

**SANRU III**  
**American Baptist Churches**  
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SANRU III (acronym for Sante Rurale or Rural Health) is a USAID funded public health project managed by a Faith Based Organization in the United States (Interchurch Medical Assistance) and implemented through its partner in Congo (Christian Church of Congo).

The SANRU project has received U.S. government and World Bank funding (37 million dollars over 5 years) to rebuild and revitalize 72 rural health zones initially started by Christian Mission Organizations (Baptist, Methodist, Presbyterian, Mennonite, Disciples, etc.) and turned over to indigenous church partners during the tumultuous past 2 decades of Congo's history. SANRU's mandate is to rebuild infrastructures such as hospitals, health centers, central pharmacy depots and nursing schools as well as revitalize long standing public health programs such as vaccination interventions, well child and prenatal clinics, and disease intervention programs (HIV/AIDS, TB, etc.). Training and re-tooling are mainstays of the project. It is noteworthy that over the past decade and a half, the most sustainable health care programs in Congo were these that sprang from church based missions and have been able to retain staff, curative and preventative programs; albeit at a lower financial level than when missionaries and overseas church funding were present. It is these 'success stories' that USAID and the World Bank have decided to 'revitalize' and 'redevelop' through the SANRU III project.

The project assists over 60 regional hospitals, 20 secondary hospitals, 50 nursing schools and in excess of 2000 health centers. We serve a population of over ten million persons in the interior of Congo; many who have lived through the horrific five-year civil war which has been alleged to have claimed over 3 million civilian lives (Oxfam "the Congo crisis"). Our work brings us into areas of conflict, isolated areas and in contact with hundreds of thousands of displaced persons.

In this context; with government funding and faith-based management, missionaries and church affiliated staff have been able to reach a population with resources beyond our traditional reach and with a message of hope and faith that brings healing beyond a physical dimension. A true 'Joseph in Egypt' story.

The presentation would focus on the specific interventions and strategies of this nation wide public health program and the unique challenge of rendering care in crisis situations (war and conflict). It will also bring to light that God does answer prayer....and will use whatever means to bring to fruition His good and perfect and Holy will.

The SANRU III project in Congo came about when the church, taking inventory of its rich heritage and attributes, solicited funding from international organizations for revitalization of a health project SANRU I and II, dormant for over ten years. SANRU III is a church initiated and church solicited project.

As you know, international relief and development organizations have been providing assistance to developing countries for decades, but often without sustainable or measurable results. The phase putting monies down a 'rat hole' is well known in international donor circles. The Democratic Republic of Congo, formerly Zaire is just one

example of how monies from international donors were invested in many projects and organizations whose principal aim it seems was to cultivate funds from donors. When the funds ceased; so did the projects.

As bystanders in this cyclical process, the Christian Church of Congo decided that they could do a 'better job'. Taking note of their strengths, integrity, and years of partnership with mission organizations in the U.S. and Europe, the Christian Church of Congo together with their partner in the United States, Interchurch Medical Assistance solicited a grant from USAID to rebuild church-managed rural health districts in Congo; including hundreds of health centers, hospitals, nursing schools etc. SANRU was awarded a one-year grant from the OFDA branch of USAID for limited assistance to a handful of church districts. Six months into the grant, a larger five-year project was awarded incorporating over 80 church managed health districts across Congo into the project making the SANRU health project the largest non-governmental health project in Congo. "After two years of operation, SANRU has established a capacity to reach approximately 10 million persons in Congo with primary health care services.....making it one of the largest USAID-supported service delivery programs worldwide". (USAID evaluation team July 2003)

This success story was made possible in part because of several factors:

The Christian church of Congo going beyond its traditional borders to seek assistance while unapologetically proclaiming both its church heritage (FBO) and vision to serve the poor and needy.

The rich heritage of Christian Missions in Congo with fruit that lasted during the previous ten years of war and hardship in Congo.

Management systems put in place by previous Christian missions.

Years of intensive training and discipleship by church and missionary servants leaving a legacy of qualified personnel in church mission hospitals.

Answered prayer

This is a story worth sharing, building upon and repeating....



Mother and Child SANRU Health Zone of Nselo...Dem. Rep. of Congo