

From: Rebecca Baldock

13 May 2007

Hope you are all well and enjoying the May bank holidays.

I've just had a huge answer to prayer so I wanted to share it with you while it's fresh. I want to explain the whole story so please excuse me if I'm repeating things that you've already heard before.

Whilst I was home I spent a day at my sisters sixth form college. She'd asked me to come to her Christian Union, and one of the R.E teachers also invited me to a couple of lessons. These classes were just completing a section on "Religious Experiences". I'd been invited to come to answer their questions and to share from my experiences. I'm not a fan of big terms and I don't like the term "Religious Experience". I feel this term can cause people to miss God. We're all looking for a big sign, like Paul's when he was on the road to Damascus. On the journey Paul heard Jesus asking he was persecuting Jesus disciples and Paul became blind. God then sent him to a Christian in Damascus who prayed for him to be healed, and he was. Experiences like this do still happen, but I often think that God speaks in the little things. In 1Kings it talks about a Elijah waiting to hear from God. There was a great wind, earthquake and then fire, but God was not in these. Instead God spoke to him in a gentle whisper.

I'm not someone whose very good with change. I need to know about things in advance, think about them for a while, get used to them and then I'm fine and happy with the change. God's fully aware of this and over time I've noticed a bit of a pattern in the way he speaks to me. It usually starts with something I don't want to do or happen. Then gradually he changes it so it becomes something I do want, without me really realising it. When it's the right time it's not only something I now want to do, but many other factors come together to confirm it's right. I've even given it a saying "It's so wrong, it's right". During the first year that I was working at Kagando I'd often (and still do) discuss with my college about ways in which we could develop the physio department. My college often talked about community work, but I felt that there was so much still needing to be done in the hospital. I thought that it was pointless going into the community without having a solid centre of the hospital to work from and therefore refer to. When I knew that Joanne (another physio) would be coming for a year I was thinking about ways in which we could further expand and most use her for the year. One of the on my mind was community work. However I was aware that it needed funding and was unsure of where and how to start. We were also busy and continuing with developments in the hospital that the community work never developed further than a idea. When Dr Andrew came in October, he was very upset to again find that there were hardly any patients for him. Although he had a heart for this place (having once worked here) and anticipated that there was a huge demand for his skill, it was a waste of time him coming if there were not any patients. He discussed with me how other places were good at mobilising patients and organising the patients for assessment when he arrived. He mentioned that it was usually the physio department that was responsible for the mobilisation. At Kagando we were very good at doing the physio and following up patients, but the mobilisation had been left to the Drs and was not successful. I was able to share with him that I'd been thinking about doing something in the community, and it was agreed that we would try to do some community outreaches. If these were successful Andrew (the plastic surgeon) would continue to come. This was also discussed with the director and head Dr in the hospital.

Having agreed to start this we then were faced with lots of questions. How on would we carry out these outreaches. Where would we go? What would it involve? And of course how were we going to fund them. For them to be sustainable we really needed a source of funding and as mentioned before sustainable funding is always difficult to obtain. To help with the first few questions we sat down as a department and discussed things. Richard (the other physio) had been involved in outreaches in the past so had some idea of where to visit and what could be involved. I also visited another centre that were doing outreaches to get some ideas. (It was on this visit that I found out about the Uganda Club Foot Project, and from there was able to make contact and obtain the foot braces we give out to the babies with club feet to maintain the correction we've achieved. Without these 90% of children's feet redevelop the deformity). We decided that the outreaches would therefore be to educate, assess, and provide basic physio treatment and advice as able. Having agreed on this we still had the issue of funding. It was decided that we would do a pilot study for a couple of months before the next plastic surgeon visit to see if it was successful. If this proved to be the case we would then write proposals to try and obtain some funding.

Now before I go further I need to explain about my support. Before coming out to work in Uganda, and every year since, my mission make a budget of how much money is needed to support me. Mine and my parents Church, friends and family have then been giving money to my mission, which covers things like medical insurance, national insurance, and a monthly allowance for me to live off. The allowance is the same for all missionaries living in a country. I use the majority of my allowance to cover living costs, paying my workers, food and tithe etc. I keep the rest of it to use either for travel and accommodation if I need to go to Kampala, or when friends come and visit etc, or to give away if there's a specific need that comes up, or to cancel the debt of someone who has loaned money. AIM's missionaries in Uganda are mainly from UK, America and Canada. Due to different exchange rates and the fact that we are all meant to be getting the same amount of money, I was informed that my monthly allowance would be decreasing to make it equal to my counterparts from other countries. We do the outreaches once or twice a month. The cost is relatively small involving only petrol and lunch for people who have gone. Due to decreased allowance I knew I had the money with my mission to be able to claim as work expenses for the outreaches. The timing of getting the news that my allowance was going to decrease was incredible as I realised that although it wouldn't be sustainable in the very long term at least we could sustain it for the time being and start it.

When the plastic surgeon came he assessed about 100, patients. The orthopaedic surgeon who visited in April had about 80+ patients. It was another conformation to me that yes this is right and that God had really blessed it.

Despite being excited and happy about the result of what we were doing, I was also getting a bit upset that the outreaches were not becoming routine. We'd decided to do it at the beginning of the month to enable this, but each time I had to organise the people to go. We were also getting problems regarding lunch allowances and how much it was necessary to give the people who were doing the outreaches. Now again I need to explain something. When people go through school and uni, they struggle to find money to pay for their school fees. However once qualified if they go on short courses they often have their accommodation, transport and extra money given to attend the course. This is given as an incentive for people to come on the courses. This is the same with outreaches. Many of the outreaches, especially the AIDS ones, are heavily funded. People are therefore given money to do these outreaches on top of their wages to encourage and ensure the outreaches are done. It is given under the disguise of lunch money, but is often more than is needed to buy lunch. Or is given even if people are back before lunchtime. I find this quite difficult especially as it creates the problem that if people aren't given extra money it's harder to get people to regularly agree to go. But from the other side, the money given in Western terms is still probably not that much and it does mean that these outreaches happen and continue as people want to do them. Also if you are used to getting some benefit for doing something, you feel hard done by if it doesn't happen.

I have just received a E-mail today to inform me that the organisation which supports the visiting plastic and orthopaedic surgeon is going to refund the outreaches that we have done, and to continue to pay for them. This is fantastic news, as it makes things much easier and sustainable if funding for something like this is coming from a organisation. It also makes the lunch allowance issue much easier as we can follow their policies. I received another email today which also informed me that my monthly allowance has not decreased after all. But it really made me smile cause if I hadn't thought it was going to be less I don't know whether we would have started or sustained the outreaches as we have done. I was really left with a sense again of how God is in control. He knows what's going to happen and how, and we just need to listen and sometimes take steps of faith and act. I've been saying all along that this felt too big for me, but not for God and well need I say more?

Love Rebecca

Prayer requests

Much praise for the developments that have happened with the outreach. Please continue to pray for it, especially as we try and make it something routine.

Thank you for your prayers about Jovia. The day after I sent the email asking you to pray - Jovia independently moved and stepped her right leg. She is now walking independently (if not completely normally - as she still doesn't have ankle movement) and is about to be discharged. She will come back regularly as physio outpatient

I've got quite a few journeys to make in the next few months with work and friends coming out. Please pray for safe travel and energy.