courses in English and math, IT support, staff training, construction work, facility maintenance and repairs, and medical care at Mercy Hospital and through visits to local villages. The teams go through a lengthy preparation process, including four to six months of training before they arrive.

The Rev. Francis Charley expressed his desire to expand the CRC program. "We want to build more infrastructure so that we can house more children," he said. "We have thousands of children in the area who need assistance. So once we get the infrastructure and other mechanisms in place, we will be able to provide for many more."

Nile Sprague is a freelance journalist and photographer who travels extensively, working for nonprofit organizations in the developing world. He would like to extend special thanks to the Rev. Mariama Bokari, Patty and Allen Morell, the Rev. Francis Charley, and Beatrice Fofanah for facilitating his visit and for their contributions to this article.

LEARN MORE ABOUT THE CRC

More information about the Child Rescue Centre and Mercy Hospital can be found at www.helpingchildren-worldwide.org. The Child Rescue Centre can be supported through Advance giving, project #14377A.



IMPROVE MATERNAL HEALTH

TARGET ▶

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

GOAL 5



Photo: Mike DuBose/UMNS

As part of the Healthy Families, Healthy Planet initiative, maternal health advocates from the Global South visit the United States to share their experiences with United Methodists and government policymakers. Their purpose is to urge congregations to support increased funding for international family planning.



Traditional birth attendants, from left: Mary Thomas, Janet Tucker, Fatmata Libbie, and Ellen Gbenda listen to their nurse supervisor at the United Methodist Church's Tiana Health Center near Bo, Sierra Leone. Photo: Mike DuBose/UMNS

Beatrice Mamawah Gbanga, a missionary for the General Board of Global Ministries, is such an advocate. She serves as medical coordinator for the Sierra Leone Annual Conference in Africa. There, she supervises the work of Kissy Hospital, along with seven medical clinics that the conference supports. Her responsibilities also include supervising medical outreach work in Sierra Leone communities. As a nurse and midwife, she works on the community level to educate and empower women.

Recently, during Ecumenical Advocacy Days in Washington, D.C., Gbanga spoke at our workshop, "Maternal Health & Millennium Development Goal 4: How Can the Church

Respond?" She also spoke at a special dinner hosted for United Methodists and joined me in visiting members of Congress on Capitol Hill.

Beatrice's Backstory

Years earlier, Beatrice Gbanga had been a sojourner in the United States. She had fled Sierra Leone's civil war to settle in Atlanta, Georgia, having successfully played what she called "the immigration game." In Atlanta, despite her training in England and her decades of service as a nurse, she had to take a low-paying job as a parking lot attendant. Often she worked double shifts to raise enough money to sponsor her three youngest children's entry into the United States.

It was during her years in Atlanta that Gbanga experienced a call from God to serve the people of Ganta, Liberia, in West Africa. With children to support, both financially and emotionally, she was concerned about leaving her family behind and returning to Africa. She confesses that, when the General Board of Global Ministries sent her the forms to apply for a missionary position, she didn't fill them out.

Several months later, though—after traveling to New York to meet with members of Global Ministries' staff—Beatrice Gbanga answered God's call to take her skills back home. She now serves as a health advocate, working passionately and tirelessly to support United Methodist-related health projects in Sierra Leone.

Community Empowerment

Gbanga stresses the importance of building trust within communities. She begins her work with local people by asking what needs they want to address. Whatever they choose—to build a well, for example, or to acquire enough bed nets for the entire community—that is where she begins. "When we partner with communities rather than doing work on their behalf," she says, "we empower them to take responsibility for their own well-being."

Beatrice Gbanga approaches her work with a spirit of mutual sharing and learning. Once, while she was working with a group of traditional birth attendants, one woman pointed to a passing child and proclaimed: "I delivered him!" Without an incubator or even a blanket to wrap the baby in, the midwife had taken the newborn, anointed him with oil, and wrapped him in leaves. The child has grown to be a healthy boy, Gbanga reported—living proof of that midwife's abilities as a healer.

"My work is to affirm these women," Gbanga explained. "Their struggle is not just about having access to adequate medical supplies. They need to develop self-esteem." Women in Sierra Leone, she said, are taught from childhood to see themselves as less than men. She works to show them that they, too, are created in the image of God.

Women's Empowerment

Sierra Leone has one of the highest maternal and infant mortality rates in the world. A woman there has a one-in-eight chance of dying during pregnancy or childbirth. As in much of the developing world, women in Sierra Leone lack access to basic health-care services. Many die from preventable causes such as infection and bleeding. Yet, according to Gbanga, the solution is not limited to providing greater access to reproductive health care and family-planning services, critical as such factors are. Health transformation, she stresses, must be holistic, addressing discrimination and barriers to equality at all levels, especially in cultural practices.

Beatrice Gbanga defines women's health as "a state of well-being in body, mind, and spirit." Women suffer not only from a lack of access to health care, she observes, but also from poverty and from being denied an education. Women are also victims of violence at much higher rates than men. Gbanga sees how all of these factors contribute to women's poor health outcomes, noting that change begins with parenting—teaching sons to be kind and compassionate and teaching daughters to value themselves. Moving from a model of subservience and dominance to one of partnership, she says, will benefit both women and men, while helping to build healthier families and communities.

A Story of Transformation

At the Ecumenical Advocacy Days workshop, Gbanga shared a story about her niece. By age 20, her niece had two children but she was too poor and too overworked to care for them properly. Concerned about her niece's future, Gbanga approached the young mother about using a birth-control



Mother and child at Kissy United Methodist Hospital in Freetown. Photo: Chris Heckert

method. "Your body needs a rest," she told her niece. "Let's try family planning." A few days later, her niece went to a local clinic where she received an intrauterine birth-control device. Three years later, Gbanga's niece has started a small business selling beads and other items. Now economically empowered, she can care for her two children and contribute to her greater community. With a little counseling, Gbanga helped change the trajectory of her niece's life—for her niece's own betterment and that of her children and community.

Katey Zeh is coordinator for "Healthy Families, Healthy Planet," an effort to build a strong United Methodist constituency to support increased funding from the US government for international family planning.

HEALTHY FAMILIES, HEALTHY PLANET

The Healthy Families, Healthy Planet initiative is funded through a grant from the United Nations Foundation. It involves a partnership including the General Board of Church & Society, the General Board of Global Ministries, and the United Methodist Global AIDS Fund Committee. Visit the Healthy Families, Healthy Planet website at <http://www.umchealthyfamilies.org>.

You can support Beatrice Mamawah Gbanga's community-based, primary-health-care ministry by making a donation to Advance #13108Z, either online or through your local United Methodist church.

Intervention for Life

IN THE DEMOCRATIC REPUBLIC OF THE CONGO

by Simeon Kashala

Rose, a 14-year-old orphan in the DR Congo, never had the opportunity to attend school. When her parents died, she went to live with her widowed grandmother. When her grandmother proved unable to support her, Rose had to marry young.

After a few months, she became pregnant—not knowing that her birth canal was too small for a vaginal delivery. Such a complication is not uncommon for teen mothers.

In such cases, it takes an early intervention to save mother and child. If a young woman keeps trying to deliver, not coming to the hospital until the baby gets stuck in her birth canal, it is almost certain that she and her baby will die.

Yet with good advice and timely intervention, a woman can plan for a hospital delivery when complications seem likely. It just takes guidance from someone who knows what to look for.

Training Wise Women

The Democratic Republic of the Congo is a “post-conflict” country, still recovering from a civil war that ended in 2003. Three million died during the conflict, either from the fighting or from the disease and starvation



Rose with her baby.
Photo: Simeon Kashala

that followed. This is the country in which I serve as a United Methodist Global Health Missionary.

In the DR Congo two years ago, the maternal mortality rate was around 1800 deaths per 100,000 births. Now, according to the Ministry of Health, the overall rate has fallen to around 569 deaths per 100,000 births.

But the mortality rate varies by region. It is still high in rural Kapanga, where Samuteb Hospital is located.

There are many reasons for higher maternal mortality rates in rural areas of the DR Congo. Girls there often lack education. They marry before they reach maturity and don't understand the importance of prenatal care. Remote villages lack qualified personnel to assist pregnant women. Health facilities in the DR Congo often lack proper equipment (delivery kits) for childbirth. As a result, many women die trying to bring new life into the world.

Samuteb Memorial Hospital has assessed its resources and developed a plan to improve survival rates for pregnant women and their babies in its catchment area. The hospital staff organizes training sessions for selected women who provide prenatal care in the villages and serve the community as birth attendants. The training program develops the students' abilities to identify high-risk pregnancies and to refer these women to the hospital before it is too late. The birth attendants are also trained to conduct normal deliveries in clean, sterile conditions. They provide nutritional education to women during their pregnancies and inform them of the importance of birth control—spacing out children over time and giving their bodies a rest.

One of the birth attendants trained at Samuteb Hospital, Mrs. Berth, referred Rose to the hospital for a cesarean section. It saved her life and that of her child.

Dr. Simeon Kashala serves as the Director of Samuteb Memorial United Methodist Hospital and as the Coordinator of United Methodist Medical Activities for the Calu and Kanok conferences in the Democratic Republic of the Congo.

SUPPORT FOR THIS MINISTRY

Samuteb Memorial United Methodist Hospital can be supported through the Advance, # 000596A.

Dr. Kashala's missionary support code is #15164Z.



COMBAT HIV/AIDS, MALARIA, AND OTHER DISEASES

TARGET ▶ *Have halted by 2015 and begun to reverse the spread of HIV/AIDS.*

TARGET ▶ *Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.*

TARGET ▶ *Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.*

GOAL 6



Photo: Karen A. Cheng

MANY AFRICAN NATIONS are facing a huge shortage of health workers. There are not nearly enough doctors or nurses to properly staff health facilities, and there are no resources to fund more medical staff training. The World Health Organization (WHO) has estimated that some sub-Saharan countries will need at least a 140 percent increase in the medical workforce to meet Millennium Development Goals in the health sector by 2015.

RAISING THE BAR *for* Public Health

IN MOZAMBIQUE

by Jeremias França

Mozambique is one of the countries facing a critical shortage of health workers, with only 1.26 health workers for every 1,000 people. That means there are fewer than 900 doctors and only about 4,300 nurses to care for 20 million people! As WHO puts it, further progress toward the MDGs is not possible without a massive increase in the medical workforce.

In response to the crisis, Mozambique is already implementing plans for the training and employment of an additional 20,000 health workers by 2015. This would increase the number of doctors by more than 100 percent; nurses, by 68 percent; and skilled birth attendants, by 68 percent. Still, while this planning places the major focus on clinical or hospital care, there is a growing concern over the deterioration of public health in Mozambique's communities.

As a Global Health Missionary, I see this crisis as an opportunity. It's the right moment for all people of good will to help Mozambique promote community health.

Jeremias França, administrator of Chicuque Rural Hospital, in Chicuque, Mozambique, discusses building expansion plans for the hospital. Photo: Mike DuBose/UMNS



Chicuque Rural Hospital

Over many years, The United Methodist Church has carried on an outstanding medical mission at Chicuque Rural Hospital in Inhambane Province, Mozambique. During the last 10 years, the hospital has made such important additions as a laboratory, pharmacy, blood bank, administration building, and now an AIDS clinic (popularly called “the outpatient consultation center”). The Mozambican government has long recognized the importance of Chicuque’s role in the nation’s public health system. In fact, the government wants Chicuque Rural Hospital to be upgraded to a general hospital. As such, it could provide technical support to other emerging rural hospitals.

While the nurses we have provide the best assistance possible, the quality of their work is compromised by a critical nurse shortage in the nation. Chicuque relies on two-nurse teams, each team working a 24-hour shift, caring for 33 to 43 patients—many of whom are acutely or chronically ill—before being relieved by the next team. The exhaustingly long shifts and small number of nurses cannot help but undermine the quality of nursing care.

At hospitals in highly developed nations, an intensive-care unit (ICU) is instrumental in providing appropriate patient care for the critically ill. Though Chicuque Hospital has created minimal conditions for a badly needed ICU, such a unit is not yet functioning because of the lack of sufficient personnel to staff it. Chicuque Rural Hospital is also a teaching hospital where several schools of nursing in Mozambique place their students for rural rotation internships. The dental schools in Beira, located in central Mozambique, and the school of medicine in Maputo, the capital city, also place their students in rotation at Chicuque. Sufficient staffing is needed at all levels for successful student training.

The salaries of many hospital employees are paid by The United Methodist Church through The Advance. Sometimes all sorts of difficulties limit the flow of funds. Yet without these subsidized employees, we could not possibly improve the quality of care. Such employees are mostly cooks, drivers, nurses’ aides, and administrators, though some clinicians are included. We are also very thankful to UMCOR Health for its unconditional support through the Hospital Revitalization program. Quite often, when we find ourselves at the bottom of the well, UMCOR Health has come to the rescue and pulled us up, ensuring a continuity of mission.

The Center of Hope

My ministry with Chicuque Rural Hospital helped me realize the necessity of our implementing comprehensive public health programs—at least in the

districts that comprise the hospital’s catchment area. Yet our staff knew that Chicuque Rural Hospital did not have the human or material resources necessary for the work we wanted and needed to do.

Because of the hospital’s partnership with the Mozambican government, officials asked the church to get more actively involved in the promo-

tion of public health and the training of health professionals. Our response to this request led us to develop plans for a new facility, The Center of Hope. This center would have the added responsibility of coordinating all United Methodist efforts in the health sector throughout Mozambique.

From 2007 to 2010, our major plan was to organize the infrastructure in which The Center of Hope would function.

We started developing the institutional capacity needed to implement programs promoting health. We also assumed oversight of existing health facilities. The Center of Hope is grateful for Bishop Joaquina Filipe Nhanala’s endorsement of the project in 2009. It brought us much support from a variety of partners, making it possible to complete the work.

An Institute of Public Health

The government of Mozambique has appealed to the international community for support in training more health professionals and creating more training institutions. With the development of The Center of Hope, The United Methodist Church in Mozambique took a giant step in its commitment to promote public health in the



*Chicuque Rural Hospital, Chicuque, Mozambique.
Photo courtesy Jeremias França.*

country. However, we will need to do even more to ensure better quality in community education.

The government's planned response to the health workforce crisis is heavily concentrated on clinical care. Yet the country is experiencing a continuous loss of access to health care in the community. We need to produce a health workforce that speaks the language of public health, and we need to train public health professionals. Many different nongovernmental organizations are developing recurring workshops to

train the people who are expected to implement public health projects successfully.

Mozambique needs a stronger and more consistent system of public health education, beginning with the promotion of sanitation in urban areas. The nation also needs people who are well prepared to talk about our neglected diseases: HIV/AIDS, malaria, and tuberculosis. For those reasons, it is time for us to envision an Institute of Public Health, where cadres of public health professionals could be trained. Initial preparatory

steps toward the realization of this dream are in the works. In July 2011, The Center of Hope will host its first Public Health Symposium.

Jeremias França is a United Methodist Global Health Missionary who serves as the Hospital Administrator of Chicuque Rural Hospital in Mozambique. To learn more about the Institute of Public Health project, contact França by email: health.missions@yahoo.com.

INFORMATION ON MOZAMBIQUE AND HEALTH

World Health Organization statistics for Mozambique: <http://www.who.int/countries/moz/events/29102008/en/index.html>

National Plan for Health Human Resources Development in Mozambique. Ministry of Health: http://www.who.int/countries/moz/events/hrh_booklet_summary_en.pdf

Jeremias França's website for Chicuque Rural Hospital: http://jeremiasfranca.com/chicuque_rural_hospital

Chicuque Rural Hospital can be supported through the Advance, #09734A.

Jeremias França's missionary support number is #3019570.

ACTIVITIES AT CHICUQUE RURAL HOSPITAL 2009-2010

Chicuque Rural Hospital in the Province of Inhambane, Mozambique, is both a reference hospital and a teaching hospital. Several schools around the country place students at Chicuque for their rural internship rotation. The volume of activities for 2009-2010 is as follows:

ACTIVITY	YEAR 2009	YEAR 2010
OUTPATIENT CONSULTATIONS	49,002	65,926
EMERGENCIES	20,855	52,641
INVASIVE SURGERY	1,919	5,957
CAESAREANS	887	723
DENTISTRY	6,571	7,136
OPHTHALMOLOGY	4,938	4,710
GYNECOLOGY	473	1,085
MATERNAL DELIVERIES	2,462	2,415
HIV/AIDS	9,245	10,214
LAB EXAMS	29,008	46,831
RADIOLOGY	908	6,775
PHYSICAL THERAPY	1,357	890
ADMISSIONS	7,268	7,354

TAKING DENTAL CARE TO A *Higher Level*

by Victor Doolakeh Taryor

The health-care issue addressed in this article is of critical importance to the entire population of Liberia—especially those living outside Monrovia, the capital city. According to the latest Population and Housing Census, Liberia's population in 2008 numbered 3,476,608. The dental health history of this population is appalling.

Currently, the entire country has only six dentists—five of whom live

IN LIBERIA

and practice in Monrovia. Thus Liberians living in the rural countryside have no access whatever to dental care. Also, at present, only two of Liberia's six dentists are native Liberians—with the younger of the two being in her mid-to-late 60s. Not only is Liberia's current lack of human resources in dentistry a disaster, but the government assigned dental health to the very lowest position on its health-service priorities list. Thus the future of dental development in the country has been looking very bleak.

Ganta Hospital's Big Idea

I am serving as Global Health Missionary in my own country of Liberia. My official assignment with the Liberia Conference of The United Methodist Church is called Hospital Administrator. In this capacity, I am responsible for overseeing the day-to-day operation of the Ganta United Methodist Hospital. The town of Ganta, in north central Liberia, is in the country's interior, about 130 miles from Monrovia.

The last missionary dentist from the United States to serve at Ganta Hospital was Dr. Bob Hartland, who left Liberia as a result of the civil conflict in 1990. Rachael Saye, Dr. Hartland's nursing assistant, remained until 2003, when she was forced to migrate to Monrovia because of



Refurbished dental equipment from the University of Tennessee Dental School arrives in a container. Photo: Suzanne Porter

factional fighting in Ganta. During her years of working with Dr. Hartland and with other dentists from India and Israel, Saye became expert at performing such basic procedures as the extraction, filling, and scaling of teeth. She also provided oral care education. Sadly, when she had to leave, the hospital's dental clinic was closed, creating a huge gap in our public health-care delivery efforts.

Given the post-conflict situation in Liberia, we knew that simply seeking a full-time dentist for Ganta or placing a dentist here or there in other parts of the country would not solve our problem. Our challenge was to meet the dental needs of the whole, long-neglected Liberian population. It was out of this thinking that the Dental Nurse Practitioner (DNP) training program at Ganta was born. This program is a joint, collaborative effort by the Ganta United Methodist Hospital and its many partners—including UMCOR Health, part of Global Ministries in New York City; Dental Care for the World in Memphis, Tennessee; the United Methodist University in Liberia (through its Winifred J. Harley College of Health Sciences); the government of Liberia; and the Christian Medical College in Ludhiana, India.

A Dream Becomes Reality

The partnership grew and came together faster than expected. Through the grace of God, Dental Care for the World (DCW) partnered with the University of Tennessee Dental School to secure six dental chairs and all the infrastructure and supplies needed to launch a new training program. In July 2010, a work team—comprising seven representatives from DCW and a member of the Memphis Dental Association, Dr. Scott Edwards—successfully installed the new equipment in the Ganta Hospital facility.

The UMCOR Health office provided



Dr. Sakharia with the students and the dental technician about to provide care for a patient. Photo: Suzanne Porter.

College in Ludhiana, India, recruited and sent our first new dental faculty member, Dr. Ashwin Sakharia, a dental surgeon.

Around this time, the Dental Nurse Practitioner training program also started. We had succeeded in getting the approval of Liberia's Minister of Health, Dr. Walter Gwenigale, to start such a training program—the first of its kind in Liberia. To qualify for enrollment in the program, a candidate must have at least one year of working experience as a Registered Nurse or a Physician's Assistant. Graduates from the program will need to pass a state registration examination administered by the Liberia Medical and Dental Board. It is exciting to note that the three candidates now enrolled in this two-year diploma program are enjoying great success in their academic pursuits.

The DNP program is an emerging medical training initiative for mid-level dental technicians. Its goal is to train health-care workers for every rural health center and hospital in Liberia. The three current trainees are from the John F. Kennedy Medical Center in Monrovia (Liberia's national tertiary referral center), Phebe Hospital in Bong County, and the Curran Lutheran Hospital in Zorzor, Lofa County.

Through the Minister of Health, the government of Liberia made a commitment to provide salary for an additional dentist, as one became available. Yet, despite this progress, we face another challenge: the ability to procure dental supplies and consumables in order to provide uninterrupted training for the students. Our students are part of the Winifred J. Harley College of Health Sciences, a United Methodist institution in Ganta, so they share the dormitories with students studying professional nursing. More dormitory rooms are needed. But the fact that the lessons are organized in modules makes it much easier for adjunct teachers or professors and part-time instructors to step in and teach to the curriculum. Our full-time faculty member, Dr. Ashwin Sakharia, recently ended seven months of service at the school and has been succeeded by Dr. Prashant Prasad. It is our hope that more full-time faculty will follow.

Victor Doolakeh Taryor is a Global Health Missionary with the General Board of Global Ministries. He is serving with the Liberia United Methodist Conference as Hospital Administrator for Ganta United Methodist Hospital.

FOR MORE INFORMATION

More information about Ganta United Methodist Hospital can be found on the UMCOR website: <http://new.gb-gm-umc.org/umcor/work/health/hospitals/ganta/>

Victor Taryor can be supported as a Global Health Missionary through the Advance, #3019571. Ganta United Methodist Hospital is also an Advance project, #15080N.

\$12,822 and Ganta Hospital, \$1,500 to renovate a four-room facility that is now considered to be the best part of our hospital at Ganta. In August 2010, the Christian Medical



ENSURE ENVIRONMENTAL SUSTAINABILITY

TARGET ▶ *Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources.*

TARGET ▶ *Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss.*

TARGET ▶ *Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation.*

TARGET ▶ *By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.*



Photo: Rosina Pohlmann

RATHER THAN FEELING COMPLICIT IN WRONGFUL, EXPLOITATIVE ACTS, WE HAVE THE POWER TO SUPPORT COMMUNITIES LIKE THOSE THAT MAKE UP CONACADO.

CONACADO:
MINDING
THE
Earth
AND ITS

People

Story and photos by
Rosina Pohlmann



Participants in the UMCOR-sponsored CONACADO tour got a chance to graft and plant young cacao trees.

For the environmentalist accustomed to tidy streets and recycling, the Dominican Republic might, on the surface, arouse a bit of dismay. Along with the brightly painted homes, the tangle of tropical plants, and the hot sun, one of the most noticeable things about this Caribbean country (which shares an island with Haiti) is the trash. Trash is pretty much everywhere—on the beaches, sidewalks, and streets. Wafting through the air is the acrid smell of trash being burned. In Nague, a beach town where our tour group stopped one day for lunch, we saw the servers take away our trash and bury it right there in the sand—sand

that was already full of refuse.

Given that experience, a first-time visitor might assume a local lack of concern about the environment—or, for that matter, about the United Nations' Millennium Development Goal #7: ensuring environmental stability. But what's seen on the surface does not always reflect deeper currents of change, as we learned during a visit to CONACADO, the National Confederation of Dominican Cacao Producers.

Our group was on an eco-tour of the Dominican Republic hosted by Equal Exchange and the UMCOR Coffee Program of the United Methodist Committee on Relief. Equal

Exchange is a worker-owned cooperative in the United States that buys and sells products under the fair-trade model. It buys CONACADO's cocoa for use in its chocolate products. The UMCOR Coffee Program offers United Methodists a way to buy fair-trade products, thus supporting small farmer cooperatives in an effort to alleviate global hunger and poverty.

The Fair-Trade Process

Over the course of our week-long stay in the Dominican Republic, we visited two branches of the CONACADO cooperative in Yamasá and San Francisco, D.R. There, we saw how cacao

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beans are harvested, dried, and processed into cocoa. We stayed with local families and learned from co-op members how the fair-trade process works and how it affects their lives.

If you've ever eaten Equal Exchange chocolate bars, there's a good chance that some of the chocolate came from CONACADO. This Dominican cooperative has seven branches, 10,001 members, and 182 basic associations that together farm 61,776 acres of land. CONACADO sells its cocoa to Equal Exchange, receiving a higher fair-trade price for its goods and premiums earmarked for community improvements and increases in production. Delegates from each of CONACADO's farming associations meet at the co-op's annual assembly to decide democratically exactly how these fair-trade premiums will be used. In this way, the premiums help to strengthen and empower the various communities within CONACADO.

CONACADO also does its part to protect the environment—and has the certifications to prove it. The wrapper on an Equal Exchange chocolate bar is marked with a series of labels—certifications that the company has achieved through its structure, standards, and production process. Among these certifications are ones from The Rainforest Alliance, Bio Suisse, and Bio-Dynamic farming, all of which uphold rigorous environmental standards.

Profitable Environmentalism

After learning that CONACADO is backed by groups like The Rainforest Alliance and Bio Suisse, I wanted to learn more by talking with co-op members. When I asked how the farms met the standards that earned their chocolate these labels, I received vague explanations. This response did not mean that certified standards were not being enforced. Certification organizations visit the cacao farms on site to conduct thorough, often lengthy evaluations. Rather, the details were not relevant to the individual farmers' livelihoods.

Asked about the measures they took to protect the environment, community leaders and farmers did not see environmental protection as an independent cause. To them, it was one aspect of their work that contributed to the overall improvement of their lives.

Abel Fernandez, Operations Manager for CONACADO, explained the three main foci of fair-trade premiums: community support, production improvement, and the diversification of shade-giving plants to ensure the cacao trees' health. This last measure—investing resources to create a sustainable system of production—was certainly an environmental concern. Fernandez explained that all of CONACADO's farms work on diversification. It enables the co-op to increase its production by cultivating stronger varieties of trees—ones less likely to snap in high winds. Thus, showing a greater concern for environmental sustainability is valued not only for its own sake but because healthier trees make for increased production and higher profits.

Progress on All Fronts

The importance of profit should not be underestimated. In a co-op like CONACADO, profit leads to progress. What the cacao farmers wanted to talk



The seeds or beans of the cacao are the white gelatinous center of the pod.

about was progress in their communities. Standing in a grove of cacao trees in Yamasá, Marcelino de la Cruz, a third-generation farmer, told us how he'd been able to educate his nine children—each of whom has found a job as a professional. Over lunch, Felicia Evangelista, recording secretary for CONACADO, explained how the premiums had enabled her to put a new roof on her house.

Over the course of our stay, our hosts took us to see an elementary school built with co-op funding. This school is open to everyone in the community, not just the farmers' children. We also had a tour of a new credit union, which provides a means for the community and its members to obtain loans and invest their profits. And we paid a visit to Asociación Mujer & Acción, a small business



CONACADO's processing area includes drying tunnels where beans are dried out and aired before roasting.



Processed beans, with their certification labels, ready to ship out for chocolate production.

owned by women and supported by community loans.

In San Francisco, D.R., our next stop, co-op members had built and opened a brand-new credit union. Such new resources are the kinds of things that matter most to this community—the quantifiable changes that have a positive effect on a daily basis and ensure a family's future.

A Healthy Environment

When members of the United Nations formulated the Millennium Development Goals, they understood the strong relationship between the health of a community and the health of its environment. Two of the four targets of Goal #7 have to do with a community's people, not just its plants and surroundings. CONACADO farmers have seen significant changes, including improvements in sanitation, access to clean water, education for their children, and better home construction, to name a few.

That co-op members take pride in their personal progress doesn't mean that the environment is not important to them. Over and over again, we were told about the "quality" of CONACADO's cocoa. Abel Fernandez pointed out that one of the co-op's keys to success has been improvements in quality. Before CONACADO was established, he said, the Dominican Republic was known for producing a lower quality cacao bean. Given the greater care that CONACADO's

farmers put into their product, that assessment has changed for the better. We often heard the word *organic* mentioned with pride. It seemed to serve as an umbrella term for sustainable and earth-friendly environmental practices.

Toward the end of our stay in Yamasá, I asked Osterman Ramírez, the logistics and technical director of section two there, whether the farmers take pride in the ecological aspect of their work. His reply encapsulates the kind of responses we heard throughout our visit. Looking me in the eye, he said: "Yes, there is a definite sense of pride, because we receive benefits that others don't get—because we are protecting the environment and increasing production every year."

Consumer Choice

We left the Dominican Republic with great respect for the CONACADO farmers, both as agents of change in their own communities and as protectors of the environment. But what could we take away from the experience as consumers and aspiring protectors of the environment ourselves?

As consumers, we can become aware of the disparity between our lives and the lives of those who produce the products we purchase. We can ask questions and seek to discover whether exploitation or injustice has been part of the production process of the goods we buy. Has the earth been harmed in the making of the product? Have the workers been cheated in any way? Rather than feeling complicit in wrongful, exploitative acts, we have the power to support communities like those that make up CONACADO. We can become informed and educated consumers, seeking out information to help guide our choices and spur our environmental activism. Programs like the UMCOR Coffee Program, partnering with organizations like Equal Exchange, make our efforts as informed consumers much more effective.

Rosina Pohlmann, a recent graduate of Oberlin College in Ohio, is a singer and freelance writer living in New York City. Her most recent projects include a children's book for Cartoon Network and the lyrics to several songs performed by the Mendelssohn Glee Club. She is currently collaborating with her father, composer Jon Pohlmann, on a song cycle and finishing her first young-adult novel.

THE UMCOR COFFEE PROGRAM

United Methodists can order Equal Exchange products, which include coffee, tea, almonds, sugar, and chocolate, at the Equal Exchange Interfaith Store online or by phone. The UMCOR Coffee Program enables churches to buy the products by the case for the wholesale price. In addition, Equal Exchange donates five percent of sales through the UMCOR Coffee Program back to UMCOR to reinvest in programs that promote sustainable agriculture and development. In 2010, UMCOR received \$23,000 from Equal Exchange for this purpose.

Order online: <http://interfaith.equalexchange.com/>

Current price and product list: <http://www.equalexchange.coop/ifPDF/UMCORorderform.pdf>

Order by phone: 774-776-7366



DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

TARGET ▶ *Address the special needs of the least developed countries, landlocked countries, and small-island developing states.*

TARGET ▶ *Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system.*

TARGET ▶ *Deal comprehensively with developing countries' debt.*

TARGET ▶ *In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.*



GOAL 8

Photo: Mark Barden



PARTNERSHIP FOR
Development
 IN SOUTHERN SUDAN
 by Linda Unger

Celebrations at John Garang Memorial in Juba, Southern Sudan, during the January 2011 referendum. Photo: Nils Carstensen/DCA/ACT

Even as you read these words, the people of Southern Sudan are opening their eyes to a new reality: independence.

This July, we welcome them as citizens of the world's newest nation and as partners in the pursuit of global peace and development. On July 9, 2011, the independent government of Southern Sudan is to be formally constituted. Earlier this year, the Southern electorate voted overwhelmingly to secede from the Republic of the Sudan.

The new nation faces enormous

challenges to its own development. According to the United Nations Development Program (UNDP), Southern Sudan lacks infrastructure and basic services. It has only nascent structures for governance and the rule of law. And it will have to reintegrate large numbers of refugees, former combatants, and people who were internally displaced.

Before the separation of North and

South, Sudan was "one of the most complicated places in the world to work in," says Alan Moseley, Sudan program officer for the United Methodist Committee on Relief (UMCOR). Before Sudan's split, the United Nations already considered it one of the 49 "least developed countries" in the world. A series of criteria go into making this assessment, including low per capita income and literacy rates, high infant and maternal mortality, the prevalence of malnutrition, lack of access to clean water, and low school

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enrollment. Other economic, social, and geographic standards also reveal a lack of development.

With more than half its very young population living below the poverty line (72 percent of Southern Sudanese are under the age of 30), Southern Sudan is likely to expand the least-developed countries list to 50. Such countries figure prominently in the United Nations Millennium Declaration—the basis for the Millennium Development Goals (MDG). This UN declaration, made in September 2000, affirms shared responsibility by the nations of the world for ensuring that “globalization becomes a positive force for all of the world’s people.” It announces a series of principles, resolutions, and goals devised to eliminate the handicaps now faced by developing nations and economies in transition.

A Global Partnership

Of the eight MDGs, the final one is the most specific: “Develop a Global Partnership for Development.” Its six subsections address trade and finance, new technologies, debt, the problems faced by landlocked and island nations, and the special needs of the least developed countries.

Governments, multilateral institutions, and corporations that could ease the economic and financial burdens borne by struggling nations are priority targets of Goal #8. The explicit appeal to partnership in this goal underscores the intent behind the MDGs as a whole. It acknowledges nations’ responsibilities to one another in a global context, while affirming the dignity of those countries that face the greatest challenges, such as the new Southern Sudan.

Yet Goal #8 is directed not only from nation to nation but also from one human community or one human being to another. As a faith-based, community-led organization, UMCOR employs a partnership model in all its program areas, including its nongovernmental organization (NGO) or field-office operations. From the start, UMCOR’s field office in Sudan engaged with partners at the grassroots level as well as with national and international NGOs and government institutions. With the independence of Southern Sudan, these partnerships become critical to UMCOR’s ability to support the new nation as it struggles to its feet.

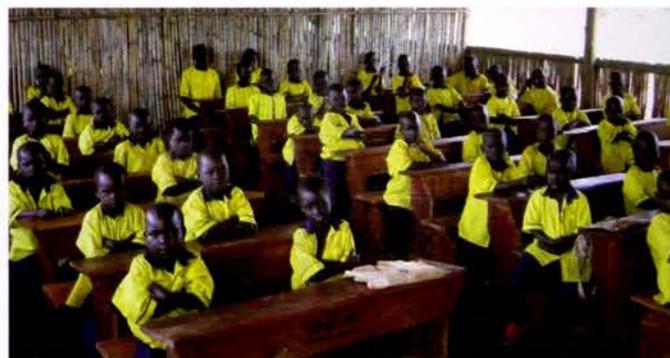
UMCOR Sudan

In February 2005, UMCOR Sudan opened its doors as an NGO in the Sudanese capital, Khartoum. This took place about a month after the government in the North and rebels in the South formally ended 20 years of hostilities and signed the Comprehensive Peace Agreement of 2005. UMCOR Sudan’s first task was to provide humanitarian aid to people who had been internally displaced because of widespread violence in the province of Darfur, located in the North. The congregation of Ginghamburg United Methodist Church in Tipp City, Ohio, was instrumental in getting UMCOR started in Darfur and continues to fund UMCOR education, water, and sanitation programs there.

USAID’s Office of Foreign Disaster Assistance (OFDA), the UN Development Program’s Peace and Stability Fund, and the UN’s Common Humanitarian Fund in Sudan are supporters and partners of UMCOR programs in internally displaced persons’ camps. These UMCOR programs include shelter provision, latrine repair, hygiene promotion, skills training, and school construction. United Methodists and other people of good will are also partners in these programs through the Sudan Emergency Advance. After UMCOR Sudan

opened its Khartoum office, it initiated projects in two Southern Sudan locales: Yei, in 2006; and Aweil, in 2009. These locations are separated by a vast expanse of more than 500 miles and by separate operational and humanitarian issues.

The Comprehensive Peace Agreement of 2005 called for a referendum on independence for the South. After a week of voting last January, more than 98 percent of Southern Sudanese chose independence. UMCOR—while maintaining its administrative office in Khartoum and its programs in Darfur—prepared to open an office in Juba, the new country’s capital, just as other international relief and development organizations were doing. Like them, UMCOR embraced the challenge to expand its programming and strengthen its partnerships.



UMCOR-built classroom with students in Yei. Furnishings supplied by UMC partnership. Photo: Alan Moseley/UMCOR

Work at the Community Level

“The big focus of the international community,” says Sharad Aggarwal, “is to support the state in Southern Sudan. UMCOR is focusing on the community level, where our strength is.” Aggarwal is UMCOR’s field-office program director in nine countries, including Southern Sudan. “We’re going to include a lot more capacity-building activities at the community level,” he added. “And then we will also liaise with other programs at higher levels of government to make

sure there are connections between our programs and those of governors and central-level government in Juba. But we want to stay true to our traditional focus on community-based programming.”

Northern Bhar el Ghazal State, where Aweil is located, is close to the border with Sudan—and to Darfur in particular. Until now, programs there have had to take into account the impact of war and violence. There, UMCOR has built schools, drilled boreholes, erected latrines, conducted hygiene and cholera-prevention training for community health workers, and responded to natural emergencies, including floods in 2010.

In Yei, which is closer to Juba, UMCOR has worked primarily with Congolese refugees and the communities that host them. There, the field office has constructed and equipped schools, built latrines, drilled boreholes for well water, and repaired and equipped a medical clinic.

Partners in Southern Sudan include the government’s Basic Services Fund (BSF); the US Department of State’s Bureau of Population, Refugees, and Migration; the Holston

*Photo: Alan Moseley/
UMCOR.*

Annual Conference of The United Methodist Church, based in Tennessee; and the Sudan Emergency Advance. In addition to its Darfur work, Ginghamburg UMC is supporting health programs in Southern Sudan. And the communities themselves provide vision and labor, assuming responsibility for all that the aid programs produce, from latrines and boreholes to schools and community health.

A new partnership with the European Commission is allowing UMCOR to develop livelihood programs among Southern Sudanese communities in Central Equatoria State, where UMCOR’s Yei office is located. These programs provide improved varieties of seed for farming, training in good planting practices, the establishment of fish farms, and support to help toolmakers improve the quality of the farm tools they forge.

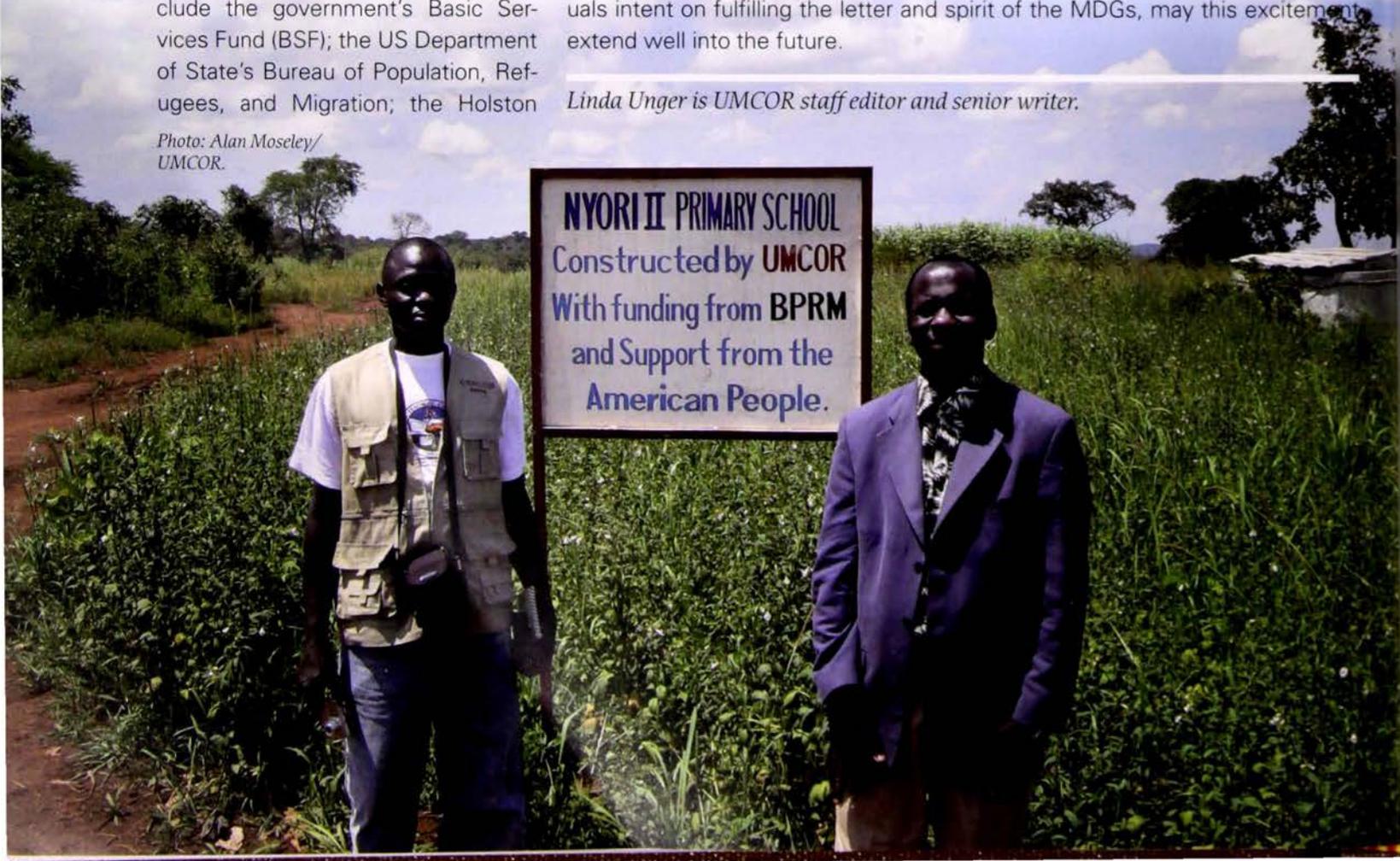
“UMCOR made a large matching contribution to the grant we received from the European Commission,” says Alan Moseley. “It was required. We were able to do that because of the contributions we received from United Methodists and others to the Sudan Emergency Advance.” The contributions from UMCOR partners in the pews are “great,” he underscored. “They give us flexibility and allow us to fill in the gaps and leverage gifts that much more.”

Challenges Ahead

As Southern Sudan begins its new life as an independent country, it will face residual issues stemming from the conflict that raged between the North and South for 20 years. There will be continued tensions; reintegration of internally displaced persons and returnees from abroad; the care of thousands of refugees from other countries; and natural disasters, such as the flooding in 2010.

Nevertheless, Aggarwal says, “This year, 2011, is an exciting one for the country.” With the support of partner governments, organizations, and individuals intent on fulfilling the letter and spirit of the MDGs, may this excitement extend well into the future.

Linda Unger is UMCOR staff editor and senior writer.



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US: Disaster Funds, Cleaning Buckets Needed

According to the National Weather Service, 1,314 tornadoes were recorded so far this year in the United States—by the end of May 2011. UMCOR is working with annual conferences to respond to communities that have been devastated by these storms. Donations may be given to **US Spring Storms 2011, UMCOR Emergency Advance #3021326**.

There is still a great need for cleaning buckets, a need that will only increase with the rising flood waters and forecasted hurricanes. Cleaning buckets can be sent to any of the depots in the UMCOR Relief-Supply Network (<http://new.gbgm-umc.org/umcor/work/reliefsupplydepots/networkmembers>).

For information on assembly and shipping of cleaning buckets, go to <http://gbgm-umc.org/umcor/getconnected/supplies/flood-bucket/>, or you can make a contribution to **Material Resource Ministry, UMCOR Advance #901440**.

Imagine No Malaria Surpasses Expectations

Gifts to *Imagine No Malaria* recently surpassed \$15 million, thanks to caring United Methodists who donated to special offerings and participated in fundraising to wipe out the mosquito-borne disease. Since The United Methodist Church launched the *Imagine No Malaria* campaign on World Malaria Day in April 2010, congregations and annual conferences have cast a wide net of support for the lifesaving initiative.

Survivors of Human Trafficking

With a grant of \$25,000, United Methodist Women is helping UMCOR launch its "Not Without Hope" campaign to keep the shelter for trafficked women in Armenia operating. The UMCOR-United Methodist Women partnership will provide protection and an array of services to help rehabilitate and reintegrate trafficking victims into society. In an ambience of trust and encouragement, residents relearn the meaning of hope after seemingly endless years of sexual servitude and forced labor.

Support the "Not Without Hope" campaign with a contribution to **Anti-Human Trafficking, UMCOR Advance #333615**.

Gulley Receives Society of John Wesley Award

The Rev. Dr. James L. Gulley, 1971 M. Div. Graduate of Wesley Theological Seminary, received the Society of John Wesley Award of Merit for graduates who exhibit a high standard of commitment and devotion to God, to the church, and to Wesley Theological Seminary. An ordained United Methodist elder and agricultural development specialist, Gulley has been a missionary, pastor, teacher, trainer, program manager, and evaluator within church,

government, and non-government organizations. Jim has lived and served in the United States, Africa, Asia, and now in Haiti as the newly appointed Coordinator for Haiti for the General Board of Global Ministries and UMCOR.

On January 12, 2010, Jim was trapped along with five colleagues in the lobby of the Hotel Montana in Port-au-Prince, Haiti, when the earthquake struck. Since then, Jim has traveled almost monthly to Haiti, working closely with the Methodist Church in Haiti on long-term development issues.

US Post Office Honors Memory of UM Civil Rights Pioneer

Throughout the US civil rights movement, Dorothy I. Height often kept to the background and worked tirelessly behind the scenes for racial equality and women's rights. But now Height's name is front and center on a Washington, D.C. landmark. The US post office near Union Station has been renamed in honor of the longtime United Methodist, who died on April 20 last year at the age of 98.

Erin Hawkins, the chief executive of the United Methodist General Commission on Religion and Race, called Height "a living embodiment" of the United Methodist mission to transform the world. She also was one of the few women in the inner circle of civil rights leaders.

DEATHS C. Melvin Blake, retired missionary with almost 13 years of service in Angola, died March 7, 2011...

Si Rae Pak, retired missionary with almost 12 years of service in Korea, died March 27, 2011...

Abraham K. Sellu, retired missionary with 11 years of service in Uganda, died March 29, 2011...

Merlene Ballard, retired missionary with 3 years of service in Pakistan, died May 8, 2011...

Arthur W. Howard, retired missionary with 36 years of service in India, died May 16, 2011.

Howard Heiner, retired missionary and founder and long-time chair of the United Methodist Missionary Association, with 24 years of service in Bolivia, Chile, Somalia, and Nicaragua, died April 9, 2011. He and his wife Peggy retired in the mid-1990s. Bishop Bruce R. Ough, president of the General Board of Global Ministries, celebrated Heiner's career at the opening of Global Ministries' spring board meeting.

The Heiners made headlines when in 1983 they joined 50 North American Protestant and Roman Catholic missionaries in Nicaragua to challenge US policy in Nicaragua. The missionaries maintained that the United States was waging an undeclared war on the poor of Nicaragua. The mission Board refused to give into pressure to withdraw the couple.

REMEMBERING A *Peacemaker:*

Dan Terry (1946–2010)

Dan Terry talks with Afghan children in a remote mountain village.

by David Wildman

I first met Dan Terry in 2004 in Afghanistan.

One day he offered to help me get to a meeting on the other side of Kabul—by bicycle. We took a “shortcut” up to a steep ridge, following a rocky path where we had to push or carry our bicycles. At the top, while I caught my breath and admired the view, we encountered a family of returned refugees. This steep ridge—far from roads, water, and the city proper—was the only place this family could find to live. Family members invited us for tea. Remembering our meeting, we politely declined; but they would not let us leave until we accepted a loaf of freshly baked bread.

Dan’s “shortcut” had really been a way to bypass the rush of vehicles on crowded streets so that I could slow down enough to experience and

learn from the Afghan society he loved so well.

As we coasted downhill on a bumpy dirt road, I asked Dan if he knew the exact location of our meeting. “No,” he replied, “we just need to find an old man.” After 30 years of war, he explained, all the street signs had been destroyed, but an old man would remember where they’d been. Sure enough, we found an elderly friend of Dan’s who knew how to direct us. For Dan, the journey of walking along and meeting people was far more important than reaching a given destination.

When Dan was two years old, his parents, George and Pat Terry, took him to India, where they served for 24 years as missionaries with Global Ministries. The Christian faith that

guided him as he grew up was nourished by India’s Gandhian values of peacemaking and concern for the poor. He first saw Afghanistan as a teenager, when his parents drove through on their way from India to Europe. At night, the family would camp by the side of a dirt road, giving them plenty of time to appreciate the land and people.

In 1970, after graduating from Baker University in Kansas, Dan went to Afghanistan to serve in mission with Global Ministries. There, he worked with Afghan villagers in construction, logistics, and a mother-and-child feeding program for famine-stricken areas. From 1972 to 1985, his parents served in Afghanistan also. In fact, for most of the next 40 years, Afghanistan would be Dan’s

home—the place where he met his wife, Seija, a nurse from Finland, and where they raised three daughters and made many friends, working with some of world's poorest communities. When Soviet troops occupied the country, Dan and his family lived faithfully in shared vulnerability with neighbors in need.

Ravaged by more than 30 years of war, with most of its population in isolated rural villages, Afghanistan remains one of the world's poorest countries. Throughout his years there, Dan served in communities where the need was greatest, discovering that these villagers were great sources of wisdom. Using photos and stories, he shared with others the lessons he learned in places that few are able to visit. "The point for us as outsider 'experts' expecting to fix things," he wrote, "is that this is an ancient system in continuous use and is basically viable.... [Those with] experience of sustained use of renewable local resources may have as much to teach as to learn.... Afghanistan may be so far behind 'us' it's actually way ahead."



The Terry family: Seija and Dan, Pat and George (Dan's parents) and daughters Saara, Anneli, and Hilja.

On August 5, 2010, Dan and nine other members of a medical team were brutally murdered in a remote region of northern Afghanistan. In a land where too many have already lost life and limb to vengeance and violence, the team had just spent two weeks in outlying villages, providing eye and dental care and building mutual relations of trust.

The greatest threats to peace are the fear and anger that strangle loving hearts. Fear-based policies cut people off from one another. "Access to each other," Dan wrote, "across divisions and frontiers—sustaining contact, sustaining commitment—is at the very essence of what needs to be done together. In Afghanistan the first and last thing to do is to acknowledge conflict...[to] authenticate, enfranchise, and invest in one's enemies...." Dan served a loving God who keeps inviting us to love and learn from our enemies.

David Wildman is Executive Secretary for Human Rights and Racial Justice at Global Ministries.

"Blessed are the Peacemakers"
Khatari, ("Dangerous") to my right.



"Several months before, he had tried to kalashnikov my precious tummy. We both dreaded meeting again. When we did, we hugged and kissed and promised 'never again.'"

—Daniel Terry

checkpoints on roads not simply as signs of insecurity but as occasions for negotiation and relationship building. In one instance, he discovered that the young men with guns were also landless and addicted to opium; so he suggested ways that, working together, they could develop a drug rehabilitation program. Thus supposed enemies became friends who now needed and served one another in simple, practical ways.

As one longtime friend of Dan's, BBC correspondent Kate Clark, recalled: "In the last days of the Taliban, this great-hearted man had not given up on finding the common humanity between himself and the members of what had become a murderous regime."

Dan with daughter Saara.
All Photos: Courtesy the Terry family

Salaam Mehrasa

Salaam Mehrasa (Peace reaches you!) is a Farsi wish. In wartime, not only remote villages but peace itself seems completely out of reach. Jesus' call to "love our enemies" seems difficult to conceive, let alone practice. Yet there are countless stories from family and friends about how Dan kept reaching out. For example, he saw armed



A Pilgrimage to Visit "Living Stones"

by Janet Lahr Lewis, a missionary with the General Board of Global Ministries serving in the Middle East as United Methodist liaison in Israel and Palestine.

AT THE REQUEST of the Palestinian local churches and as a way of answering the call in the Kairos Palestine document, I have been concentrating on helping people come here on a different type of pilgrimage; one in which they not only visit the holy shrines, but they also visit "living stones," the local Christians. Our United Methodist Resolution on Holy Land Tours lays the groundwork for these kinds of trips.



Janet Lahr Lewis

We have many UM bishops and clergy who bring groups on Holy Land pilgrimages that return to the US without ever having met with a single local Christian. They run their hands along the marble that has been imported from Italy, they stand barefoot in the Sea of Galilee, but never once do they talk to someone about how difficult it is to live as a Christian under occupation in this place where Jesus also spent his life living under occupation.

Recently, a couple of VIM teams braved the extreme temperatures to work with some of our local partner organizations. They were placed in villages where few "outsiders" ever venture. I am grateful to all those who have come to this region either as a volunteer or on an alternative pilgrimage. They go home having answered God's call.

UMCOR Relief Supply Network

United Methodist Committee on Relief

"IN THE 13 YEARS I've worked in US Disaster Response, there never has been a series of emergencies as widespread as what we're seeing this year," said The Rev. Tom Hazelwood, who heads Disaster Response for the United Methodist Committee on Relief (UMCOR). There is still a great need for cleaning buckets, a need that will only increase with the rising flood waters, tornadoes, and the hurricanes that will surely make themselves felt later in the summer. Cleaning buckets can be sent to any of the seven depots in the UMCOR Relief Supply Network.

Collaboration among network depots provides United Methodists with a number of places across the United States to send or drop off their kits and supplies, assured that their donations will be accounted for and distributed by UMCOR. The network also offers congregations a means to respond to disasters from depots located closest to the affected area.



The General Board of Global Ministries
475 Riverside Drive, New York, NY 10115
Website: <http://gbgm-umc.org> • 212-870-3600

CONNECTING THE
CHURCH IN MISSION

A list of depots in the Relief Supply Network follows.

UMCOR SAGER BROWN

Glenn Druilhet, Director
of Operations
gdruilhet@sagerbrown.org
PO Box 850
131 Sager Brown Road
Baldwin, LA 70514
800-814-8765
www.umcor.org

EASTBROOK MISSION BARN

Rev. Nelson Thayer, Director
thaynett@comcast.net
205 Church Lane
New Castle, PA 16105
724-462-4090
[www.wpaumc.org/ministries/
detail/81](http://www.wpaumc.org/ministries/detail/81)

UMCOR WEST OFFICE AND DEPOT

Rev. Brian Diggs, Director
bdiggs@umcor.org
1479 South 700 West
Salt Lake City, UT 84104
801-973-7250
www.umcor.org

MERCI

Charlie Gray, Executive Director
cgray@nccumc.org
676 Community Drive
Goldsboro, NC 27530
888-440-9167
www.merciumc.org

MISSION RESPONSE CENTER

Dwaine Morgan, Manager
wncumcmrc@gmail.com
PO Box 284
8973 Greenwood Road
Terrell, NC 28682
828-478-2106
www.wncumc.org/mis/center.htm

MISSION CENTRAL

Rev. Rob Visscher, Executive Director
rvisscher@susumc.org
5 Pleasant View Drive
Mechanicsburg, PA 17050
717-766-1533
www.missioncentral.org

MIDWEST MISSION DISTRIBUTION CENTER

Pat Wright, Executive Director
pat@midwestmissiondc.org
PO Box 56
1022 New City Road
Chatham, IL 62629
217-483-7911
www.midwestmissiondc.org

SAGER BROWN

Kathy Kraiza
Executive Director
director@sagerbrown.org
UMCOR Relief Supplies
PO Box 850
101 Sager Brown Road
Baldwin, LA 70514
337-923-6238

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Telephone: 1-800-862-8633

Email: umdf@gbgm-umc.org

Website: www.gbgm-umc.org/umdf

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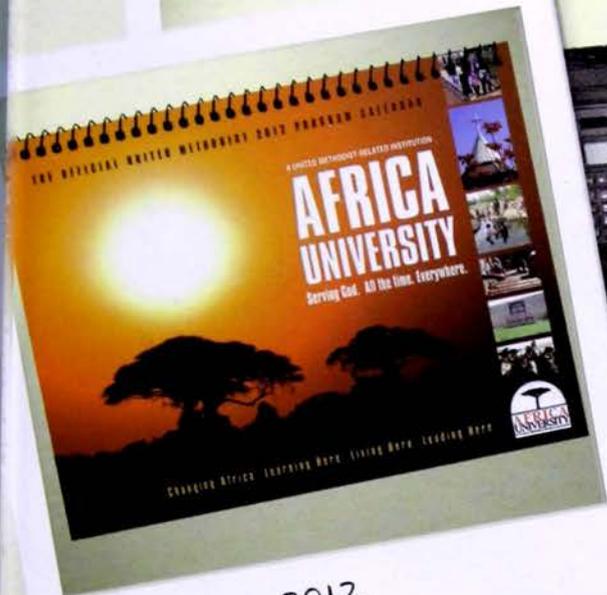
www.10-fold.org

MISSION NEVER STOPS

Neither does 10-Fold. For the second year, follow 10-Fold—an interactive, educational campaign that features mission ministries of The United Methodist Church. Beginning this October 10th, the movement will evolve, with 10 new projects being introduced and a renewed challenge each day to ask yourself what you can do. Become an advocate. Invite a friend. Explore the Web site. 10-10-11—Watch for 10 new projects!

TEXT "10-FOLD" TO 30644
to get current monthly event information.

Official United Methodist 2012 Program Calendars



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2012
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Photo by Alan Moseley/UMCOR



UMCOR celebrates its partnerships in community-driven development programs in Sudan. Thanks to these partners, UMCOR is providing hope for school children, community health workers, and farmers, through the construction of schools and medical clinics, access to clean water, and livelihood support.

Partner Organizations

- Basic Services Fund
- Holston Annual Conference, Tenn.
- European Commission
- US State Department Bureau of Population, Refugees, and Migration

Support this collaborative work with your gifts to **Sudan Emergency, UMCOR Advance #184385.**

CELEBRATING PARTNERSHIP FOR SUDAN DEVELOPMENT



United Methodist Committee on Relief
General Board of Global Ministries
475 Riverside Dr., Rm 1520, NY, NY 10115
800 554 8583 | www.umcor.org