

A new project to establish a  
**Hospital for  
Women and Children**



*Project Goal*  
**\$3,644,066**

and build a  
**Health  
Administrative  
Center**

for the Alliance  
church in Mali



# The Christian and Missionary Alliance

## NATIONAL OFFICE



January 2005

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Dear Ministry Partner:

It is very exciting to discover strategic ministry opportunities that make a difference in demonstrating the love and compassion of Jesus Christ, drawing people to Him. The Hospital for Women and Children in Mali, West Africa, is a ministry opportunity with incredible potential and the fingerprints of God all over it. Here's why:

- ✘ Through the long-term commitment of Alliance missionaries to the planting and development of the church in Mali, there are Malian believers ready to lead this initiative and assure the careful integration of a verbal Christian witness and compassionate, competent care through this hospital.
- ✘ The Malian government looks with great favor on this project. This enhances the stature of our church partners and missionaries in the eyes of government leaders—many of whom are Muslims.
- ✘ There are still many unreached people in Mali who have never heard of Jesus Christ, or have only a very distorted understanding of who He is and why He died on the cross.
- ✘ This hospital is at the crossroads where many of these unreached people live, and will attract many of them from the distant corners of the country as they learn of the quality care it offers.
- ✘ At a time when our American culture and values tell us to erect walls between ourselves and Muslim peoples, this project represents an opportunity to build a bridge to Muslims in order to invite them in a loving and sensitive way to follow Jesus.

While Dr. David Thompson of the Bongolo Evangelical Hospital in Gabon will not be onsite in Mali for this project, he has served as a key developer of the project and will continue to be an advisor and partner in it. He'll enable the Mali team to build on the things we have learned at Bongolo, helping us to achieve high levels of effectiveness and efficiency.

Having invested a decade of my life in Mali as a C&MA missionary, I can assure you this hospital is going to make a difference for the Kingdom! You can commit yourself to knowing you are making a significant impact by helping people feel the love and care of Jesus, and giving them opportunity to understand the Good News and become His faithful followers.

Excited and filled with anticipation,

**Bob Fetherlin**

Bob Fetherlin

VP/International Ministries



## HOPITAL EVANGELIQUE DE BONGOLO

B.P. 49, LEBAMBA  
GABON, AFRIQUE

January 2005

Dear Friend,

Thank you for your interest in the Koutiala hospital project. I strongly believe that God has given us a magnificent opportunity through this project to tangibly and wonderfully demonstrate His love and His glory to the nation of Mali. This is a country that is 90% Muslim and appallingly poor. Masses of its people have never heard the gospel of Jesus Christ and remain deeply suspicious of Christians. The medical wasteland that confronts Malian women who are facing childbirth and confronts Malian children during their first five years of life cries out for a response from those of us who call ourselves servants of God and have the means to do something to change their plight.

God has called us to go to the nations to proclaim the message of Jesus Christ, and I personally don't think He plans to return to earth until we obey Him. The message of the gospel is not only that He is the world's Savior, Sanctifier, and Coming King, but also that He is the Healer, a healer who cares about human suffering.

Those of us who work daily to help the sick know that God cares about the suffering of the poor people of the world. He cares that hundreds of thousands of them live in spiritual darkness and have no one to help them. It is His concern for them that drives your missionaries to their knees on their behalf and that brings us now to your door. If the people of Mali could but experience His love, would not their hearts open to hear about God's offer of salvation through Jesus?

If God touches your heart through this presentation, please join with us to help in ways that will please the Father. Pray with us that God will send reapers into the great harvest field of Mali. Pray that He will provide us with the resources to minister to the thousands of women and children in Koutiala and beyond who do not know of Jesus Christ. Pray that the Koutiala Hospital for Women and Children will open hundreds of thousands of darkened hearts to Jesus Christ. Share this burden with others you know who also want to complete the last command of Jesus Christ to proclaim His salvation to the nations. Finally, invest in the Kingdom of God by giving enough of your resources to make this project become a reality. Or go yourself to Mali and make it happen!

Until Jesus Comes,  
*Dr. David Thompson*

Dr. David Thompson

Director, Hopital Evangelique De Bongolo

**Our Mission**  
is to know Jesus  
Christ; exalt Him as  
Savior, Sanctifier, Healer,  
and Coming King; and  
complete His Great  
Commission.

**Our Vision**  
is to be a movement  
of Great Commission  
Christians who are  
glorifying God by  
building Christ's  
Church worldwide.

ARGENTINA • AUSTRALIA • BAHAMAS • BENIN • BOLIVIA • BOSNIA-HERZEGOVINA • BRAZIL • BURKINA FASO • CAMBODIA • CANADA • CHILE • CHINA/HONG KONG • COLOMBIA  
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MYANMAR • NETHERLANDS • NEW ZEALAND • NIGERIA • NORTH AFRICA • PANAMA • PARAGUAY • PERU • PHILIPPINES • POLAND • RUSSIA • SOUTH AFRICA • SPAIN • SWITZERLAND • SYRIA  
TAIWAN, ROC • THAILAND • UGANDA • UNITED STATES • URUGUAY • VENEZUELA • VIETNAM • YUGOSLAVIA



# Introduction

Four years ago, a pastor's wife died during childbirth in the city of Koutiala, an area where one would expect basic medical services to be readily available. Anne was a short lady and her baby was very large. It was clear that she needed a cesarean section but was left to labor for many hours until she was exhausted. Finally a cesarean section was performed but it was too late. Anne bled to death on the operating room table leaving her husband and six children to mourn her death.

Unfortunately this is not an isolated incident. A caring hospital staff working with modest facilities could have easily saved Anne's life. More tragic is the fact that even in large population centers, Malian women continue to die from complications of childbirth without ever having heard of Jesus Christ.

## BACKGROUND

The Republic of Mali is located in northwestern Africa, surrounded on the northeast by Algeria, on the east by Niger and Burkina Faso, on the south by Côte d'Ivoire, and on the west by Guinea, Senegal and Mauritania. Mali is ranked among the world's seven poorest countries. Nearly 80 percent of its estimated population of 11,000,000 is directly involved in subsistence agriculture, waging a constant battle against deteriorating soils and the encroaching desert.

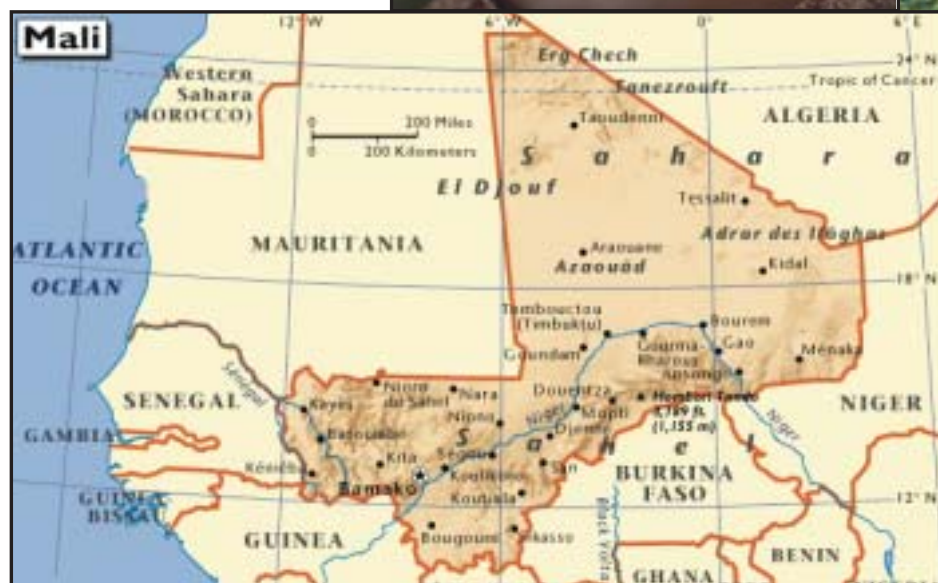
Mali's annual per capita income is estimated at US \$250, which is less than half the Sub-Sahara African average of US \$510 per person per year.

Mali desperately needs external assistance. Statistics found in a recent survey done by the Mali government indicate that nearly one out of every four children never reaches his/her fifth birthday. Twelve out of every 100 babies die during their first month of life. This stands in stark contrast to the United States, where only seven out of every 1,000 babies die. That is more than a ten-fold difference! Malnutrition is found in almost one of every three children who do survive that critical first year of life. The incidence of malnutrition is even higher in years where there is drought.

Maternal mortality is also very high. For every 100,000 mothers that give birth, 580 die during or after delivery. Compare this to the United States where only eight mothers die for every 100,000 deliveries. Only 25 women out of every 100 receive prenatal care, and skilled personnel deliver only 24 out of every 100 women.

There are a number of economic and social factors that contribute to Mali's current health crisis. These include:

- 1) insufficient public and private medical services and specialized clinics,
- 2) poor education, particularly of girls,
- 3) lack of sufficient revenue,
- 4) existing medical personnel and/or services spread too thinly for proper coverage of the country, and
- 5) a lack of trained surgeons, obstetricians, gynecologists and pediatricians.



Joan Foster at one of the six C&MA rural medical clinics. This clinic is a half-hour drive from Koutiala.

## ADDRESSING THE ISSUE OF AIDS

Since the inception of the hospital project, there has been strong intent to address the HIV/AIDS issue. From the very first paper that was prepared by Daniel Thera

concerning the vision for a medical complex specializing in the care of women and children, care for HIV/AIDS patients has been part of the strategy. It continues to be part of the discussion for setting up the medical facility.

Gathering statistics in a country like Mali is difficult in itself. Collecting accurate data on a taboo subject like AIDS is even more difficult. According to statistics released in October 2002, and done by the independent research group ORC Macro out of Maryland in 2001, the prevalence of HIV/AIDS in Mali is generally about 2 percent of the population (*that's about 100,000 people across the entire country*). In the Koutiala region, the incidence of AIDS is twice the national average.

Thousands of children have lost either a mother or father due to the AIDS epidemic.

Current statistics indicate that 96 percent of men and 77 percent of women know that AIDS exists or have heard about the disease. However, there is a very different perception between men and women of AIDS, AIDS risk, and how it is contracted. Knowledge of how the virus is contracted, how it can be treated, and how to care for the patient is very limited in many areas of the country. It makes the need for education significant. Concentrated teaching about AIDS is currently being done through our six clinics and yearly camps. It will be a priority for anyone involved in healthcare in the new hospital.

## THE CHRISTIAN AND MISSIONARY ALLIANCE GETS INVOLVED

The Christian and Missionary Alliance (C&MA) in Mali has been actively involved in medical ministries since its entry in 1923. Even non-medical missionaries became involved in ministries like back-door clinics simply because the need was so great. This ministry eventually led the mission into a long-term commitment to seek and maintain nursing personnel and build six rural medical facilities. These clinics currently offer various services: over-all medical treatment, prenatal care, vaccinations, well-baby clinics, family planning, maternity care, as well as prevention teaching.

Missionary nurses effectively worked in these clinics for many years, training local midwives and assistants to help. Recently Malian nurses have been included in leadership roles in each clinic and are taking on more and more responsibility.

In spite of the operation of these six Malian clinics, however, the death of the pastor's wife during childbirth described at the beginning of this paper forcefully illustrates a significant "missing link" in the medical services offered in this part of Mali.



As mentioned earlier, Mali's maternal and infant mortality rate is shocking. This is the result of:

- 9 complications during pregnancy, labor and delivery,
- 9 spontaneous abortions due to malaria and infections,
- 9 anemia,
- 9 ruptured uterus,
- 9 hemorrhage,
- 9 STD (Sexually Transmitted Diseases), and
- 9 breech deliveries.

The closest hospital to the Alliance medical clinics capable of handling major problems in gynecology, obstetrics, and pediatrics is at least 250 miles away, in the capital city of Bamako. As a result, many mothers die before emergency medical treatment can be received. Often the family must settle for less than adequate treatment in facilities that are closer, resulting in serious complications.

In a recent conversation with Noelle Dembele, Alliance Women president for Mali, she said, "Anne's death was so unnecessary. I can hardly let myself think of how she suffered. The Hospital for Women and Children will be such a blessing to our people and a wonderful outreach to nonbelievers. Thank you for all you are doing to make this happen!"

## SPIRITUAL MINISTRIES

It is obvious that the medical outreach ministries of our six rural clinics have strongly impacted the physical and spiritual lives of the people they have served. Medical ministries help to break down major barriers, opening hearts to the gospel message. Teaching and preaching go hand-in-hand with the medical care offered. Nevertheless, most Malians cannot access these services. For this reason, the new Hospital for Women and Children is being planned for the city of Koutiala, where it will have the potential of changing Mali both spiritually and physically.

As part of the overall ministry of the hospital in Koutiala, we plan to build a small chapel and support a full-time chaplain for the hospital. This is to ensure that all of our patients hear a clear presentation of the gospel and receive spiritual comfort.

The specific spiritual objectives targeted by our program are:

- 1) To ensure a permanent evangelistic presence by assigning a full-time chaplain.
- 2) To provide individual prayer as well as organized prayer meetings for the sick during their time at the hospital.
- 3) To coordinate, supervise and control all C.P.A.M. (*Protestant Center for Medical Assistance*) medical activities for the six regional clinics as well as the new Hospital for Women and Children in Koutiala.
- 4) To provide prayer and devotional sessions to help disciple hospital personnel.



The late wife of the man pictured at the top right died in the arms of Joan Foster. The cause of death was a hemorrhage after childbirth. This woman could have been saved in the new Hospital for Women and Children.



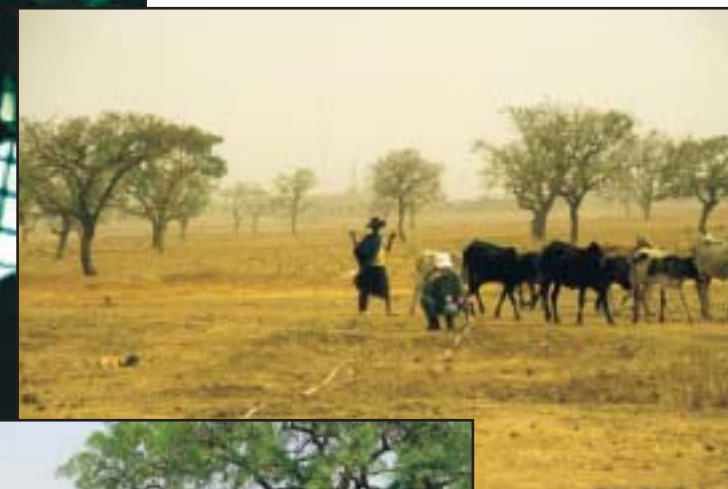
- 5) To explore methods for using medical ministries to reach those that are often viewed as "unreachable" (like political and/or administrative civil servants) in Koutiala as well as other non-Christian medical personnel in the immediate area.
- 6) To train national pastors to serve as chaplains in C.P.A.M. medical ministries.

This project represents a new phase in the missionary effort in Mali. As referral center for our six rural clinics it will offer specialized care in obstetrics, gynecology and pediatrics.

## THE NEED FOR AN ADMINISTRATIVE CENTER FOR C.P.A.M.

The C&MA medical work was reorganized in 2001-2 and is now officially known as Centre Protestante pour l'Assistance Medicale au Mali or in English: The Protestant Center for Medical Assistance in Mali. C.P.A.M. (pronounced say-pom) has its own constitution and by-laws under the Malian Alliance church organization and is a recognized non-governmental organization, or NGO. The organization of C.P.A.M. now includes an executive committee and administrative committee, and is comprised of both Malians and missionaries.

The general director of C.P.A.M. is a Malian Christian named Daniel Thera. Daniel is a lawyer, was a government official for many years, and is extremely well known and respected in the Malian government. This highly qualified man was hired in 2000 and sees his work as a ministry for the Lord. C.P.A.M.'s current medical director, Olive Gifford, is a missionary nurse. We are looking for a qualified Malian to fill this position as soon as possible.



## KOUTIALA LOCATION IS CHOSEN

C.P.A.M. has already significantly contributed to the construction and operating cost of the existing six clinics. In addition to this, eight acres of land were purchased in Koutiala upon which the new hospital is being built. The feasibility studies led to the conclusion that Koutiala would best serve as the location hub for a hospital, and for C.P.A.M.'s new administrative center, because of its central location and the accessibility of running water, electricity, and telephone services.

The dream of building a hospital for women and children that will be a referral center for our six clinics, meeting the incredible demands in obstetrics, gynecology, and pediatrics in northeast Mali and beyond, has already begun to take shape!



Measurements being taken during the site work on the building site in Koutiala, Mali. In the background is a Fulani—an unreached people group we hope to share the good news with.

Groundbreaking ceremonies took place on May 2, 2003.



## THE DREAM BECOMES A REALITY

*Praise the Lord,  
the dream is on its way to becoming reality!*



The necessary wall was built around the land and was completed in September 2003 (top left). A well was dug (bottom right) and a water tower built (bottom left) in April 2003. Now, the first building is nearing completion, October 2004 (top right).

## GOD PROVIDES FIRST OB-GYN DOCTOR

Dr. David Thompson, a C&MA medical missionary from Gabon, visited the hospital site and has given good input from his years of experience as a medical doctor. He is willing to serve as an advisor and counselor for the project. (If you have not already done so, please take a moment and read his enclosed letter.) In addition to the input of Dr. Thompson, and the missionary nurses working in Mali, God has provided two other missionary couples to work directly with the Hospital for Women and Children in Koutiala. Dr. Jeffrey Amstutz is already on location in Mali. Jeff is a dentist who has worked at the Bongolo hospital in Gabon and will serve as consultant on the project.

Dr. Dan Nesselroade will be the first Ob-Gyn doctor on site. Dan trained at Riverside Hospital in Columbus, Ohio, and on the heels of residency spent four years in practice in Springfield, Ohio. It was during this time that God made it clear that he wanted Dan and his wife, Marcy, on the mission field. Dan writes:

*"It astounds me that God began his call in my heart while I was in grade school. His question for me then, and even now, is simply, 'Dan, are you willing?' Always just that. It is remarkable to me that God, our sovereign maker, who holds our very breath in his hands, lends to each one of us the right to refuse him. What other king permits such insubordination? Perhaps what he most wants from us, what delights him, is simply that we would not resist him. This is certainly where the battle takes place in my heart.*

*We recently finished nine months of French language school and currently we are living in Antwerp, Belgium, studying tropical medicine. In March of 2005, we plan to move to Koutiala and join the hospital team. Clearly, its vision and history long pre-date our involvement. It is very confirming for us to see the way God is orchestrating the realization of this medical complex. We marvel at the fact that all of this has occurred apart from any of our own contriving, and that now, of all things, what is needed is an obstetrician. As a child I heard it said that if God needs an oak tree somewhere, you will find that he throws down an acorn fifty years earlier. We believe this is what is occurring."*

*This was the Lord's doing: It is marvelous in our eyes. —Psalm 118:23*

## ESTIMATED COSTS

We have concluded that, once the hospital is well established, the income received from our patients for services should cover basic administration costs, salaries for local medical personnel, medicines and medical supplies, basic maintenance and operating costs, and other various expenditures needed for the day-to-day functioning of the hospital. However, we must raise the costs of construction, purchasing and shipping essential medical equipment, furnishings for the wards and buildings, and initial operations. In addition, we must train Malian doctors in pediatrics and gynecology and cover the costs of missionary personnel. We are establishing an endowment for the ongoing costs of supporting this work.

Included below is a summary of estimates for the cost of building, equipping, furnishing and operating the hospital.



Malian girls and boys, such as those on the left, will benefit from the care provided at the Hospital for Women and Children in Koutiala, Mali, as well as have the opportunity to hear the Good News of Jesus Christ.



Medical missionaries will help train and educate Malian medical personnel to serve at the hospital.

## ESTIMATED COST SUMMARY in US dollars

Total Construction Cost	\$ 2,644,066
Operating Endowment	\$ 1,000,000

*For additional detail, see the following page.*



## Proposed Phases for the Construction of the Koutiala Hospital for Women and Children

Description	Contributions	Progress
<b>Phase 1</b>		
Drilled Well/Water		Completed 2004
Wall — Doors & Stucco	\$18,773	Scheduled 2005
Guard House	\$1,434	Scheduled 2005
<b>Phase 2</b>		
Maternity/Multipurpose building	\$92,297	Scheduled
Maintenance building	\$16,091	for
Generator	\$10,000	early
Incinerator	\$1,871	2005
Outbuildings — kitchens/toilets	\$35,785	
City electricity connection	\$54,000	
<b>Phase 3</b>		
Pediatric	\$291,154	Underwritten
Outbuildings —kitchens/toilets	\$35,785	
Generator	\$10,000	
<b>Phase 4</b>		
Equipment Multipurpose/pediatric	\$740,736	
9 Furnishings		
Basic stock of medicine	\$300,001	
Operating funds for 12 months	\$20,000	
<b>Phase 5</b>		
Main building	\$810,309	
9 Diagnostic/consultations		
9 Operating rooms /delivery rooms		
9 Hospitalization		
9 Equipment/major medicine stocks		
9 Furnishings		
Storeroom/autoclave/laundry	\$67,359	
Generator	\$10,000	
Outbuildings — kitchens/toilets	\$35,785	
Morgue	\$24,000	
<b>Phase 6</b>		
Parking/landscaping	\$13,446	
City water	\$9,240	
Ambulance	\$23,000	
Service vehicle	\$23,000	

### OVERALL TOTAL

**\$2,644,066**

*You may see some escalation of costs from the 2002 projections. This is primarily due to the devaluation of the U.S. dollar against the local currency over the interim time.*

## OPERATING ENDOWMENT

While the daily operating costs of the hospital will be covered by the minimal fees charged for services, there are up-front costs and ongoing needs that will need to be met. The nature of this work requires that in the first few years we provide resources for the ongoing operation of the hospital. These needs would include:

- i The training of African physicians to staff the hospital.
- i Start-up costs not related to construction.
- i Costs of missionary personnel.
- i Special opportunities for HIV/AIDS outreach.
- i Training of x-ray, ultrasound and lab technicians.
- i Training of nurses and midwives.
- i Benevolent care for those who have no ability to pay for services.
- i Emergency fund for unexpected costs and unanticipated opportunities that arise.
- i Community health development and training of teachers.
- i Training of chaplains.

This endowment, to be operated by The Christian and Missionary Alliance in consultation with C.P.A.M., is envisioned to be \$1,000,000. Please consider this critical need to provide for the long-term nature of the hospital ministry.

## GIVING TO THE KOUTIALA HOSPITAL FOR WOMEN AND CHILDREN PROJECT

If God is asking you to partner with other Christian and Missionary Alliance people across the globe to build and equip the Hospital for Women and Children in Koutiala, there are several ways you can give.



*Checks can be made out to:*

The Orchard Foundation  
P.O. Box 35660  
Colorado Springs, CO  
80935-3566  
1-888-689-6300

Mark your gift for the  
**Koutiala Hospital Project.**

Or you may wish to make your contribution in the form of an appreciated asset or security. Your Orchard Foundation representative can help with specialized gifts.

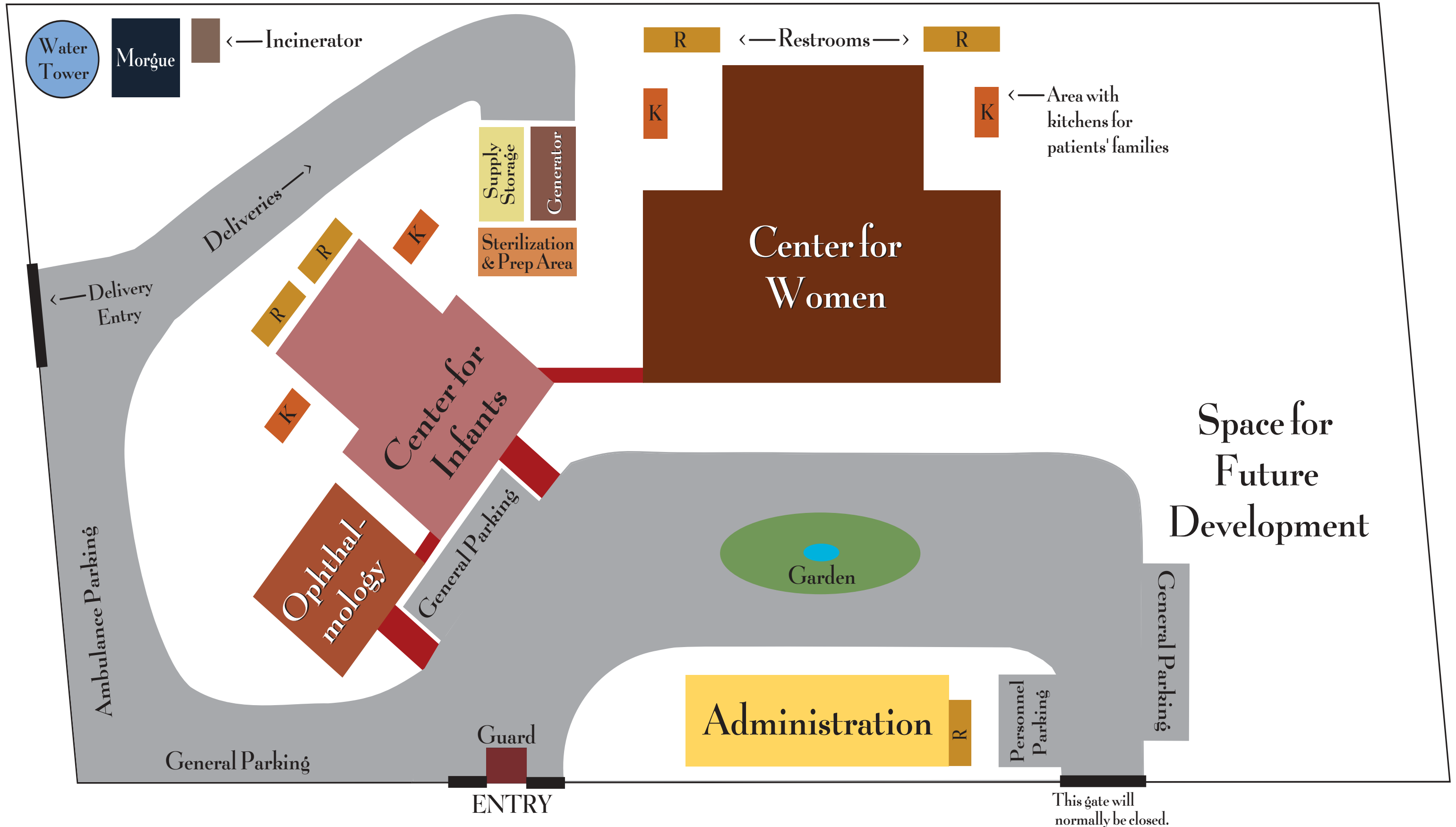
*Please contact:*

**Timothy A. Stephenson, ChFC**  
*Vice President for Development*  
Office: (719) 268-7200  
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Email: stephensont@theorchard.org

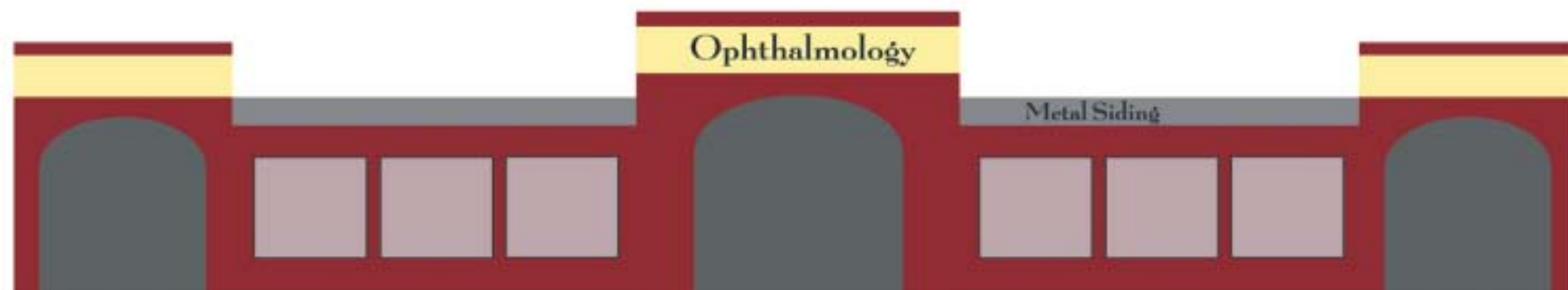
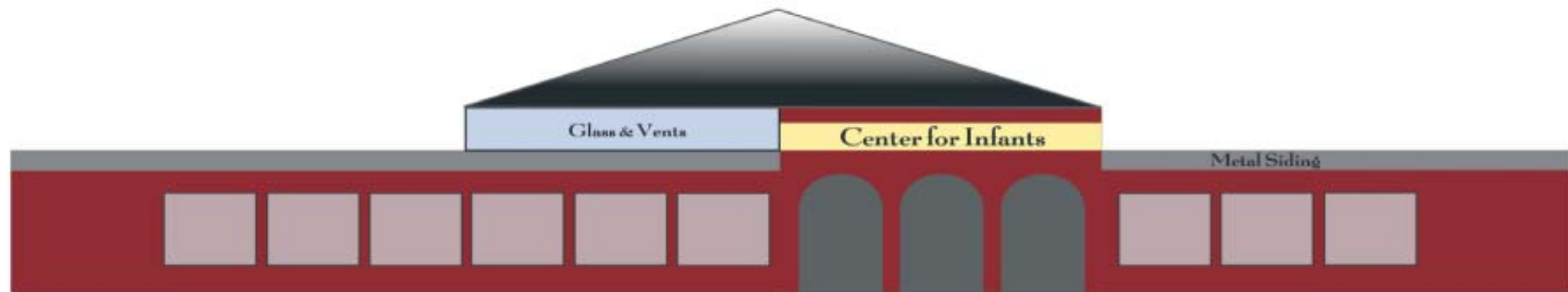


*The Orchard Foundation is the gift planning and estate design ministry of The Christian and Missionary Alliance.*

# Hospital for Women and Children—Koutiala, Mali



# Building Sketches





## **C&MA ADMINISTRATIVE, MISSIONARY AND MALIAN PERSONNEL WORKING ON THE PROJECT:**

Dr. Peter Nanfelt, president of The Christian and Missionary Alliance

Dr. Robert Fetherlin, vice president for International Ministries

Dr. Chris Braun, regional director for Africa

Rev. Milton A. Pierce, interim field director for Mali

Rev. Randy Barnwell, assistant field director for Mali

Rev. Philip Skellie, director for CAMA Services

Rev. Tim Albright, project consultant, CAMA Services, Burkina Faso

Dr. Jeffrey Amstutz, project consultant, The Christian and Missionary Alliance

### **National Church Leaders**

Pastor Moise Guindo, national president

Pastor Simeon Keita

Pastor Moussa Tanğara

Pastor Abed-Neğo Kamate

### **C.P.A.M.**

Mr. Daniel Thera, general director C.P.A.M.

Olive Gifford, medical director, missionary, nurse midwife

Gail Warner, missionary, pediatric nurse practitioner

Veronica Volland, missionary, nurse

Dr. David Thompson, advisor

Gaoussou Diabate, receptionist, clinic bookkeeper

### **Head Nurses**

Ezechiel Coulibaly, Baramba Clinic

Allaye Coulibaly, Famorila Clinic

Kalifu Diallo, Farakala Clinic

Isaac Dembele, Ntorosso Clinic

Pierre Coulibaly, Sanekuy Clinic

Francois Coulibaly, Somasso Clinic

### **Construction Team**

Mr. Daniel Diarra, construction engineer, Mali

Mr. Jason Kalb, construction coordinator, United States

Mr. Sid Postma, design coordinator, United States