



NCFI

connections

May 2020

P2. Nurses across a Region work together on a special project.



NCF in Sierra Leone - Reaching out to Nurses



NCF was founded in Sierra Leone in 2002. Then at a meeting in Freetown in 2015, after a long break, NCFSL decided to revive the Fellowship. At that time Executives were appointed to lead the work. They decided to organize events related to Spiritual Empowerment of the Christian Nurse. This was especially important at that time following the challenges of the Ebola epidemic. NCF visited hospitals, nursing schools and other areas related to medical practice, reaching out in love and care for the Christian nurse. They invited the NCFI family to pray with them for the right people for leadership, and for God's guidance, as they planned their work for the future.

Vice President Amara Koroma writes of the National NCF in Sierra Leone today.

There are currently four NCF groups in Sierra Leone. Our aims are:

- ▶ To bring nurses to the faith of our Lord Jesus Christ
- ▶ To sensitize the patients about faith
- ▶ To teach nurses about ethics towards was the patients and their relatives, and also our colleges nurses

The total number of members in all the NCF groups in Free Town is 261. There is a National Council group which is the regulating body of NCF Sierra Leone. It has a total of 141 in membership. The younger generation of NCFSL have

formed a student group with a total of 40 members, and the Salone chapter is another NCF group with a membership 80. We meet on the first Saturday and last Saturday in the month, plus every 3 months we have a general meeting with the local groups at the consul.

As well as the regular meetings, other activities arranged are: Radio interviews and TV programs at FTN television network; faith outreach programs to the hospital, community and home cells; nurses and midwives celebrations and health revivals; Student nurse debates; local conferences for all NCFSL groups; and a national conference of NCFSL every two years.

Conditions for nurses in Sierra Leone

There are not enough health facilities to enroll all nurses. Some are self employed, but the majority of nurses are employed by the pharmacies and some private clinics. Nurses are not well paid, and not sponsored for further education.



Amara Koroma. is a Sierra Leonean, and a qualified nurse with a Diploma in Public Health. He hopes to continue his studies with a Bsc in nursing, if able to gain a sponsorship. He is currently Vice President of NCF Sierra Leone.



Photos: Top - NCFSL group with Dr Tove Giske, NCFI President. Middle - First inauguration ceremony with missionary, Hope Graham. Bottom Group of NCFSL members. Photo in top heading - Amara Koroma is at front right.

NCFers Working Together



The Kalimantan project which took place from 2003 to 2010 was a period when some NCFers in the Pacific East Asia (PACEA) region came together to do community health teaching. At this time we did not have Skype or mobile chat to communicate. Yet it was an opportunity seized by me to be involved in the project as Chairperson of PACEA region during that period. It seems like only yesterday as I recall the trips made and the fellowships and friendships that were forged because of the project, which was a most memorable and empowering experience.

The photo above, shows the different countries involved in the project – Indonesia, Singapore, Philippines, Japan and Malaysia in 2009. The young girl in the middle was a student of the school where the training was held. She is a Dayak, an indigenous group of West Kalimantan, Indonesia, where the Christian school was built to provide primary to high school education and teach Christian values.

I was first invited by a missionary friend to Indonesia to be involved in the setting up of a clinic within a school compound and planned to meet the needs of poor communities in West Kalimantan. It was at the suggestion of Alicia Banas, missionary nurse with Medical Ambassadors of Philippines and a Philippines NCF member, that community health training for lay persons be conducted to help with primary health care. Preventive primary health care and health promotion, is badly needed in rural areas of many countries. It could not have been done so easily if I had not known Alicia, through NCF. The suggestion sounded feasible, and Alicia was invited to be the key trainer, while I organised the yearly trip inviting nurses to join the team.



Through the project, the following outcomes were birthed:

- ✓ Opportunities to share at nursing seminars held in Jakarta, with each trip at the invitation of Christian nurses in Jakarta. The photo above L. was taken at one such seminar held in a Christian hospital).
- ✓ Partnership with an Indonesian foundation, instrumental in setting up the school that was the venue to conduct the community health training, taken with the then chairperson of the Indonesian foundation in 2003 (photo, above R.).
- ✓ Fostering of fellowship and friendship with Christian nurses from Indonesia, a few of whom came to join the team in subsequent years. NCF Indonesia was officially launched in 2003.

✓ The support of seasoned NCFers like Chieko Fukushima from Japan and Chan Kum Sum from Malaysia for the project.

✓ Involvement in the outreach to Christian nurses from other parts of Indonesia through the organisation of NCF conferences hosted at different locations every two years. The first national conference was held in Bali. Indonesia NCF became a member of NCFI in 2010.

✓ The training of nurses to take up leadership roles in NCF Indonesia. Today one of the Indonesia nurses is chair of NCF Indonesia while another is active in supporting the region.

✓ Continuing fostering of fellowship and friendship post project – for example, I have been invited by NCFs in Indonesia, Philippines and Japan to share at their conferences.

As I look back, I am amazed and humbled that I could organise the teams, do team teaching, and correspond with Indonesia foundation chairperson on the yearly trips, while I was doing full time nursing. These regular contacts and correspondences also forged a strong friendship between myself and the foundation. Indonesia always played host and extended hospitality to us when we flew to Jakarta. The foundation supporters and Christian nurses in Jakarta took care of us, brought us out for meals and even shopping. We were truly blessed by their hospitality, gifts and friendship.

The cross cultural experience of working with nurses from different cultural background and different professional experience was fostered and strengthened. Those years were a wonderful and enriching time of learning, serving together using our gifting and experiences and fellowship with likeminded Christian nurses. I am a richer person today, thanks be to our Lord who is the unifying force behind the partnership and fellowship, that we could be count worthy to bless the community at West Kalimantan as nurses, so that many may turn to Jesus who called us to serve Him.

By Goh Swee Eng, NCFI PACEA Region Chairperson from 2002 to 2010.

In addition to the Kalimantan project, the Regional Committee also organised 3 regional leadership training meetings every two years beginning in 2003. They included those held alongside the regional conferences.