Brian and Jackie Chilvers

August 2021

August 2021



www.bmsworldmission.org/bjchilvers

We've been in Chad almost 2 months now, we are well into the wet season and a new daily routine. As expected, this isn't always easy. Brian has just returned from work, having (along with his colleagues) been unable to save the life of a child who presented very sick, very late. Jackie has also seen several babies and very young children on the ward with malnutrition who have since died. Life is just so fragile here, and, perhaps because death happens so often, people do seem to accept it more readily than us despite their grief. The contrast with our attitude and life in the UK is vast.

Brian is spending most of this time in the emergency room. It feels like most patients are coming along with illness due to malaria at the moment, especially the children. There continues to be a lot of children who are also malnourished and a few of the usual trauma cases. One day it was so busy the children were sharing two to a bed until we could move one to the ward, which was at the same time full. Thankfully that doesn't seem to happen too often. The children's ward has gone from almost empty after a few days rain earlier this month to being full - today 6 of the 10 beds are occupied by babies or toddlers with severe malnutrition, mostly along with other conditions.

Jackie really enjoyed visiting a group of vulnerable women in N'djamena to listen to their experiences with breast feeding, as well as try and promote the idea of giving only breastmilk until the age of 6 months – although the vast majority of women breastfeed, there are traditional practices of giving additional water, and a risk if women choose to use formula milk too. Often these things contribute to malnutrition and chronic illness in a setting like Chad. In the photo are the visual aids – 'ingredients' of breast milk to show how much water is already in it, and various items that demonstrate the size and capacity of a baby's stomach at various ages – the ladies responded really well to these, they were surprised by the practical examples, and were keen to talk again in the future.



We are happy that we are becoming more independent now – driving was somewhat challenging at first, and the layout of the town is a bit confusing. But with the aid of experienced colleagues and Google maps we have managed to get ourselves in and out of town a couple of times and enjoyed an independent day out shopping and then at a swimming pool. We are learning that living on a compound comes with its own challenges, so its important to be able to spend time just the two of us.

The nurse training is very different here in Chad. The nurses don't do any physical care (eg feeding, hygiene needs) as the patients all bring someone with them for

that. This means they are very task focussed, which a contrast to our background of treating every aspect of a patient. So clinical presentation can become less important than procedures such as putting up an intravenous drip or prescribing medicines. Sometimes the end result is the same, and Brian is currently trying to understand which things he could provide training for, and which might be better left alone. There are also certain cultural expectations when patients attend for treatment – eg to have an injection or be prescribed medication, which is perhaps not so different to the UK but culturally needs to be managed differently.

One thing we have noticed about living in the compound its that it's hard to (physically) see the outside world, and we need the car to travel into town, so don't see much of the village, except if we go to the market. So, a couple of weekends ago we made a point of walking around the perimeter of the hospital. We were talking about this with another colleague, who hadn't yet done, so Jackie went with her the next day. We decided to pray for the community as we walked round for a second time – then just as we turned a corner, what had been a quiet walk suddenly turned into one filled with curious children and young people. One lady sitting at her gate asked if we were from the hospital and got up and walked all the way back with us. It was a really encouraging afternoon for both of us and is something we plan to do again.

We are thankful that the whole BMS team is back at Guinebor 2 now, the Spears and Shrubsole families having returned from home assignment last week.

We have recently met a Muslim background believer and heard how hard his life is since becoming a Christian and rejected by his family – please give thanks for his joy in knowing Jesus and pray for him in his daily life.

We would value your prayers for daily resilience and wisdom .

Please do continue to pray for the country of Chad.

Thank you so much for your support to BMS and to us here in Chad. It is so encouraging when we hear that you are praying for us and following our progress.

If you would like to support Brian and Jackie Chilvers by prayer and committed regular giving, visit **bmsworldmission.org/partners** or call 01235 517617 for a 24:7 Partners leaflet.

BMS 24:7 partners
Turning compassion into action

PO Box 49 129 Broadway Didcot Oxfordshire OX11 8XA Tel: 01235 517700
mail@bmsworldmission.org bmsworldmission.org

The Baptist Missionary Society: registered in England and Wales as a charity (number 1174364) and a company limited by guarantee (number 10849689)

If there are any changes to your contact details, or you wish to unsubscribe from this prayer letter and/or other BMS communications, please contact the BMS Supporter Services Team by phone on 01235 517638, by email at supporterservices@bmsworldmission.org or by post to the address below. For more details on how we use and protect your data, visit www.bmsworldmission.org/privacy