NUNDU NEWS

AUGUST 2025

Medical services provided at Nundu Deaconess Hospital are progressing well despite ongoing uncertainty in South Kivu. A dedicated surgery team organized by Dr Mike McGee and including Dr JD Parker, urologist, and Dr. ByaMungu Pahari, arrived at Nundu July 17. Their dedication had an immediate impact, bringing a sense of hope and a huge encouragement. For the three weeks that they were at Nundu they were busy presenting devotionals at the morning chapel, performing surgeries during the day, and consulting with patients in the evening. The word of their presence got out so that during the last week more patients presented themselves than could be served. They presented the hope that they will return in February 2026.

Dr. McGee's courage and faith made this mission happen. More importantly, he has been a mentor for Dr. Pahari, encouraging him in his professional development.



Drs Kakozi, Parker, McGee, and Pahari

FIELD VISIT REPORT – SURGICAL CAMPAIGN Dr Marx Lwabanya

Travel to Nundu

I departed Bujumbura on the morning of July 31, 2025, following my usual routine: stopping in Uvira to collect my helmet and change clothes in preparation for the dusty journey ahead.

Upon reaching the boat departure point, I noticed a significant change in delays. Due to fuel scarcity in Uvira, the cost of transportation had increased, forcing operators to fill boats with five to six motorbikes, along with passengers and goods, instead of the usual three. This not only delayed travel but also heightened risks for passengers, as boats were overloaded to offset fuel expenses.

A tense moment occurred at the Makobola roadblock, where a security officer stopped our motorbike and questioned the contents of my backpack. Despite explaining that I was a medical staff en route to the hospital, I was asked to dismount, untie the bag, and unpack it for inspection. The item in question turned out to be a brush, but the experience left me feeling disrespected and vulnerable, as if suspicion and fear had become normalized. It was a stark contrast to how individuals wearing vests with humanitarian an organization logo or a country flag picture or traveling by car are treated—with respect and deference.

I arrived in Nundu that evening, exhausted, and took a brief rest.

Hospital Activities & Atmosphere

The following morning, I was warmly welcomed during the hospital's morning prayer gathering. The environment was vibrant and bustling—patients filled the reception area, awaiting consultations with visiting surgeons who were preparing for a full day of scheduled operations.

As Gerome remarked: "This is the Nundu of Drs Tim Kratzer and Haduck we used to know—where outpatient clinics and emergency surgeries happened side by side."

The U.S. surgical team together with Dr. ByaMungu Pahari, had arrived in Nundu on July 17, launching an intensive surgical campaign the very next day. The hospital was transformed into a hub of activity, with a level of energy and engagement not seen in recent times.

Campaign Outcomes

The campaign ran for three full weeks, concluding on August 8. The team departed Nundu on Saturday, August 9, returning to Bujumbura.

Key Achievements:

- 230 patients received free medical consultations
- 68 patients underwent surgical procedures

Major Surgical Procedures Performed:

- Herniorrhaphy: 21 cases (surgical repair of hernia)
- **Prostatectomy**: 2 cases (surgical removal of the prostate)
- Thyroidectomy: 7 cases (partial or total removal of the thyroid gland)

The team maintained a spiritual focus by leading in Daily Devotions with the staff and presenting the Bridge Model to the hospital chaplains and staff.

Born for a Miracle: A Surgical Story from the Heart of Africa

A Call to Strengthen Nundu Deaconess Hospital's Lifesaving Mission in One of the World's Most Fragile Regions

Dr. Marx Lwabanya

On August 1st, twin babies were delivered via caesarean section at Nundu Deaconess Hospital. While the baby boy was born with respiratory distress due to birth asphyxia, the baby girl presented with a severe abdominal wall defect—a condition known as gastroschisis—which posed an immediate threat to her survival.

Weighing only **1,400 grams (approximately 3 pounds)**, the newborn girl had a significant portion of her colon protruding through a small opening near the umbilical cord. Gastroschisis is a congenital malformation in which the intestines, and sometimes other organs, develop outside the body through a defect in the abdominal wall. Without prompt management, the condition is typically **incompatible with life**, especially in resource-limited settings.

The family was devastated. The mother, overwhelmed by the condition of both infants, was inconsolable. Recognizing the urgency, **Dr. ByaMungu Pahari**, a general surgeon in pediatric surgery fellowship, was called to assess the newborn. After a thorough examination, he made the critical decision to **reschedule his afternoon surgical cases** and prioritize the operation for this infant—believing this moment was a divine calling to intervene.

Surgical Intervention and Team Response

In rural hospitals like NDH, neonatal surgery presents significant challenges, particularly in anesthesia management for low-birth-weight infants. **Mr. Maneno**, Chief of the Anesthesia Department, evaluated the case and supported the decision to proceed. The surgical team quickly mobilized, explained the condition and prognosis to the parents, and obtained informed consent.

Despite limited resources, the team demonstrated exceptional coordination and commitment. The operation lasted **two and a half hours**, during which every obstacle was met with ingenuity and faith. Dr. Bya-Mungu, drawing on recent pediatric surgical training in India, adapted his approach to the realities of Nundu's setting. Questions arose—such as the ability to monitor neonatal blood pressure in future cases—but the team remained focused, using available tools to ensure the baby's safety.



Dr. McGee assisting Dr. ByaMungu in pediatric surgery

A **critical piece of equipment** during the procedure was the hospital's **sole anesthesia machine**, originally acquired to support maternal and infant surgeries. Its availability was **instrumental** in managing the delicate physiology of the newborn throughout the operation. However, with only one machine serving the entire facility, surgical capacity remains limited. **Securing a second anesthesia machine** would significantly expand the hospital's ability to perform lifesaving procedures—especially for vulnerable patients like newborns—and strengthen its readiness to respond to emergencies in a region where every minute counts.

Outcome and Reflection

The successful surgery significantly increased the baby's chance of survival—a feat that would have been nearly impossible without the presence of a trained surgical team and the hospital's modest but essential equipment. This case underscores the transformative impact of **faith-driven medical service**, especially in remote areas where access to specialized care is nearly nonexistent.

"This was more than a procedure—it was a moment of divine timing. The team was called together to save a life that would otherwise have been lost." — Dr. ByaMungu Pahari



A mother blessed by a surgical miracle



A JUBILANT NUNDU DEACONESS HOSPITAL SURGERY TEAM

About Dr. ByaMungu Pahari : A Life of Healing and Hope

Dr. ByaMungu Pahari Kagenderezo was raised in Lusenda a village 6 miles away from Nundu Deaconess Hospital, in the South Kivu region of the Democratic Republic of Congo. He spent his formative years in **Fizi territory**, where the harsh realities of war and the lack of medical care deeply shaped his awareness of the suffering around him. His early exposure to patients at **Nundu Deaconess Hospital**, alongside a Free Methodist missionary friend, planted the seeds of compassion and service.

After graduating from **Nundu High School**, Dr. Pahari's heart was drawn to children—not just through medicine, but through ministry. In **2009**, he joined **Child Evangelism Fellowship (CEF)**, undergoing extensive training to share the Gospel with children. His mission was clear: to empower churches to lead children into a relationship with Jesus. This experience profoundly influenced his calling, revealing the deep vulnerability of children—not only spiritually, but also physically. It was this realization that stirred his passion to pursue **pediatric surgery**, where he could serve the youngest and most fragile lives with healing hands.

He earned his **Bachelor of Medicine and Surgery** from the **Université Évangélique en Afrique (UEA)** in Bukavu, and returned to Nundu to volunteer at Deaconess Hospital for two years. There, he faced the stark reality of practicing medicine in a region with **no surgeons** and **limited resources**, often stretching beyond his capacity to care for those in desperate need.

Determined to make a greater impact, Dr. Pahari pursued specialized training in general surgery in Uganda, and later returned to Nundu as a qualified surgeon. Since 2022, he has also volunteered in surgical camps organized by Interplast Germany at Rehema Hospital in Goma, offering life-changing procedures to impoverished patients with little access to surgical care.

Currently, Dr. Pahari is advancing his expertise in **pediatric surgery** through training in **Tanzania**, with additional clinical attachment in **India**. Despite his studies abroad, he remains deeply committed to his roots, regularly returning to **Nundu** to perform surgeries and support the community.

"Once I think of Nundu Deaconess Hospital, I recognize that the need is still much; we need equipment and more skills for these underserved people," — Dr. ByaMungu Pahari

About Nundu Deaconess Hospital

Nundu Deaconess Hospital (NDH) is a faith-based medical institution located in the South Kivu region of the Democratic Republic of Congo. Established in the **1980s**, NDH has built a long-standing legacy of **serving the poor and restoring hope** in one of the country's most underserved and conflict-affected areas.

Rooted in Christian values and community-centered care, the hospital has remained steadfast in its mission to provide accessible, compassionate, and life-saving healthcare to vulnerable populations. Even during periods of armed conflict, political instability, and resource scarcity, NDH has continued to operate—often under extreme conditions—demonstrating remarkable resilience and commitment to its founding purpose.

Over the decades, NDH has evolved into a vital health hub for the region, offering a range of services including general medicine, maternal and child health, surgery, and community outreach programs. Its enduring presence has not only saved countless lives but also fostered a sense of dignity and hope among the communities it serves.

Today, NDH continues to uphold its mission with unwavering dedication, striving to expand its capacity, improve infrastructure, and attract skilled professionals to meet the growing health needs of the population

Conclusion: A Life That Sparked a Movement

This newborn girl—fragile, exposed, and born into one of the world's most overlooked regions—became more than a patient. She became a symbol of what is possible when compassion, faith, and medical expertise converge in the right moment. Her survival was not just a medical victory; it was a divine affirmation of the mission that drives **Nundu Deaconess Hospital** and those who walk its halls.

It is because of her—because of the courage of her family, the skill of Dr. Pahari, and the unity of a team called to serve—that **Central Africa Healthcare Organization**, **Free Methodist World Missions**, and other partners have renewed their commitment to support NDH in its critical mission. In a region marked by fragility, conflict, and chronic neglect, this hospital stands as a beacon of hope.

But hope alone is not enough.

To continue saving lives like hers, NDH urgently needs modern equipment, expanded infrastructure, and ongoing capacity-building opportunities for its dedicated staff. The challenges are immense—but so is the potential. Every incubator, every surgical tool, every training session is a step closer to transforming despair into healing.

Let this story be a call to action. Let this baby's life remind us that even in the most remote corners of the world, miracles happen when we choose to show up.

"We were called to serve—and in that moment, we answered. But we cannot do it alone." —
Dr. ByaMungu Pahari

Thank you for your support of this work with your prayers and gifts. You can continue your support by giving on line at www.congohealth.org. Thank you again for being partners in this ministry which transforms and gives hope.

The team standing under the damaged roof of the Matthewson Guesthouse: Olinga Kakozi, JD Parker, Marx Lwabanya, Mike McGee, Thierry Mwesa, ByaMungu Pahari, DeMoule Mahongo.



Dr McGee reports that he had a great time, despite the near catastrophic event which impacted the guest house. There was the night when a tree came crashing down on the guest house when he was sleeping. He was prepared for the worst. However, both he and ByaMungu walked out unscathed. He reports that ByaMungu is a fantastic surgeon, and that he has high hopes for Nundu. He feels that the spiritual ministry of the team was just as important as the surgeries performed. They presented devotions daily with the vision that every person who comes through the hospital receives the gospel message that Jesus is the bridge from our sinful state to abundant life. He has a vision of Nundu being strong spiritually.