CICIAMS News
INTERNATIONAL CATHOLIC COMMITTEE FOR NURSES AND MEDICO - SOCIAL ASSISTANTS

Message from the International President

Since the last edition of CICIAMS News a very successful Congress of the English Speaking African Region was hosted by the Catholic Nurses Guild of Swaziland. The theme of the Congress was Scaling *up Africa Health Services through Nurses, the Merciful Carers of Humanity*. It was a topic chosen to highlight and reflect on the role of nurses during the International Pontifical Year of Mercy. It was an informative, joyous and uplifting experience that benefitted not only the members from Africa but also those from the other CICIAMS Regions who attended. Some papers are published in this edition that will indicate the professional content of the programme. The Swaziland Catholic Nurses Guild is to be congratulated on hosting such a fruitful congress. Its members were perfect hosts – welcoming, always pleasant, helpful, professional, hardworking and patient.

There were changes in the representations on the Executive Board as terms of office of some members had expired and replacements were elected by the General Council at a meeting held in conjunction with the congress in Swaziland. Those who had never served on the executive board previously are particularly welcome as the importance of new blood with new ideas and expertise is vital to the life of CICIAMS. They along with other members of the board are to be congratulated in taking up the challenges that face CICIAMS in its role as the voice and support of Catholic nurses and medico-social assistants in today's world.

Internationally, it was my privilege to represent CICIAMS at the XXV World Day of the Sick Colloquium with the theme *The Magnificat – Canticle of Hope* in Lourdes last February and at the International Conference *Perspectives on Promoting Integral Human Development 50 Years from the Encyclical Letter Populorum Progressio of Blessed Paul VI* in the Vatican City last April. CICIAMS elected and nominated representatives continue to represent CICIAMS at the UN DPI during which they network with like-minded associations and keep abreast of matters of interest to nursing and to health in general. You will have seen the oral statements presented by them during the Sessions on Population and Development for the past three years on CICIAMS website. CICIAMS representative to the WHO continues to liaise with the associations responsible for approved projects in Zambia, Kenya and Swaziland.

Preparations are in progress for CICIAMS XX World Congress that will be hosted by the Catholic Nurses Guild of Malaysia in Kuching, Sarawak, from 4 – 8 September 2018. The theme chosen is *Education for Sustainable Health: Engaging Development, Respecting Life*. It will provide an opportunity for networking, sharing information, discussion and strengthening relationships between regions and the work of CICIAMS internationally. A general Council Meeting will be held in association with the congress. I look forward to seeing many members there.

In the meantime, let us pray for each other to guide us in our work of service to the sick, the poor, the marginalized and for the future of CICIAMS.

God bless.

Geraldine McSweeney
International President

News From The General Secretariat

I bring you greetings from CICIAMS General Secretariat and thank you for all your contributions toward the functioning of the secretariat. We are sorry for not circulating this year's CICIAMS News before now. It was due to circumstances beyond our control. Firstly, articles were not forthcoming; and then came the non response of the former graphic designer. Be that as it may, we thank God that we are able to come out with this. In this edition we focus on the activities of the 6th English speaking Africa regional conference which took place in Manzini, Swaziland, in August, 2016. At the conference, many inspiring and educative papers were presented some of which are in this edition of the CICIAMS news.

We also feature in this edition the activities of the 25th World day of the sick which took place in Lourdes, from the 10th to 13th February 2017. CICIAMS was represented at that celebration by our amiable international president, Ms Geraldine Mcsweeney, who was invited by the Pontifical council for Health Care Workers, now under the Dicastery for the promotion of Integral Human Development. You would find some of the presentations and photographs as you read on.

We also wish to bring to your notice that CICIAMS office in San Calisto has been temporarily relocated to enable the authorities' effect repairs and renovation. The new relocation does not affect CICIAMS secretarial businesses.

As we prepare for the XX world congress in Malaysia next year, CICIAMS NEWS also highlights a preliminary programme of activities. As follows:

Date: 4th – 7th September, 2018

Venue: Riverside Majestic Hotel, Kuching Sarawak, Malaysia.

Theme: Education for sustainable Health, Engaging development: Respecting life.

Confirmations from the speakers are being expected. As soon as they are available the full programme, along with registration forms will be circulated to member associations, associate members and will also be placed on the website. Happy reading!

Donatus Akpan
Secretary General

XXV World Day of the Sick

CICIAMS International President, Geraldine McSweeney, was honoured to accept the invitation of the Pontifical Council for Health Care Workers (now dissolved) to attend the colloquium celebrating the XXV World Day of the Sick held in Lourdes from 10 – 13 February 2017. This special occasion with the theme *The Magnificat – Canticle of Hope* was requested by His Holiness Pope Francis. Lourdes was chosen as the location for this event because it was there that the World Day of the Sick was launched in 1993.

The colloquium was opened by the Bishop of Lourdes and Tarbes, Msgr Nicolas Brouwet, who welcomed the participants and outlined the significance of Lourdes referring to the message of Our Lady to St Bernadette and to scripture where Christ speaks to us through sick and disabled people.

The Secretary of State, Cardinal Pietro Parolin, read a special message from the Holy Father that included special words for the sick people who may suffer frailty, dependence, physical and spiritual limitations and the constant need for help of others. He emphasised that human dignity must not be compromised but must be preserved and respected always. Reference was made to health care workers as protectors and ministers of life who must welcome each human being with all their suffering and ensure that their sickness does not become an isolating and disparate situation.

Cardinal Peter Turkson, Prefect of the Dicastery for the Promotion of Integral Human Development, said that suffering is like the door to salvation. He indicated that whilst most sick persons have the desire to live and be healed, they also carry the need to be disciples for the love of God and holiness. References were made to the Scriptures where Jesus took time to be with individual sick people. It was recalled that Jesus suffered himself and took on the sufferings of others and through His death offered each person salvation. He asserted that the Sacrament of the Sick shows we are never forgotten.

Dr Alessandro de Franciscis, Director of the Office of Medical Observations of Lourdes, gave the history of the origin of miracles attributed to Our Lady of Lourdes. It began after the ninth apparition and the springing of the well in which a lady washed her diseased hands and was cured. He also outlined the process undertaken when determining miracles and explained the difficulties with psychological as opposed to physical cures. Dr de Franciscis reported that most pilgrims are those with middle to higher incomes.

Don Carmine Arice, Director for Health Care Pastoral Service for Italian Bishops, referred to charity in the history of the Church and the message of the Good Samaritan 'go do the same'. He dwelt a little on saints of charity such as St Therese of Lisieux and St Francis of Assisi and on older religious orders – Order of St Lazarus that was founded specifically to care for people with leprosy and the Order of the Holy Spirit that founded a large hospital in Rome. The Saints who are known as Saints of the Sick – St John of God (1495 – 1550) who is credited as the creator of the modern hospital, St Camillus de Lellis (1550 – 1614) a caregiver and director of a hospital in Rome, and founder of the religious order specifically for the care of the sick that bears his name, and St. Vincent de Paul (1581 – 1660) whose name is associated with many charitable associations worldwide and who founded the Daughters of Charity to care for the poor were also acknowledged.

Mr Domenico Crupi, Director of Casa Sollievo della Sofferenza Hospital, San Giovanni Rotonda, Italy, related how the hospital was inspired by St Padre Pio whose wish it was to have a hospital on top of a mountain. He asserted that healing needs to be done by love and by bringing God to the people and caring for patients taking into ethical consideration the principles of equity, efficiency and utilisation. Visual images that accompanied Mr Crupi's presentation showed staff in uniform praying before commencing their work and meetings. There is clearly great devotion to St Padre Pio in this hospital.

Ms Claudie Brouillet, Director of the Pastoral Service for Disabled People, France, spoke of the emergence of an inclusive society for disabled people with the aim of allowing every person to live life to the full. She spoke of some of the difficulties encountered within the Church such as a person in a chair not allowed to become a pastoral worker in a hospital and a person who wanted to become a member of her parish pastoral council but she could not be accommodated because meeting times clashed with her physiotherapy sessions. Ms Brouillet called for the need of an inclusive pastoral approach to care.

The Church, Mother of Mercy was the title of the Archbishop of Chieti-Vasto's, Monsignor Bruno Forte, paper. He reminded us that mercy is at the centre of the Christian message, the very heart of the good news of Jesus. He referred to the message received by St Faustina between World Wars I and II and the need to reflect the living God within oneself. Monsignor Forte said the whole Gospel can be denoted by the word 'return'. He gave the example of the prodical son regarding humility and visceral love which he elaborated on. He ended his presentation by

emphasising the importance of being outward looking and not comfortable within a Church.

Archbishop Pierre d'Ornellas of Rennes, Dol and Saint-Malo's paper was titled *Tell the Sick: the Kingdom of God is among you* (Luke 10:9). He spoke of healing being at the heart of mercy and noted that the apparitions in Lourdes happened in the middle of the 19th century at the same time as scientific research and their findings were emerging with scientists offering one answer and Our Lady an alternative one based on the love of God. Archbishop D'Ornellas cited some quotes from the scriptures e.g. 'I was sick and you came to visit me' – this he said addresses everyone in society, believers and non-believers. He asserted that it can be difficult sometimes for non-believers when they do not know what is going to happen to them and may not have any hope. He said it is thanks to the sick people that we are reminded of mercy and quoted 'He who is dead is reborn' and in every town and city you enter say 'the kingdom of God is close at hand'. The Archbishop reminded us that forgiveness gives peace and freedom and went on to say that sick people are close to the Kingdom of God when they say 'thank you'.

There were 13 workshops held on one afternoon with feedback in the form of three comments from each at the end. Some comments were:

- Health is enriched by a conceptual model of care when it is added to a traditional model.
- A healing becomes miraculous if there is no medical explanation. Miracles rely on the faith of the people. They are signs that the Lord has the power to safe us.
- There is a need to rephrase the Church's teaching in positive and realistic terms.
- Sick people teach us a lot and create ways of working differently with people.
- We need to be positive about dying while providing loving care.
- We need to accompany people in their grief and spend time with them.
- Pharmacists have a social function role to play apart from dispensing medicines. They need time for this function.
- We need to value of our weaknesses.
- Coordination is important between Church and State as well as collaboration between different medical services.

CICIAMS International President was requested to deliver a short speech. She spoke about CICIAMS, its foundation in Lourdes in 1933, its broad structure, changes that have occurred in nursing and healthcare since then, the ethical issues both overt and covert that confront nurses in their work, the difficulties attracting young nurses to join us and a little about the vocation of nursing. The International Presidents of FIAMC and FIPC and their Ecclesiastical Advisors also gave short speeches. Same request.

On the night of 10 February there was the torch light procession and prayers. On 11 February, the feast day of Our Lady of Lourdes, there was a concelebrated Mass in the Pius X Basilica at which the Chief Celebrant was Cardinal Parolin, Secretary of State. It was truly uplifting. There followed a procession to the Grotto after which we were invited to lunch hosted by the Secretary of State. In the afternoon there was the Anointing of the Sick in the Pius X Basilica.

Later the group were brought to visit three facilities. The first was a hospital that is used for pilgrims. The second was a factory that manufactures a product for the walls of airbuses. In addition, there is a section where pre-prepared meals are made up. These enterprises are family owned and are about 30 years in operation. They employ around 300 people all of whom are either reformed addicts, intellectually disabled or physically disabled. One worker who was 10 years off heroin spoke with us. The third facility named *The Cenacle* where more than 20 young men, all reformed drug addicts, live. They pray, sing, work the land, do their own cooking and are self-sufficient..

Masses were also concelebrated on 10, 12 and 13 February with the last one offered for the repose of the soul of Archbishop Zigmunt Zymowski, the last President of the Pontifical Council for Health Care.

The colloquium was a wonderful event in a beautiful prayerful setting that in addition to hearing such marvellous lectures and discussions also permitted networking with other participants.

Catholic Nurses Guild of Swaziland

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A GIFT TO HOPE HOUSE

Presentation of a gift (Oral Rehydration Solution Sachets)which was a contribution during charity service done by the African Congress guests in August last year at hope house took place. The visitors saw the need of those in Hope House and left a contribution. Sr Elsa received it and thanked the Guild for their kindness and generosity.

Day Of The Sick @ Olos Parish

(Shiselweni District)
12/02/2017

CLIENTS

ATTENDANCE

- The day was blessed with a number of 300 clients who came to access health services. They came from the community around the parish, as well as Nhlangano and Hlatsi.
- It has been a beautiful day with lots of work due to the influx of clients.
- It was even more alarming as most clients never moved even an inch when invited for Holy Mass in spite of the fact that some were not Catholics.

SERVICE PROVIDERS

- The Catholic Nurses Guild members were in full swing to provide service to the clients.
- The presence of Students from Good Shepherd School of Nursing made the day even more colorful and extended the helping hands.
- It was a blessing to collaborate with other nurses from the neighbouring clinics & Matsanjeni Health Centre.

SERVICES PROVIDED

↔ It was unfortunate that the range of services to be provided became shallow due to the fact that His Majesty, the King Mswati lll, had called the nation for the Buganu festival at eBuhleni up north, hence the Blood Bank, Breast Health, Diabetes Swaziland could not make it.

↔ Available services included: Curative, HTS/HTC, Visual Acquity Testing, Child welfare, Haemogluco monitoring, TB Screening, Health Promotion on VIA Cx Ca screening.

Ministry of Health PARTNERS

➢ It was an honor to see both MoH partners supporting health services in the South; namely MSF and EGFAF/ Aids Free

➢ Part of the MSF Community

Testing Team taking a breath

STATISTICS FROM CARE POINTS

- ❑ TB SCREENING: All clients
- ❑ VIA HEALTH PRIMOTION: All clients
- ❑ CURATIVE : All clients
- ❑ VISUAL ACQUITY: 16 males 36 Females
- ❑ HTS/ HTC: 43 Clients, all tested negative & 3 couples since it was a valentine month.

DIGNITARIES TO BE RECOGNIZED

- Shiselweni Acting Regional Matron, Mr. M.M.Maseko
- Matsanjeni Zonal Matron, Mrs. N. Mamba
- Spiritual Advisor of the Guild, Fr M. Makama
- Both Presidents of the Nurses Guild, Dr K. Mthethwa & Mr A. Ndlovukazi
- SCCW executive members from the South
- Representatives from Baphalali Red Cross from Silele Clinic












ACKNOWLEDGMENT

- To our Beloved Medical Doctors, Ngoie and Bogoy and their collegues who helped in the consultation booths.
- The Good Shepherd College of Nursing for releasing students and providing transport.
- To The Matrons and all the seniors who availed participated to make the day a success.
- The team spirit and commitment of the Guild Members has no enough words to express.

Report compiled by Sr Lindy Sithole msm
(Nurse @ OLOS Clinic & member of the Swaziland Catholic Nurses' Guild)

International Conference

Perspectives on Promoting Integral Human Development
50 years from the Encyclical Letter Populorum Progressio of Blessed Paul VI

CICIAMS International President, Geraldine McSweeney, was very pleased to accept the invitation of the Dicastery for Promoting Integral Human Development to attend this conference in the New Synod Hall, Vatican City, on 3 and 4 April 2017. The Discastery was founded on the principles contained in the Encyclical letter *Populorum Progressio* of Blessed Paul VI. Marylee Meehan, Past International President of CICIAMS, was also present.

The attendance at the conference included members of the Pontifical Councils merged in the Dicastery (Justice and Peace, *Cor Unum*, Migrants and Itinerant Peoples, Health Care Workers), representatives of the Episcopal Conferences and their social and Justice and Peace Commissions, representatives of international Catholic charitable organisations, and the diplomatic Corps credited to the Holy See.

The conference addressed the theological, anthropological and pastoral perspectives of the encyclical that would inform guidelines for the work of the Dicastery.

After the introduction by Cardinal Peter K.A. Turkson, Prefect of the Congregation for Promoting Human Integral Development, and the theological presentation of the anthropological theme by Cardinal Gerhard Ludwig Müller, Prefect of the Congregation for the Doctrine of the Faith, the conference programme was divided according to the three fundamental constructs of the person: body-soul, man-woman, and person-society. Issues expounded included the dignity of the person made in the image of God, the rights to religious freedom and conscientious objection, the growth of economic and social inequalities, the need of support for families, support for the UN's Sustainable Development Goals.

Each of these themes was addressed by experts.

In addition to the presentations there were testimonies by participants from around the world that demonstrated how the Church works with the weakest in society at various levels of personal disadvantages and distress of people such as the poor, the oppressed, migrants, refugees and those in war-torn areas.

His Holiness, Pope Francis addressed the participants on 4th April and he expanded on some aspects of 'integral development'. He said 'it is a matter of integrating the diverse peoples of the earth so that the duty of solidarity ensures there is not inequality between those who have too much and those who have nothing, between those who reject and those who are rejected'.

He went on to say that everybody has a contribution to offer for the good of all which is both a right and a duty. Recognition was given to the economy, finance, work, culture, family life, and religion as being necessary in their own ways for growth although none of them are absolute and cannot be excluded from the concept of integral human development. He offered the following analogy '…human life is like an orchestra that performs well if the various instruments are in harmony and follow a score shared by all.' The last aspect Pope Francis addressed was the integration of all the above with body and soul. He asserted 'Integrating body and soul also means that no work of development can truly reach its goal if it does not respect that place in which God is present with us and speaks to our heart.'

His Eminence Cardinal Pietro Parolin, Secretary of State, presided at Mass on 3rd April in St Peter's Basilica and His Eminence Cardinal Peter K A Turkson presided at Mass on 4th April.

This conference was intense and informative. It provided a good grounding on the work ahead of the new Dicastery and awareness that everybody has a role and a duty in promoting integral human development.

STATEMENT BY THE WORLD HEALTH ORGANIZATION REPRESENTATIVE ON THE OCCASION OF THE 6th CONGRESS OF THE ENGISH SPEAKING AFRICAN REGION OF INTERNATIONAL CATHOLIC COMMITTEE OF NURSES AND MEDICO-SOCIAL ASSISTANTS (CICIAMS). AT THE NEW GEORGE HOTEL – MANZINI SWAZILAND. 24th AUGUST, 2016

Dr. Tigest Ketsela Mengest

I wish to take this opportunity, first and foremost, to thank you for the honour bestowed upon me to make a statement on behalf of the World Health Organization at this important congress.
The focal person for Catholic Committee of Nurses and Medico-Social Assistants (CICIAMS), at WHO Headquarters, Madam Mwansa NKOWANE, would have loved to be here with us today, however due to other equally important duties she could not make it. However nothing is lost because we are one WHO, I will represent her and make this brief statement.

During the 69th World Health Assembly, the Global Strategic Direction for strengthening Nursing and Midwifery 2016-2020 was launched. During the launch the context was set by the Director General Dr. Margaret Chan who said "for the first time in the world history, the population of people aged 60 and older outnumber the population of children under five years. The implications of this shift, in terms of demands and costs for health care is actually immense, instead of diseases vanishing as living conditions improve, socioeconomic progress is actually creating conditions that favour the rise of non-communicable diseases. Communicable diseases such as HIV and AIDS, Tuberculosis Malaria and in the more recent years Ebola and Zika Virus diseases continue to devastate communities".

In light of these developments, I would like to commend you for choosing **"Scaling up Africa Health Services through Nurses the Merciful Carers of Humanity"** as a theme for your congress. In Africa we need to braze ourselves for the contemporary health challenges, we need to be innovative and an engage in business unusual. Nurses and midwives should lead the way because they are skilled, empowered with knowledge, have regional and international networks and more importantly they are the backbone of health service delivery in the world. The collapse of health systems can be owed to the organizations such as yours.

The theme of your Conference, "Scaling up African Health Services, through Nurses, the Merciful Carers of Humanity," touches two important aspects of your ministry: the capacity of health systems to respond to the health needs of the citizens and the call of Catholic Nurses and Midwives to be compassionate carers of their fellow brothers and sisters who are sick

I therefore urge you to own up to your responsibility, for the sake of the many voiceless, not because they cannot talk, but because they lack the knowledge and skill owned by nurses.

Lastly I wish to congratulate the Swaziland Catholic Nurses for hosting this congress and all you for finding it important to attend and deliberate on this important theme. I wish you fruitful deliberations. We look forward to the recommendations of the congress and we commit to provide technical support for their implementation.

Siyabonga.

OFFICIAL OPENING ADDRESS ON THE OCCASION OF THE 6th CONGRESS OF THE ENGLISH SPEAKING AFRICAN REGION OF CICIAMS BY HIS EXCELLENCY THE RIGHT HONOURABLE PRIME MINISTER OF THE KINGDOM OF SWAZILAND, DR S. B. DLAMINI AT THE NEW GRORGE HOTEL, MANZINI, SWAZILAND, 24TH AUGUST, 2016.

Ladies and Gentlemen,

Good Morning

I wish to take this opportunity, first and foremost, to thank you for this singular honour of having invited me to speak at this important occasion; where nurses led by their faith have decided to come together and deliberate on how as nurses they can scale up Africa Health Services in cognizant of the Year of Mercy as declared by the Pope. I am particularly inspired by the level of commitment to duty the organizers of this event have demonstrated as evidenced by our very presence to this official opening ceremony of the 4 days congress. In this regard, I wish to congratulate the Swaziland Catholic Nurses Guild and the entire Catholic Church, under leadership of Bishop Jose Luis Ponce de Leon "*Bhubesi"* for agreeing to host the congress and also choosing this time of the year to host it.

I believe the delegates will have lasting memories of their stay in the Kingdom of Swaziland, considering that not only will they attend this congress but they will also have an opportunity to witness some of our cultural events as well as the peaceful and friendly nature of the people of Swaziland.

Ladies and Gentlemen,

I must say the choice of your theme for this congress is extremely important and it is line with what the governments of Africa would like to see happen in our different countries however diverse. It clearly supports the theme of the ongoing SADC Summit.

I should stress here that the achievement of internationally-agreed health-related development objectives, including the Sustainable Development Goals, is the fundamental responsibility of government within the framework of our development policies and strategies.

Again, without a doubt, the theme you have selected for the 2016 Congress of the English Speaking African Region of CICIAM "Scaling up Africa Health Services; through Nurses the Merciful Carers" is very befitting. This theme is supported by the following sub-themes;

a) Universal Health Access and Coverage
b) Mobilization and efficient use of resources for health
c) Improving Health Outcomes and
d) Health, equity and development from a human rights perspective.

Undeniably, health is essential for development as only healthy persons can fully and effectively contribute to national development.

Accordingly, investing in health is investing in development. In fact, Health is an essential pillar in any national development strategy. Mobilizing more resources for health and using the resources more efficiently are all important for the attainment of Universal Health Coverage, thus scaling up health services.

Ladies and Gentlemen,

There is no universal formula for reaching universal coverage. Each region and country must carve its own way forward. Any move towards universal coverage is an inherently country-owned initiative. It must be home-grown, strongly rooted in the country's culture, its domestic political institutions, the legacy of the existing health system, and the expectations of its people. However meetings like these help us to share ideas and learn for one another.

The drive to universal health coverage should therefore form part of the key purpose of this congress: it should give the delegates a platform for exchanging experiences in specific areas.

It is heartening to note that this congress places particular emphasis on merciful caring for humanity. This is so because investing in health for development, including the management of fiscal and macroeconomic policy concerns, and the effective use of financial incentives to promote efficiency, high-quality care, and results. As nurses your work involves, caring, giving hope and even

touching those who have no one to touch them. The culture of caring defines nursing, especially among those of us who are Christians. We would like to commend this giant step you have decided to take and wish to assure you of our commitment to support the work of mission health institution in caring for humanity.
Your theme is in line with the call for renewal of Primary Health Care (PHC) through the adoption of the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa by the Regional Committee for Africa (Resolution AFR/RC58/R3) and the World Health Report of 2008 by the World Health Assembly(WHA) in May 2009. Following World Health Report of 2000 the world realized that better health outcomes can only be sustainably achieved if health systems are strengthened. WHA and Regional Committee resolutions for PHC revitalization to strengthen health systems in 2006, resulted in the development of WHO Framework for HSS: "Everybody's Business with 6 building blocks for HSS in 2007"

The Ouagadougou Declaration on PHC and Health Systems in Africa reaffirms the principles of the Alma-Ata Declaration- that health is fundamental right and responsibility that governments have for the health of their people. During the review of the Alma Ata declaration on PHC it was noted that member states had different understanding of PHC, hence the development of a framework for the implementation of the Ouagadougou declaration whose priorities are similar to the six building blocks of health system strengthening with an addition of community ownership and participation.

In Swaziland we have reviewed the National Development Strategy in the context of the Swaziland Development Index (SDI). As part of the review, the government has developed a customized definition of First World Status and a Vision 2022, which states: "A first world country is one where all citizens are able to sustainably pursue their life goals, and enjoy lives of value and dignity in a safe and secure environment. This implies equitable access to sufficient resources, education, health, food security and quality infrastructure and services, as well as good governance". The Health sectors have seven specific indicators under service delivery, infrastructure, health and economic prosperity to guide monitoring of movement towards the Vision 2022.

To achieve these targets the Ministry of Health is embarking on health reforms; starting with the National Health Sector Strategic Plan 2014-2018 which is anchored on the concept of Universal Health Coverage and working on strategies to bring health services closer to the people. Primary health care is a people-centred, holistic approach to health that makes prevention as important as cure. As part of this preventive approach, it tackles the root causes of ill health, also in non-health sectors, thus offering an upstream attack on threats to health.

We have had to learn from other countries in Africa the concept of Health Posts. Countries like Zambia have wide experience on this concept. This is another innovative way of scaling up health services that we can learn from one another.

We are however aware that Social and Environmental determinants for health need to be addressed if we are to improve health and contribute to economic development. Most of these determinants lie outside the health sector. That is to say, health sector alone cannot ensure universal health coverage. Input of other sectors is very important. Although the focus of universal health coverage is on interventions whose primary objective is to improve health, interventions elsewhere in other sectors – agriculture, education, finance, industry, housing and others – may bring substantial health benefits.
I hope you will consider research during your deliberations, as you know research, plays a crucial role in the generation of knowledge, the development of technologies and the evaluation of health programmes. As you consider scaling up remember to take stock of what have been achieved and what still needs more efforts. Therefore, research on how actions and decisions in these sectors affect health is also important.

Ladies and Gentlemen,
Permit me at this juncture to commend the Catholic Church in Swaziland for maintaining health as a key priority area for human capital development, and bringing experts from other countries share experiences and remind each other about the mission of caring just like our Lord Jesus Christ did. This also is line with the writing at Caritas that say "I came so that they may have life and have it abundantly" as well as the Catholic Nurses Motto "See Christ in Every Person" May we all indeed See Christ in our neighbours.

Thank you for your attention, and good luck with the Congress deliberation, with that I declare this congress officially opened.

SCALING UP HEALTH CARE IN AFRICA: NURSES AND MIDWIVES AS MERCIFUL CARERS OF HUMANITY; REGIONAL PERSPECTIVES.

BY FATHER DUMISANIVILAKATI
LECTURER AT JOHN VIANNEY SEMINARY, PRETORIA, SOUTH AFRICA

In the editorial of the magazine La Civiltà Cattolica of 28 May 2016, the editor, Fr. Antonio Spadaro, writes of what has been called the "globalisation of indifference." He relates the story of a child born in March this year on the mud in Idumea, on the boarder of Greece and Macedonia. The mother seeks to wash her as the father brings a bottle of water. It is winter and very cold and there is lots of mud in the area, rubbish and plastics. There is not even a basin to wash the little one and the place lacks hygienic conditions for a new born baby: No roof, no house but a simple tent. Fr. Spadaro goes on to indicate that the little one had been born prematurely by several weeks, being a child from Syrian refugees fleeing from the war in their country. The image of such a child dramatically describes the situation of many poor migrants and refugees who find themselves moving from their country because of various problems.

The situation of poor migrants accessing health care or lack of is normally ignored because in many countries people focus on the needs of the citizens. Yet, those of us who are in the Church are called upon not only to look after poor citizens, but also to have a particular care and concern for the poor migrants and refugees. As Pope St. John Paul IIsays in *Ecclesia in Africa* (119), "One of the most bitter fruits of wars and economic hardships is the sad phenomenon of refugees and displaced persons, a phenomenon which, as the Synod mentioned, has reached tragic dimensions. The ideal solution is the re-establishment of a just peace, reconciliation and economic development. It is therefore urgent that national, regional and international organisations should find equitable and long-lasting solutions to the problems of refugees and displaced persons. In the meantime, since the Continent continues to suffer from the massive displacement of refugees, I make a pressing appeal that these people be given material help and offered pastoral support wherever they may be, whether in Africa or other Continents."

The continent of Africa has, for a long time, been known to be a place of hospitality. In fact, even the Patriarchs, when there was a famine in Palestine, descended to this continent for survival. Even our Lord Jesus Christ, had to come here when he was being threatened by Herod. In recent centuries Africa has continued to providesanctuary to many economic migrants from Europe and elsewhere. Whilst these days the cameras focus on Europe on whether they accept refugees or not, it is still worth mentioning that the greatest number of refugees is to be found in Africa. In fact, according to the United Nations High Commission for Refugees, the biggest refugee camp in the world is to be found in Kenya, Garissa County, Dadaab with 329000 refugees. Unfortunately, Africa tends to be the source of these refugees and the destination as well. Nevertheless, the standard of Africa is very high in providing safety for one who is in need. Those of us with responsibility in the Church, are called upon to make sure that these people are given the necessary assistance to live as proper human beings.

Whilst I have basically painted a glowing picture of Africa as a hospitable environment, we also know that it is not all rosy. There is, at times, an attempt to keep migrants and refugees out of the normal medical assistance afforded to citizens. Even in the more stable and economically more stable African countries, some people tends to fall into the cracks. The systems are not always perfect. Bishop Frank Nubuasah of Francistown in 2006 confronted with the issue of refugees excluded from Health Care in the Vicariate had this to say on the matter: "The Church felt compelled to assist some refugees as the Government ARV program currently only covers citizens." Of course the situation might have changed by now in that country. Nevertheless, it demonstrates how slow we can be when we have to assist the stranger in our midst.

For this reason, your topic scaling up Health Care in Africa, Nurses and Midwives, merciful carers of humanity is very important. Scaling up, already indicates a desire on your part to better the situation on Health Care in Africa. I cannot help but note that the word scaling up comes from *scalae,* which means a ladder or a flight of stairs or staircases. As one with a biblical background, it makes me recall the experience of Jacob in Genesis 28 as he slept, fleeing from his brother Esau, he saw a ladder reaching up to heaven. On the ladder were angels who were moving up and down and on top of this ladder, or at least beside him, was the Lord. When he woke up from there, he was even more determined to follow on his mission and in fact created an altar at that place. He became a dreamer, and from that moment was determined to build a great nation. His son Joseph would take after him and become a dreamer.It is worth noting that his own brothers were not pleased with this special gift of Joseph. They inflicted upon him all sorts of abuse which ultimately led to him being sold, becoming a slave and eventuallybeing led to Egypt. Even in Egypt, he never lost his dream of being an honest man, preferring to suffer in silence after the accusation from the wife of his master. He saved not only the Egyptians from famine, but also his own father, brothers and the rest of the family. Evidently, his gift of interpreting dreams was not only for himself but to save people.

In order for us to improve Health Care in Africa, we need to be people of dreams. A meeting like this is already a dream to create something better. Of course, we need to wake up and follow up upon our dreams. This requires a certain optimism from us that we may be able to move up this way. As Nelson Mandela in the book Long Walk to Freedom says: "I

am fundamentally an optimist, whether that comes from nature or nurture, I cannot say. Part of being optimistic is keeping one's head pointed toward the sun, one's feet moving forward. There were many dark moments when my faith in humanity was sorely tested, but I would not and could not give myself up to despair. That way lies defeat and death."

For us asbelievers, being optimistic really should come from our belief in Christ. As St. Paul says in Phil 3:12-14; "Not that I have already obtained or that have already reached the goal; but I press on to make it my own, because Christ Jesus has made me his own. Beloved, I do not consider that I have made it my own, but this one thing I do: forgetting what lies ahead, I press on toward the goal for the prize of the heavenly call of God in Christ Jesus." Of course, this requires patient work and should be something for the long haul.

As I speak of optimism, I am reminded also of the words of the Prime Minister of the Kingdom of Swaziland in a speech he made when the Church celebrated a hundred years of evangelisation in January 2014: "We appreciate the growth of what was started by three men in 1914. Look how much it has grown. We have thus a church which has grown from small beginnings."

EXTRA-ORDINARY JUBILEE OF MERCY

Nurses and midwives, merciful carers of humanity. In this year of mercy, we are privileged that we can reflect on nurses as merciful carers of humanity. This is especially true in the sense that nurses and midwives are normally present at the beginning of life and also at the end of life. As midwives, nurses assist in the process of giving birth. Through life, they assist in giving the right information, in imparting knowledge, of how life should be lived. At the end of life, nurses also have to carry life to the next world. All this should be done in a merciful manner. Indeed the gospel encourages us, "When was it that we saw you sick and visited you...truly I tell you, just as you did to one of the least of these who are members of my family, you did it to me." (Mt 25:39-40).

Mercy is an indispensable element in the life of one who calls himself a Christian. Its true understanding is to be found in the way a mother feels for her child. It is the movement of the viscerals as the mother loves and cares for the life of her child. I was taught in moral theology many years ago that a manifestation of true love is a mother feeling cold and the child being ordered to wear the jersey. In other words, mercy and love go together and involve thinking for the other at all times. It means making our hands dirty so that the other may benefit. Carers of humanity refers precisely to that, touching the *humus,* acknowledging that the human comes from the soil, the ground, the earth. Any intervention towards the person is bound to dirty the hands of the one helping out.

In speaking of mercy, Pope Francis in the Bull of Indiction,*MisericordiaeVultus* says, "In this Holy Year, we look forward to the experience of opening our hearts to those living on the outermost fringes of society: fringes which modern society creates. How many uncertain and painful situations there are in the world today! How many are the wounds borne by the flesh of those who have no voice because their cry is muffled and drowned out by the indifference of the rich! During this Jubilee, the Church will be called even more to heal these wounds, to assuage them with the oil of consolation, to bind them with mercy and cure them with solidarity and vigilant care. Let us not fall into humiliating indifference…let us open our eyes and see the misery of the world, the wounds of our brothers and sisters who are denied their dignity and let us recognise that we are compelled to heed their cry for help. May we reach out to them and support them so they can feel the warmth of our presence, our friendship and our fraternity."

You nurses, are called upon to give this life to people you meet in your work. You constantly have to ask yourself as you work; is that how I would deal with my own sick child? The Church and indeed the public, places a lot of trust in nurses and midwives precisely because they see them as merciful carers. However, even though this trust is there, and many nurses and midwives are doing a good job, there are instances where this mercy is lacking. Even in a country like Swaziland, which is generally said to be a Christian country, many people complain that the treatment at health centres is disappointing, lacking even in basic etiquettes of humanity. As a Church we expect a lot from Health Care workers. However, this expectation of the Church is probably unjust. At times we want to reap where we have not sown. That is why an important area for us as a church would be to create a proper formation program for our Nurses and Midwives. In this way we would really have begun scaling up Health Care in Africa.

FORMATION

The Pontifical Council for Pastoral Assistance to Health Care Workers says, "The continuous progress of medicine demands of the Health Care worker a thorough and ongoing formation so as to ensure, also by personal studies, the required competence and fitting professional expertise. Side-by-side with this, they should be given solid ethico-religious formation, which promotes in them an appreciation of human and Christian values and refines their moral conscience. There is need to develop in them an authentic faith and a true sense of morality, ina sincere search for a religious relationship with God, in whom all ideals of goodness and truth are based. All Health Care workers should be taught

morality and bioethics. To achieve this, those responsible for their formation should endeavour to have chairs and courses in bioethics put in place."

I like the language of the Pontifical Council in that it speaks more of formation rather than merely training or education. Education, yes, means to lead someone to some place. However, formation is even deeper because it means taking shape. We shape the nurse or the midwife to be what we want him to be. Scaling up therefore of Health Care in Africa, will need to take seriously the setting up of medical faculties to achieve this aim.

The formation of these nurses should be done in the manner stipulated by the Church and follow Church procedures. Pope Benedict in *Africae Munus*(#141) emphasises this point when he says: "Health care institutions need to be managed in compliance with the Church's ethical norms, providing services which conform to her teaching and are exclusively pro-life. They must not become a source of enrichment for a few. The management of grant monies must aim at transparency and primarily serve the good of the sick."

It so happens, unfortunately, that instead of following Church teaching, some people think it best to follow the dictates of the one who finances the institution. This is regrettable as the society needs to benefit from the spiritual and material goods of the Church. Nevertheless, PopeBenedict did warn the Church in Africa against the dangers of following the money rather than truth. In *Africae Munus*(# 70*)* he says: "Among the initiatives aimed at protecting human life on the African continent, the Synod members took into consideration the efforts expended by international institutions to promote certain aspects of development. Yet they noted with concern a lack of ethical clarity at international meetings, and specifically the use of confusing language conveying values at odds with Catholic moral teaching."

The Holy Father goes on to say that many individuals, associations, specialised groups and states reject sound teaching on the subject of life. "We must not fear hostility or unpopularity, and we must refuse any compromise or ambiguity which might conform us to the thinking of this world. We must be in the world but not of the world, drawing our strength from Christ, who by his death and resurrection has overcome the world" (Pope Benedict XVI *Africae Munus*(#71).

Pope Francis, meeting with the Polish bishops in Krakow on the 27th of July 2016 (Zenit) alluded to this when he said, "In Europe, in America, in Africa, there are ideological colonisations. Today children are taught this in school that one can choose one's sex. Because the books used are those of individuals and institutions that give money. They are ideological colonisations supported by very influential countries. And this is terrible."

A few years ago I was a member of the Board of one of the Catholic Institutions in this country. There came a period to review some of the policies for the Health Institution. One of the members wanted some important pro-life teaching of the Church removed from the policies, indicating that not even Catholics were following these teachings. The fact that some Catholics find certain teachings of the Church a bit heavy can never be a reason for throwing the teaching away. It is entirely stupid in fact to even suggest that just because some people are unable to follow a certain teaching it is thus rendered irrelevant. Well then, so many people are corrupt, should then corruption be permitted? So many people steal, should it be alright to steal? So many people are adulterous, should adultery be permitted then? So many people do not pay tax to the state, should tax evasion be permitted then? I was aware even at that time that we have entrusted this important ministry to people who are not well prepared for the task. Yes, they might hold a degree in Nursing, in medicine and even Administration, but that does not qualify them to lead a Catholic Health Care Institution.

The formation of Nurses and Midwives, taking place locally is especially important and urgent. This is so that they may be more familiar with their own environment and easily communicate with their own people. I like the motto of St. Daniel Comboni, "Save Africa with Africa." The scaling up of Health Care in Africa can only succeed when local people are adequately formed and prepared to take it forward. That is why a forum like this one is refreshing. It indicates the willingness of Africans to take responsibility for their own development.

This is not to suggest that we cannot request assistance from other continents. On the contrary, exchanges with other continents should be pursued and encouraged in order to adopt best practices for ourselves. In other words, nothing for us without us. They days when decisions for Africa were made in capitals of the Northern hemisphere should come to an end if Africa is really to develop. Our own Catholic Church might also be guilty of enforcing stereotypes and perpetuating oppression and imperialism in this area as well. So the danger of impeding African progress may very well be from within and from outside the Church.

ADVOCACY

An important area for action in scaling up Health Care in Africa is on advocacy. Access to Health Care should not be seen as a privilege for the rich few. It is clear that Africa has enough resources to go around. The problem is the greed of politicians, multi-nationals and other big players in the economic sphere. The Chairperson of the United Nations Commission for Africa, former President of South Africa Thabo Mbeki, writing on illegal financial outflows from the

continentindicates that, "large commercial corporations are by far the biggest culprits of illicit outflows, followed by organised crime." He goes on to say that, "we are convinced that corrupt practices in Africa are facilitating these outflows apart from and in addition to the related problem of weak governance capacity." As such, in order to scale up Health Care in Africa, it is indispensable that resources from within the continent be directed to this area. It is therefore important to prick the consciences of politicians and other role players to allocate more resources for Health Care.

St. John Paul II *(Ecclesia in Africa* #70) indicates the same that, "the Synod challenges the consciences of Heads of State and those responsible for the public domain to guarantee ever more the liberation and development of their peoples. Only at this price is peace established between the nations…Evangelization must denounce and combat all that degrades and destroys the person. The condemnation of evils and injustices is also part of that ministry of evangelisation in the social field which is an aspect of the Church's prophetic role." The Nuncio to Southern Africa, Archbishop Peter Wells speaking in Botswana, Gaborone to the Bishops Botswana, South Africa and Swaziland, had this to say, "We do rather well on the priestly and kingly aspects of our ministry, but sometimes remiss on the prophetic part…Indeed Jesus was prophetic in his ministry."

PALLIATIVE CARE

Scaling up Health Care in Africa, will need the provision of care for people who are preparing for their death as well. This could be taking place in the hospital or in a hospice or even at the home of the person. It is vitally important that people depart from this life with a certain dignity. The establishment of a hospice is thus good news for a community, especially when a person lacks proper care at home. This was particularly evident in this country, and probably still is, when the AIDS pandemic was causing havoc. The stigma associated with the disease led to inadequate carefor the sufferers and at times outright rejection.

We are well aware that for Christians death is not just a defeat but a movement to another state of life. When everything that could be done clinically does not seem to yield much success, the person needs to be assisted to meet with God. As the Charter for Health Care Workers (#119) indicates, "The right to life is specified in the terminally ill person as a right to die in total serenity, with human and Christian dignity. Death is an inevitable fact of human life. It cannot be uselessly delayed, fleeing from it by every means."

Whilst the nurse is always exhorted to work hand in hand with the religious worker, nevertheless, at the moment of the death of a person, this becomes even more important. The Health Worker is thus invited to evangelise death, when the gospel is announced to the dying person. He is "to help the dying person to pray and to pray with him or her means opening up to him or her the horizons of divine life. It means, at the same time, entering into that communion of saints which all the relationships, which death seems to break irreparably, are reknit in a new way." (Charter #133). "A privileged moment of prayer with the dying person is the celebration of the sacraments: the grace filled signs of God's salvific presence." (Charter #134).

In my early years as a priest, I had the privilege of working with nurses, retired nurses. Unfortunately, the two women I worked with have all passed on and I was not even able to be present at their funerals. I am sure that these were holy women who dedicated their lives to God and his people, giving themselves and their meagre resources for this ministry. During that time we visited many people in their homes, assisted of course by a great army of other dedicated and holy people, mostly women. Whenever we arrived at the homestead of the sick person, they would do what was clinically possible and at the end I would lead the prayer. It was always encouraging when we saw a person having recovered from the particular ailment. However, many times we also had to deal with death. For me it represented a Church that was not stuck in the sacristy, but a church in movement, meeting people where they were. For the most part these people were not even Catholics. It sufficed that they were human beings. It represented the best collaboration between the priest and the lay faithful in the area of Health Care, each doing what he could for the betterment of the people of God. I recommend this collaboration for yourselves and your own communities.

Another story to share with you, happened when I was a young seminarian, in fact still at high school. It was before the period when there was lots of funding connected with HIV-AIDS. I was staying with the late Fr. Moses Lupupa at the Minor Seminary and he was already involved in teaching people about the dangers of the disease. He was of course assisted by other people, mostly women, who are probably present here today. Again, that represented for me a church that was in movement to the people who were or are most in need. Imparting knowledge is one of the sure ways by which Nurses and Midwives in African can scale up Health Care in Africa. This does not need lots of financial resources. It just needs committed people. This is not to say that financial resources are not important. I have observed in my own ministry how helpful it is that on a particular Sunday, one qualified person gives a talk on health issues to the gathered congregation.

Dear friends, as I conclude this reflection, I am more than aware that to some this may appear to be an insurmountable task. The Latin saying *nemo teneturadimpossibilem*, nobody can be held to the impossible, holds true also here. We all have to do our duty trusting that the Lord God will give us the strength to do so. It can be done. Let it be done.

AN ADDRESS BY
BY MSGR. JEAN-MARIE MUPENDAWATU
SECRETARY OF THE PONTIFICAL COUNCIL FOR HEALTH CARE WORKERS
Manzini, Swaziland, –24 August, 2016
Catholic Nurses and Midwives, the Merciful Carers of Humanity

Dear Catholic Nurses and Midwives,
Distinguished Guests, Ladies and Gentlemen

I would like to thank everybody for the condolence message we received upon the death of our beloved President, Archbishop Zygmunt Zimowski, who passed away in the early morning of July 13, after a long battle with pancreatic cancer. Archbishop Zimowski was President of this Council from 2002 untill July 2016, when he returned to the eternal Father.

He gave his life in service of the Church and spent so much of it advancing the Catholic health ministry. May God welcome Archbishop Zimowski into paradise!

I gladly accepted the invitation to represent the Pontifical Council for Health Care Workers at this 6th Congress of the English Speaking Africa Region of CICIAMS. Having had an edifying experience at the last Congress held in Zambia, I looked forward to being with you in Swaziland, however, due to reasons beyond my control, this has not been possible. Nevertheless, I am sending my written address, as a humble contribution to these days of study and reflection, with the purpose strengthening your service and witness as Catholic Nurses and Midwives, the merciful carers of humanity.

My sincere gratitude goes to the host country, Swaziland, especially the Swaziland Catholic Nurses Guild for the great hospitality and organization.

The theme of your Conference, "Scaling up African Health Services, through Nurses, the Merciful Carers of Humanity," touches two important aspects of your ministry: the capacity of health systems to respond to the health needs of the citizens and the call of Catholic Nurses and Midwives to be compassionate carers of their fellow brothers and sisters who are sick. My intention in this paper is not to dwell on scaling up health services, which I feel can be and has been addressed by legitimate bodies in the field like the WHO and other international and national health authorities. I would rather prefer to make some contribution on the second part of the theme, that is, Nurses and Midwives, the Merciful Carers of Humanity, which places the theme in the proper setting of the extraordinary Jubilee Year of Mercy, "Be merciful just as your Father is merciful" (*Lk* 6:36).Nevertheless, before I move on to the merciful carers, I wish to say a few words about the scaling up of health services.

1. Scaling Up Health Services in Africa
Nowadays, the term "scaling up" is widely used in many different settings and particularly in the health sector, with regard to needed responses to public health problems. It has been used in discussions on responses to HIV/AIDS and Ebola crises, as well as combatting endemic tropical diseases. In all these cases there is an underlying sense of urgency, which stems from a shared concern from the part of government and nongovernmental organizations, technical assistance and research institutions, that the goals of health for all, poverty eradication and social equity are far from being realised for many population, especially in the low income countries. Unfortunately, Africa and especially Sub-Saharan Africa has a lion's share of these inequalities. The existing efforts need to be multiplied several times over, in order to meet the health and development challenges facing the continent. Thus, this felt need is rightly captured by the term scaling up.

2. Challenges of Healthcare Delivery in Sub-Saharan Africa
One of the lessons learned from the recent Ebola outbreak is that the need to build resilient health systems cannot be overemphasized, as they are essential for the provision of universal health coverage and for a prompt response to outbreaks of disease. Unfortunately, most low-income countries, which are still afflicted by infectious disease and epidemics, have very poor health systems that need urgent intervention, if they are to respond to the health needs of the whole population.

In fact, many health centers are unable to provide safely the services needed, as they lack staff,

medicines, equipment and health information. This is aggravated by the chronic low public expenditure on health. According to the recent World Health Statistics 2016, released by the World Health Organization, "Health financing systems in low-income and lower middle-income countries rely heavily on out of the pocket payments implying that households are the major contributors to the health financing system (42.3% and 40.6% in 2013, respectively).This comes with the greater likelihood that households face financial hardship when accessing health services, with the risk of impoverishment resulting from health expenditures. Such countries face particular challenges as they have inadequate service delivery systems and additionally struggle to raise domestic revenues to pay for such services. Unfortunately, often times countries focus on how to cut health-care spending and not on how to improve health service efficiency.

The 2015 report by the International Labor Office, on *Global Evidence on Inequities in Rural Health Protection*, revealed that more than half of the population in rural areas worldwide do not have access to basic healthcare, with many of them at risk of impoverishment or deepened poverty due to out of pocket payment for services. This is clear evidence thateven up to datewe are still a long way from universal coverage. For various reasons, there are strong inequalities in access to healthcare between the rural and urban areas, with the latter often more advantaged than the former, which are most deprived. There is indeed urgent need to address this rural urban divide, bearing in mind that "human life is always sacred and always has 'quality'. (…) There is no human life qualitatively more significant than another, only by virtue of resources, rights, greater social and economic opportunities.**"** This means addressing the needs of the disadvantaged, marginalized and vulnerable rural populations. As Pope Francis reminds us "persons and peoples ask for justice to be put into practice: not only in a legal sense, but also in terms of contribution and distribution. Therefore, development plans and the work of international organizations must take into consideration the wish, so frequent among ordinary people, for respect for fundamental human rights and, in this case, the right *to social protection and health*."

Achieving equitable universal health coverage requires the provision of accessible, necessary services for the entire population without imposing an unaffordable burden on individuals or households. This requires short and long-term investment in a number of key elements of the health system**;** particularly**,** improved primary health care, an adequate number of trained health workers, availability of medicine, appropriate infrastructure, update statistical data, sufficient public financing, public-private partnership and scaling up the number of well-equipped health posts and district hospitals. It is also a challenge to donors to make a shift from short-term program funding to long-term comprehensive health service financing.

I would like to emphasize the role of public-private partnership in promoting universal coverage, especially in many low-income countries where primary healthcare services are accessed by a majority of the population in the rural and hard to reach areas, mainly from private not-for profit health centers and hospitals, managed by the Church and other faith based institutions. In many countries, the Catholic Church is privileged to be one of the primary partners of the State in providing much needed health care services to populations in remote areas. It is therefore important to offer them the necessary collaboration and support, so as to enable them to bring the services close and to render them accessible to poor people in particular.Indeed, in many low-income countries, the contribution of civil society and communities to health services delivery is fundamental.

It has been rightly observed that in the effort to achieve equitable universal health coverage, one of the key elements of the health system that requires short and long term investment, is ensuring an adequate number of trained health workers. I wish now to turn our attention to a special category of health workers that is very dear to us all, the nurses and midwives.

It is important to note that the brief considerations made so far, regard mainly building resilient health systems or rather what others especially institutions ought to do in order to empower nurses and midwives to do their work. However, there is the other side of the medal, which concerns the nurses and midwives, what they themselves ought to do, not only as competent service providers, but especially as effective instruments of the mission to be merciful carers of humanity.

3. Catholic Nurses and Midwives Merciful Carers of Humanity

Nurses and midwives have an essential role and contribution in the improvement of the health outcomes of individuals, families and community.

They are the largest group of health providers and are among the front-line service providers involved in the renewal of primary health care (PHC), "based on the core values of equity, solidarity, social justice, universal access to efficient and affordable services, multi-sectoral action, decentralization and community participation." These values require health systems that put people at the center of health care. Within the perspective of a people centered care, nurses and midwives like other health workers are not only called to provide services, because this would be addressing only the disease; they are called to take care of the sick people and their health, provide a holistic care.

The issue at stake here is not only the service provided but also how it is provided. It is not only the **"what"** that matters but also the "**how.**" As Pope Francis reminds us "the credibility of a healthcare system is not measured solely by efficiency, but above all by the attention and love given to the person, whose life is always sacred and inviolable." The services provided must not only be of quality but they ought to be provided with compassion. Hence the call to be merciful carers. This brings us to the Message that is beautifully portrayed on the logo for the special Jubilee year of Mercy, which is replicated on the program for this Conference,"Be merciful just as your Father is merciful" (*Lk* 6:36).

In the parable of the Good Samaritan, which has been a model and a guiding image for the care institutions of the Church, the most specific message relates not only to the duty to care for those who are wounded, in this case a 'man who is half dead', but also the obligation to provide that care which is specific to the commandment to love one's neighbor.

4. Becoming Agents of the Merciful Hand of God in the World

The logo for the Extraordinary Jubilee Year of Mercy reiterates the invitation of Lord to his followers, to be merciful after the example of the Father,"Be merciful just as your Father is merciful" (*Lk* 6:36). Pope Francis reminds us that: "mercy is a key word that indicates God's action towards us. He does not limit himself merely to affirming his love, but makes it visible and tangible. Love, after all, can never be just an abstraction. By its very nature, it indicates something concrete: intentions, attitudes, and behaviours that are shown in daily living. The mercy of God is his loving concern for each one of us. He feels responsible; that is, he desires our wellbeing and he wants to see us happy, full of joy, and peaceful. This is the path which the merciful love of Christians must also travel. As the Father loves, so do his children. Just as he is merciful, so we are called to be merciful to each other."

4.1 The Hand of God at Work in our Lives through Mercy

This first of all, requires the personal discovery of the mercy of the Father, "that love which is patient and kind as only the Creator and Father can be." And this discovery places the Christian on the pathway to becoming merciful in his or her life, that is to say a sign of that merciful Love that is transmitted to other people through our hands, our attitudes, our daily existence, with our brethren: "Jesus Christ taught that man not only receives and experiences the mercy of God, but that he is also called 'to practice mercy' towards others."

The invitation to discover the mercy of the Father, and to experience it in one's own life, is therefore accompanied by another conjoined and parallel invitation that is intimately linked to the previous one: an invitation to "practise mercy" which clearly means to transform ourselves internally so as to develop in ourselves '*agápe*', merciful love, towards our neighbour. Therefore, we have to adopt a new "lifestyle, an essential and continuous characteristic of the Christian vocation."

4.2. *Merciful Love is Manifested in the Creation of Relationships with other People based on a Bilateral Approach, Reciprocity, Giving and Receiving*

A very important point for us to grasp in the valuable teaching of John Paul II about mercy is that of the bilateral character and the reciprocity of merciful love. John Paul II observes that in human relationships mercy "is never a unilateral act or process. Even in the cases in which everything would seem to indicate that only one party is giving and offering, and the other only receiving and taking (for example, in the case of a nurse or midwife giving treatment, a teacher teaching, parents supporting and bringing up their children, a benefactor helping the needy), in reality the one who gives is always also a beneficiary."

This point is especially important for Catholic nurses and midwives who strive to live merciful love in their relations with their patients. The medicine of Hippocrates has been accused, at times rightly, of being 'paternalistic' towards patients, that is to say of establishing with them a relationship that is certainly personal but also one that is one-directional, moving

from the physician to the sick person without receiving anything in exchange. This tendency can easily fall into arrogance, into a relationship of superiority, into a rather pretentious attitude that there is one 'who knows' and one 'who does not know'. One thinks that one is behaving in a Christian spirit because one is taking care of a patient but the relationship that is established with that patient is not one of mercy but one of condescending 'good works'. The error, therefore, we are told by John Paul II, is to "see mercy as a unilateral act or process, presupposing and maintaining a certain distance between the one practicing mercy and the one benefitting from it, between the one who does good and the one who receives it."

If there is no bilateral approach, we have not reached merciful love, we are told by John Paul II: our intentions have to be purified.

What Christ asks us to do, inviting us to follow him and to imitate him in merciful love, is certainly to give, but at the same time we should know how to receive the patient: this means listening to him or her, seeing him or her not as a number or a pathological organ but, rather, as a human being from whom we have something to receive. It is this approach that re-establishes equality in human relationships, in terms of mercy, even when there is one who gives and another who receives, as is the case in the doctor-patient relationship.

It is within the general framework of mercy that we can see in concrete and detailed terms how "the hand of God" can be "at work in our lives". For us, this is a matter of behaving towards other people in a way that directs our existence, our deeds and our attitudes to the work of love of God in the world so that He can act through us, making us 'instruments' in the hand of God.

Here various perspectives open up. These include the way we relate with others in our daily lives on the human and professional level, our endeavour to establish a relationship that respects and is concern about the interest of the other person, our practice of the medical profession by being professionally suited and last but not least the way we visit sick people, the way we examine and treat patients in imitation of Christ the physician, as is demonstrated by the numerous accounts of healing narrated by the Gospels. It is on this last perspective that I will now dwell.

5.1 *The Quality of the Physical Presence near to Another and in particular near to a Sick Person*

To receive mercy and become, in our turn, the mercy of God for other people, the best guide without a shadow of a doubt is Jesus himself as we see him enter into contact and dialogue with those whom he encounters, and in particular with the sick people that are brought to him or whom he meets when travelling. We should first of all observe and note that the Gospels report numerous cases of healing by Jesus where he has no direct contact with the sick person involved and acts essentially through his physical presence alone. This in fact, and very often, generates an act of faith and hope on the part of a sick person, a movement of the soul through which the healing that is requested or granted works.

There are many cases of healings of the sick by Jesus described in the Gospels where the healing of bodies takes place through the words alone of the Lord, or also simply through the faith and hope that is generated by his presence or his passing through the places where the sick people were to be found. This was the case on his arrival in Genesaret (Mk 6:53-56), the healing of the servant of the centurion or the son of the royal official (Mt 8:5-13),the healing of the paralytic who is brought on a cot by his friends (Mt 9: 1-8, Mk 2: 1-12, Lk 17-26); the healing of an epileptic (Mt 17:14-21, Mk 9:14-29) and the healing of the of daughter of the Canaan woman (Mt 15:21-28, Mk 7:24-30). In all these cases, Jesus establishes a relationship between himself and the sick person at an emotional and spiritual level in the flash of a second, with his look or even simply with the goodness that emanates from his person, which allows healing, which allows the hand of God to act upon the sick person to heal him or her, to raise him or her up, and relaunch him or her on his or her life. What should we think about these cases? Jesus' power to heal man comes from the personal quality of empathy and compassion that characterises him and indicates in him human perfection. Indeed, Jesus is never indifferent to the suffering of the other. It touches him. He sees it, he understands it, and he feels it. He is 'gripped by pity', 'moved by compassion (Mt 14:14, Mt 15:28-32, Mk 1:41, Lk 7:13).

This compassion of Jess is a not a mere state of mind. It acts; it is a dynamic. It alleviates suffering, restores to man his capacities, gives him his integrity and his dignity: it is mercy, love that recreates, love that transforms bad into good and restores man to his humanity.

These testimonies to the healings carried out by Jesus through his presence alone near to a sick person – what do they inspire in the men and women of today and in particular in Catholic nurses and midwives? What do they tell us about allowing the hand of God to act in us, and through us, in our lives and our contacts with other people? They do this, very realistically, pointing out to us the way to follow, the approach to adopt, and the compassionate and active state of mind which should be learnt from Christ.

5.1.1 Caring with Compassion

As catholic nurses and midwives you have the privilege of being at the bed side of the sick and suffering, not only to treat them as your professional preparation may empower you to, but above all to take care of them as brothers and sisters in need. They are the neighbours in need and you are to be the *Good Samaritan* to them (*Lk* 10, 29-37). Moreover, by taking care of the sick and suffering, you take care of Christ himself (*Mt* 25, 34-41).

St John Paul II, reminds us that "human suffering evokes *compassion*; it evokes *respect*". You are called to offer compassionate care to your patients. And as such, you should live out your profession as a call, as a mission.

Traditionally, nursing has been known as an altruistic and caring-focused profession. Remaining true to this vision of nursing may prove an uphill struggle in the highly developed present day technology, which has often been criticized as being heartless and inhuman. Hence, the urgent call for the humanization of modern high-tech healthcare delivery. It is therefore very important to remember that the human person, the sick person should always be at the centre of your care, of your mission and service. To them you are called to give integral care, in full respect of their dignity, taking into consideration the various dimensions of a person's health: physical, psychological, social and spiritual. The technology, which brings with it a lot of possibilities that facilitate your service, should remain but an instrument to help you improve your service to fellow human beings, to the suffering brothers and sisters.

Pope Benedict XVI in his Encyclical *Spesalvi*, **observed that "t**he true measure of humanity is essentially determined in relationship to suffering and to the sufferer. This holds true both for the individual and for society. A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through "com-passion" is a cruel and inhuman society." Your profession as nurses and midwives empowers you to offer that much needed compassion-based care to the sick people entrusted to you. Feel with them, be one with them in their sorrows and joy, in the sense of solidarity as members of the human community. In other words, they need your "availability, attention, understanding, sharing, benevolence, patience and dialogue." It is about personal empathy with the concrete situation of each patient. To be compassionate, generous and self-sacrificing in the name of Christ is to be Christ for others.

5.2 *Actions and Physical Contact with a Sick Person: the Hand of the Nurse and Midwife Following the Model of the Hand of Christ*

In the episodes involving the healing of sick people by Jesus that are described in the Gospels, it is not only the presence of Jesus that assures healing. What characterises many of these healings is the actions of Jesus in relation to the sick person, so that he enters into physical contact with the person who has been brought to him to be healed, or with the sick people, the paralysed people and the lepers that he meets on his journeys.

Going through the Gospels we find equally numerous scenes that demonstrate the concern of Christ to enter into physical contact with the sick people that came up to him or were brought to him so that he 'would place his hands' on them and heal them: the healing of the leper (Mt 8:3, Mk 1:41-42, Lk 5:13); the healing of the mother-in-law of Peter (Mt 8:14, Mk 1:30-31, Lk 4:38-39); the healing (or resurrection) of the daughter of the head of the synagogue (Jairus) (Mt 9, 18:25, Mk 5:22, 41-42, Lk 8:54-55), the healing of the two blind men (Mt 9:29-30, Mt 20:29-34);the resurrection of the son of the widow of Nain (Lk 7:11-17).

In all of these accounts provided by the Gospels we find a shared aspect that characterises the approach of the Lord: Jesus draws near to a sick person, to the individual that he meets. He draws near to the mother-in-law of Peter, he goes to the daughter of Jairus and draws near to her, and he draws near to the coffin of the young man in Nain.

The physical presence of Jesus during these healings appears, therefore, to be important. Jesus speaks, enters into dialogue, establishes a relationship, and, above all else, touches the sick person. Touch thus appears to be important even though probably it was

not indispensable. But touch is a 'reciprocal' sense. The touching that Jesus engages in acquires a deep meaning: the sick person feels the love of the Lord, his compassion, and Jesus perceives his or her anxiety, everything that is not said that lies behind his or her illness.

This physical aspect of contact with the sick person, of hands that look for that person, grip him or her, and alleviate him or her, which is so important in what the Anglo-Saxons call 'care', and which is translated with the Italian term '*cura*', is very present in the parable of the Good Samaritan (Lk 10:29-37), the text from which Christians, in general, and Cristian nurses and midwives, in particular, draw inspiration. The Samaritan stops in front of the wounded man who is lying motionless at the side of the road, takes care of him physically, binds his wounds, pours oil and wine onto him, and puts him on his mare. Through these physical efforts, this energetic contact with the wounded man, there is established between this last and the Samaritan a relationship that does not need words but which is captured in the fine word 'care'. Through the deeds of the Good Samaritan, it is Jesus that takes care of the sick man, who takes him in his arms. Through the deeds of the Good Samaritan it is the 'hand of God', which is present in the actions of this man, that takes care of the wounded man.

In this approach of Christ, in the habitual way in which he entered into physical contact with sick people, touched them and held them, there is an entire teaching for the Christians of today, in particular when they visit the sick.

Putting a hand on a person's shoulders, offering a smile, bending towards an elderly or sick person, taking him or her by the hand or in one's arms, putting one's head against his or head, hugging him or her, as Pope Francis knows how to do so well with the sick people that he visits in a very natural way: it is through these expressions of our body that we transcribe into reality the 'I was sick and you visited me' of Matthew 25:36. It is through these gestures that the Lord makes himself present, through us, near to a rather lost elderly person; it is the hand of the Lord, in our hand, who holds his or her bony, thin and very weakened hand. It is through our hand that the hand of God is placed on a sick person.

The physical presence of the Lord amongst the sick who were brought to him has an essential value as teaching for Christian medical doctors in their professional lives. It indicates in a more specific way the act of touching, of examining a sick person manually, that we encounter in the great Hippocratic tradition. This goes against a certain tendency which we can observe in current medical practice of reducing this physical contact with patients so as to halt increasingly at diagnostic examinations. Well, we know that manual contact with a patient has a very great value even at a psychological level alone. It is this contact that establishes a human relationship of the flesh between the body of the patient and the body of a medical doctor.

Medicine which draws its inspiration from personalism lays a great deal of emphasis on this physical relationship, body to body, with the patient. We are spiritualised bodies and embodied spirits and the spirit cannot do without the body. It is through his or her own body that a medical doctor enters into contact with a patient, and it is through his or her own body that a patient enters into contact with a medical doctor. To despise this move means to ignore a profound truth about human beings.

6. Conclusion

Scaling up African Health Services, through Nurses, the Merciful Carers of Humanity," will requires both empowering nurses through appropriate professional preparation and providing them with adequate resources that enable them to respond to their mission to the best of their ability. This means building resilient health system capable of responding to the health needs of the patients under their care and an adequate human and spiritual preparation of the Catholic Nurses and Midwives that enables them to be compassionate carers of their fellow brothers and sisters who are sick after the example of Christ the divine physician.

Catholic nurses and midwives are beneficiaries of divine mercy and are called upon to be instruments of God's mercy, by offering compassionate care to their patients. As St. Camillus de Lellis, patron of hospitals and health care workers, told his followers, "More heart in your hands," when they were working with the sick.

May you through the intercession of our Blessed Mother Mary Health of the Sick, be transformed into true instruments of God's Mercy towards the sick people you are called to take care of.

ACTS OF MERCY BY NURSES AND MIDWIVIES IN RESOURCE CONTRAINED COMMUNITIES - THE AFRICAN PERSPECTIVE

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INTRODUCTION:
THE AFRICAN WORLD

It's a globally known reality that the African Continent in the post slave trade, post colonial and post independent era has been plagued by myriad of challenges in all spheres of its societal co-existence,economically,politically,culturally,educationally,religiously and of course the health sector. The Continent was greatly depopulated of able bodied personnel needed for societal development during the ugly transatlantic human trafficking UNESCO(2016)affirms that the slave trade was the biggest deportation in history and a determining factor in the world economy of the 18th century.

Millions of Africans were sold as slaves to the Americans .However, at the dawn of industrialization and the use of machines with less need of human power, but more of raw materials,there was a shift to colonization in which the African Continent was scrambled for and partitioned by some European powers ,African human and goods were looted which lead to under-development. The traumatization of the African world is so much that even after half a century of independence in many African Countries there are a lot of ugly effects which is evident on the education and health areas which invariably are also intertwined. As a result of health infrastructure and low level of knowledge of basic medical condition and maladies, People take to alternative medicine which lacks precision in diagnosis and accuracy of treatment .Concoctions and herbs are prescribed to treat some health conditions. In some cases, People suffering from some ailments are taken to witch doctors, magicians or diviners in some pseudo-pastor clothing who may end up attributing causes to some remote curses in family line or the results of some maledictions from wicked witches ,demons or evil persons .Rituals may be carried out and sacrifices are offered to appease suspected agents responsible for the ailments .In many cases patients die due to wrong prescriptions after they seemed to have recovered at initial introduction of treatment. ABDULAHI (2011) is of the opinion that inadequate accessibility to modern Medicines to treat and manage diseases in ,middle and low income countries ,especially in Africa may have contributed to the widespread use of traditional medicine in this regions especially in poor house holds. The situation is also complicated by lack of portable water and other nutritional needs.

HEALTH RESOURCE CONSTRAINTS IN AFRICAN COMMUNITIES

The various constraints of Health resources in the African communities are highlighted below;

1) NON AVAILABILITY OF POTABLE WATER

Potable water is relatively considered to be the most basic health need after the life oxygen that one breathes in regularly .It is therefore saddening to note that the majority of Africans do not have access to good drinking water which constitutes the fundamental raison d'etre or root causes of so many sicknesses directly or indirectly. Lack of good water is known to be responsible for the common killer ailments such as typhoid fever ,dysentery ,cholera and so many other infections of bacteria ,ringworm, hookworm ,tapeworm and river blindness to mention a few .In the absence of state provision of potable water, many persons try to help themselves to get water that they can drink not minding the health quality of it.

Indeed water is a basic human necessity for survival and so alternative means of getting it is often resorted to in the digging of wells or boreholes , collection from ponds, streams, or rivers. Most times ,it is not possible to ascertain the hygienic level of water obtained from the foregoing sources which could therefore result in lead-poisoning ,infections from tad-poles ,hydra .and other water-borne diseases.

(2)RAMPANT POLLUTIONS OF AIR AND ENVIRONMENT

Apart from potable water, the sanitary quality of the environment and the purity of respiratory air therein are of great concerns. Environmental degradation is rampant in solid minerals and oil rich areas leading to incalculable damages in the pollutions of air,

water, land and plants which invariably affects humans. Gas flaring and carbonization processes involved in the exploration and refining of metals and petroleum do adversely affect the health and wellbeing of human beings since they pollute the air that is breathed in creating high toxicity that menaces against the lungs and other vital organs of the body. The human life and health become impaired consequently leading to the shortening of life span and death through diseases such as cancers. It is not surprising that the life expectancy in sub-saharan Africa is very short when compared to places in globe that have relatively better use and control of the environment.

(3) **IMPORTED FROZEN OR REFINED FOODS**

The Africa sub-region is often the dumping ground of many substandard products in the world, and this has more serious considerations in regard to foreign food being legally imported or smuggled in from outside. Foods that are considered not safe for health in their countries find their way into Africa, thanks also to natives who connive with criminal persons from such countries. There are concerns about the smuggling in or importation of dairies ,fish, chickens and turkey meats into the countries that have been suspected to have been infected with avian viruses or injected with poisonous substances to increase their sizes, preservation and marketability with no consideration whatsoever of the health effects on the consumers.

(4) **INSUFFICIENT AND POORLY EQUIPPED HOSPITALS**:

Resource to hospitals for treatment of maladies becomes indispensable in disease prone environments like we have in the sub-region .It is quite saddening to note however that not many can afford the huge expenses associated with the hospitals where they are available .Inability to pay for hospital treatments often make so many sick persons to avoid going there or may sometimes go there when it is too late or after other local means have been explored unsuccessfully. Moreover, even among those who can relatively afford the charges of the hospitals often do not have faith in the kind of care available there in. The care-givers in public hospitals, doctors sometimes do not want to treat patients properly ,since they have their private clinics where they may refer same persons .The ugly situation often results in the treatment of patients with apathy, unless they patronize their private clinics.

There is a dearth of infrastructure in terms of standard buildings, state of the art equipments ,efficiently managed machines, good laboratories ,operation ,intensive care units, recommended hospital beds and beddings ,appliances devices like syringes in adequate numbers ,and of course vaccines ,drugs and other pharmaceutical provisions.

(5) **FAKE VACCINES AND PHARMACIES:**

The problem of counterfeit drugs have embarrassed the African region ,healthcare providers are denied the confidence of the public on the nation's health care delivery system .The result of fake drug proliferation has led to treatment failures, organ dysfunction or damage ,worsening of chronic disease conditions and death of many Africans. Even when patients are treated with genuine drugs ,no response is seen due to resistance caused by previous intake of fake drugs (Akunyili,2005).Counterfeit drugs pose great threats to the attainment of the millennium development goals 4,5 and 6 which hopes for a reduction in infant mortality, improved maternal health and combating HIV/AIDS ,malaria and other diseases (WHO,2012).

ACTS OF MERCY BY NURSES AND MIDWIVIES:

Nurses and Midwives have great roles of mercy to play to salvage the ugly situations of things ,aforementioned, within the African world .Acts of mercy will in this regard constitute remedies or panacea to the deplorable conditions of Africans who are harassed and dejected due to poor medical situations in the sub-regions. Mercy is both a human and a Christian virtue that in medical parlance related to empathy, which is putting oneself in the position of the sufferer, and having the ability to do what is professionally expedient to eliminate or ameliorate the maladies of the patient .Divinely speaking, mercy is actually what God prefers or wants rather than sacrifice(HOS 6:6,Mt:9:13).Mercy is becoming a good Samaritan following the biblical model of the non-Jewish traveler who in his altruism gives the required medical help to the wounded victim unlike the Levite or Priest who in a bid to be ready for temple sacrifice avoids carrying out acts of mercy (Lk10:25-37).

The Catholic Church in its faithfulness to the spirit of her founder and Lord has declared the current year as the year of mercy to maximize our practices of mercy and she teaches too that there are both seven corporal and seven spiritual works of mercy derived invariably from the scriptures. In considerations of the foregoing ,attempts will now be made to itemize the acts of mercy expected of nurses and midwives in recourse constrained communities within the African world.

(1) **INDIVIDUAL INSTRUCTION PROGRAMS AND CLASSES**:
There is need to adequately instruct patients about proper health practices in order to have healthy and long life. Top of these programs should be geared towards how to prevent illnesses and infections since it is said that prevention is better than cure .Endemic illnesses like malaria, typhoid and so on can be prevented minimized or better managed. Since Nurses and Midwives live amongst the ordinary people in the society, they can help to manage those who have already contacted diseases and also direct them to where they can get help. Married couples can be taught how to naturally plan their families.

(2) **HEALTH ENLIGHTENMENT CAMPAIGNS AND MASS-MOBILISATION**:
Mass-Mobilization campaigns can be carried out as acts of mercy to educate large populations of persons and groups on proper nutritional practices , cultivating good and balanced diet, hygienic disposal of wastes, sleeping in healthy shelters and beds. These campaigns could be carried out on air through the use of mega phones, media, televisions, videos, radios and moving vehicles carrying audio-visual messages.

(3) **SPECIAL HEALTH OUTREACHES TO PRISONERS AND HANDICAPS:**
One of the corporal works of mercy is to visit those in prisons. As an act of mercy too, Nurses and Midwives could strive to reach out to those locked out of the open human society in cell, jails and dungeons whether due to their crimes or unjustly. Health advocacy for this persons should not be taken for granted but efforts of mercy should be doubled to ensure that they are given their rights to good nutrition ,medical treatments and safe lifestyles .Similarly lunatics ,nomads, mentally and physically challenged persons like the blinds, lames, crippled, dumbs and deafs should all be properly remembered in the scheme of things and given necessary opportunities to ameliorate their handicaps.

(4) **PROFESSIONAL ORIENTATION OF HEALTH PRACTITIONERS**:
Nurses, midwives and other medical practitioners could also be targeted for professional orientation as an act of mercy by concerned members of the same group. There is need for professional orientation that will insist on standards, ethics and principles. Patients should be treated with mercy and dignity.

(5) **IMMUNIZATION DRIVES**:
Immunization drives as an act of mercy should be carried out from the period of pregnancy to ripe old age, certain vaccinations may be expedient for the overall prevention of some endemic sicknesses. Volunteering to embark on mass-immunization awareness and practice would go a long way to saving the lives of people.

NURSING COMMUNITY PROJECTS:
Nurses and Midwives who have professional knowledge of Nutrition should encourage people to embark on micro-projects like having vegetable gardens, fruit orchards, pottery, piggery, fish ponds, snail farm, gymnasiums and other petty projects as an act of mercy .Knowledge is power, and our people suffer for lack of knowledge (Hos. 4:6)Self help projects apart from being a good source of good and healthy nutrition and lifestyle may also create some good sources of income. So nurses and midwives would be contributing immensely to the wellbeing of their fellow men.

(6) **FIRST AID CENTRES:**
First Aid practices are very vital and sometimes crucial in preserving life before availability of more medical assistance .Nurses and Midwives should help to establish first aid centres around the neighbourhood, and also assist in running of such centres in their spare times. Retired nurses and midwives may devout more time to assist health and first aid centres for the good of the communities. This help rendered therein would undeniably be a great act of mercy.

CONCLUSION:
Thus far ,concrete acts of mercy that can be practiced by nurses and midwives have been highlighted against the backdrops of the aforementioned health challenges and constraints within the African communities .This write-up ,while trying to be thorough, is still cognizant of some other aspects which could be exhaustively discussed by other studies .In any case, this endeavour attempted a systematic approach to first of all expose the African perspective by explaining the scenario of things within the African history and situations before delving into consequence. The health constraints and challenges accruing from the very primary sources of water, air, the environment to the hospitals and pharmacies were also shared. These problems could be remedied by some concrete acts of mercy by nurses and midwives through enlightenment of individuals, mass –mobilization and orientation of professionals.

THANK YOU