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**‘Close the Gap’ Church Resources Pack:**

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# Introduction

At World Vision, we believe that five years should not be a child’s lifetime. With two years left until the Millennium Development Goals (MDGs) 2015 deadline, much more needs to be done if the MDGs are to be met and millions of children Survive 5. That's why the Child Health Now campaign is mobilising 4-10 September 2013, ahead of the 2013 UN General Assembly. We’re calling on world leaders to ‘Close the Gap’ on poverty so that all children can Survive 5.

# This pack contains sermon resources, Bible study notes and special Close the Gap prayer resources to help you raise awareness within your congregation, Bible study group or church youth group. We’re asking you to take action to #ClosetheGap on poverty. You can use these resources to help share the issue and contemplate and pray about the children facing challenges in surviving 5.

# Sermon planning resources

These congregational resources invite participants to explore what Scripture has to say about caring for those in need, especially children.

These resources offer opportunities to:

» Explore Scripture.

» Personally reflect, share, and pray about injustices in the world.

» Develop a greater understanding of preventable child deaths.

We appreciate that sermon development and delivery varies from church to church. We encourage you to simply integrate these elements into your usual development and delivery method.

## Sermon option 1

Key scripture:

John 10:7-10 NIV

### The Good Shepherd and His Sheep

7Therefore Jesus said again, “Very truly I tell you, I am the gate for the sheep. 8All who have come before me are thieves and robbers, but the sheep have not listened to them. 9I am the gate; whoever enters through me will be saved.[[a](http://www.biblegateway.com/passage/?search=John+10%3A7-10&version=NIV" \l "fen-NIV-26491a" \o "See footnote a)] They will come in and go out, and find pasture. 10**The thief comes only to steal and kill and destroy; I have come that they may have life, and have it to the full.** (This is sometimes also translated as ‘that they may have life more abundantly’).

### Notes

We worship a God of abundance. If we look to the Garden of Eden, we can see the vision of God’s abundance in the great variety of plants and animals that He created. If we look at the stars in the sky or think about the number of cells in a human body, we realise that we are surrounded with God’s abundance. In John 10:10, Jesus says it himself, ‘I came that you might have life and have it *abundantly*’.

The word ‘abundance’ is a radical word. It can be defined as ‘extremely plentiful or an *over* sufficient quantity or supply’. Others define it as, ‘overflowing fullness’. Jesus didn’t make this statement about abundance only for a world we will enter after we die. He was talking about life on Earth- now.

But this vision of ‘an abundant life’ is often not a reality in our world. Sometimes this vision becomes distorted and twisted. Instead of abundance, we often see greed. A study by the United Nations University reports that the richest 1% of adults owned 40% of global assets in the year 2000, and since then, world inequality continues to increase.

Or often, instead of ‘an abundant life’, we see lives affected by scarcity. Think about the 900 million people that are estimated to continue to live in extreme poverty by 2015.

The world of healthcare is an area impacted by scarcity. Things that are attractive or desirable or necessary, like healthcare and medicine, go up in price to produce more profits. Life-saving medicine and healthcare has become unaffordable or scarcely available for many people around the world who desperately need these things. It is young children and their mothers that primarily face the impacts of healthcare systems impacted by scarcity.

The first part of John 10:10 says, ‘The thief comes only to steal and kill and destroy’. So who are the thieves? They are not always individual people. They are not always people who intentionally mean harm. Sometimes they are mistaken policies. Sometimes, the ‘thief’ is simply a person's own lack of knowledge. Sometimes the ‘thief’ is the bad decisions or policies that leaders make because they are not paying attention to the needs of people.

How can we defeat these ‘thieves’? In terms of healthcare, we must make sure that we all know about the simple things that can keep our children healthy and we must educate our neighbours. We must also graciously remind our leaders about the needs of our country's children. We do not have to be confrontational with leaders; we must simply talk to them and help them to see.

The UN has put together a list of 13 life-saving commodities, or necessities, that have either been neglected or under-funded, and a plan to make sure that they reach the people who need them most. These health ‘necessities’ are products that can and will save lives. They are items like oral rehydration solution—which is nothing more than the correct amounts of sugar and salt mixed with water.  It can save the life of a child dying from diarrhoea—a leading cause of death in middle and low income countries.

Zinc, a simple metal found in the US one-cent coin, can also save a child’s life-when they are consumed in tablet form.  Zinc tablets contain less zinc than one US penny, but alongside oral rehydration solution, they can help a child recover from diarrhoea.  These thirteen necessities could save six million lives over the next five years.

The world has an abundance of these very cheap life-saving necessities, such as zinc tablets, and the simple ingredients in oral rehydration solution. There is also an abundance of knowledge in the world about how to keep people healthy. The main challenge is distribution—making sure that these products get to the right places and that parents and local healthcare workers know when and how to use them.  Governments need to help ensure that their citizens have access to these products – this includes making sure that they are available at pharmacies and health centres and that healthcare workers and the public know about them.

As Christians, we are tasked to partner with God to allow people to live the abundant lives that God has intended for them. We know that Jesus’s will for people was that ‘they may have life, and have it to the full’. This vision of abundance was intended for all aspects of people’s lives- spiritually, emotionally and physically. This means that as Christians, we are called to address the unjust gaps that are growing between the ‘scarcity’ and the ‘greed’ that we see in our world today. Let’s work together to close this gap. Let’s pursue God’s will that, ‘they may have life, and have it to the full’.

Sermon option 1 was adapted from the following resources:

<http://www.sermoncentral.com/sermons/you-can-discover-abundant-life-john-mayes-sermon-on-fulfillment-90625.asp>

<http://sermons.logos.com/submissions/114617-The-Abundant-Life#content=/submissions/114617>

<http://home.comcast.net/~jacksonday/050312.htm>

For more information on the UN life-saving necessities: <http://www.childhealthnow.org/how-can-we-save-six-million-lives-five-years>

### Prayer

**\*The Following prayers can be used for sermon options 1 & 2 and the small-group Bible study and reflection**

» PRAY FOR OPPORTUNITIES to reach out to those who are desperately seeking Jesus.

» PRAY FOR THE FAITH to stand up and believe that change can happen in your own life and in the lives of others.

» PRAY FOR CHANGE in the lives of people who are without hope and for change in the situations around the world that seem hopeless.

*Grant us, Lord God, a vision of our world as only your love can make it:*

*A world where the vulnerable are protected,*

*Where the hungry can eat their fill,*

*Where the oppressed find comfort and rest,*

*And where the poor have the same chances as the rich*

*Please give us courage to stand up and work for a better world,*

*And help us to make it a place where peace is built with justice,*

*And justice guided by your love*

*Amen.*

## Sermon option 2

Key scripture:

Luke 13:10-17 NIV

### Jesus Heals a Crippled Woman on the Sabbath

10 On a Sabbath Jesus was teaching in one of the synagogues, 11 and a woman was there who had been crippled by a spirit for eighteen years. She was bent over and could not straighten up at all. 12 When Jesus saw her, he called her forward and said to her, “Woman, you are set free from your infirmity.” 13 Then he put his hands on her, and immediately she straightened up and praised God.

14 Indignant because Jesus had healed on the Sabbath, the synagogue leader said to the people, “There are six days for work. So come and be healed on those days, not on the Sabbath.”

15 The Lord answered him, “You hypocrites! Doesn’t each of you on the Sabbath untie your ox or donkey from the stall and lead it out to give it water? 16 Then should not this woman, a daughter of Abraham, whom Satan has kept bound for eighteen long years, be set free on the Sabbath day from what bound her?”

17 When he said this, all his opponents were humiliated, but the people were delighted with all the wonderful things he was doing.

### Notes

The synagogue ruler is surprisingly cold-hearted and bureaucratic in his response to the miracle of the healing of this woman who had been crippled for 18 years. His focus was on preserving a legal system that had become inflexible and blind to both the true needs of its people and to miracles and innovation. The observation of the Sabbath had become, through this inflexible legal system, not a way for the people to relate to God, but a yoke on their shoulders. Because of this, the leader was blind to the true needs of his people. [[1]](#footnote-1)

Jesus’s healing of this long-suffering woman is truly a miracle, but it is more than that – Jesus sends a message not only to the authorities of that era, but one that has resounded through the centuries since then. He makes a clear statement that we must strive to change dysfunctional systems that keep people from getting the help they need. This story is not primarily about Jesus demonstrating temporal power by healing a woman of that era – it is about his universal and eternal message: that our paradigm and way of seeing the world should be based on love for our neighbour and that we should push against unjust systems that get in the way of people caring for each other’s needs.

Invite the congregation to think about what injustices they see in their own society or in others that prevent people from being healthy or having access to healthcare. Give examples.

Read or relate the following article excerpt to the congregation:

*Several years ago, ordinary people in communities in Uganda began working together to start talking with health and government staff about things like number of staff and availability of midwives and medicines in local health clinics.*

*With the help of an international aid organisation called World Vision, the community members started measuring the quality of the services that they received. They pressured the authorities to improve services in 17 health clinics in Uganda. As a result, in the majority of these clinics, there has been an increase of between one and 12 staff and several clinics have appointed midwives. In some clinics, the monthly attendance of women coming in for their pregnancies has more than doubled. This has led to a decline in child deaths in these areas.*

*John Willy Mungoma, a health education promoter in the Tororo District, said, “Politician--at times they come and talk fast … we … act on what they have told us, but now as communities also raised their voices ... it was a combination of forces, so it .. forced us to [recruit more staff].”*

*Charles Wamala, Mpigi District Assistant Chief Administrative Officer, said, “There was a lot of pressure on the district, including from the politicians and the Health Management Committee of the facility. The dialogue was that we [were not acting on the] needs of the community members.”*

*David Wambura, Mbale District Chief Administrative Officer said, “All of us are on our toes now. We are under pressure to deliver and if we don’t, we have to explain why. We are waking up. We have taken them [the community] for granted for a long time.”*

*Because people in the communities decided to stop being silent, because they decided to learn about their rights and to start talking to the authorities about their rights, they were able to make sure that the government provided adequate health services. This means better care for children and increased opportunity for children to survive the first five years of life.*

Ask the congregation to think to themselves about the following questions:

* What are the systems, paradigms or traditions that were keeping the people in this article from getting the healthcare they needed?
* How did the people come together to solve these issues?
* How did their actions reflect those of Jesus?
* What can you, your family, your friends and neighbours and community do to change unjust systems that are keeping people from being healthy?

Share with the congregation your own thoughts about the article and these questions.

Every day, 19,000 children around the world are dying for reasons that could be prevented with medicine and information that we have. They are dying due to reasons like pneumonia, diarrhoea, malaria, complications during and before birth, and infections suffered by new-born babies.

Oral rehydration salts and zinc can prevent death from diarrhoea; antibiotics can save children suffering from pneumonia; bed nets can help prevent malaria; skilled birth attendants can help prevent birth complications. Clean water and good nutrition for children and pregnant women and breastfeeding for the first six months of a child’s life are also needed. Millions fewer children are dying preventable deaths now than 20 years ago, but we all know that even one death is too many.

By speaking out against unjust systems that prevent people from being healthy, we can all help save children’s lives.

# Prayer resources:

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| PRAY for children to have access to life-saving necessities | | |
| We can’t fully solve the problem of preventable child deaths until we address the challenge of commodities. The United Nations has put together a list of 13 overlooked life-saving necessities (such as zinc tablets and oral rehydration solution) that have either been neglected or under-funded and a plan to make sure that they reach the people who need them most. Ask God that these products would get to the right places and that parents and local healthcare workers would know when and how to use them. |  | *Dear Lord, you know every child and hold each of their lives in your loving hands. Help those in authority in the field of healthcare to pursue justice so that children and their families can access the life-saving necessities that they need.* | |
| PRAY for global will to ‘close the gap’ on global poverty | | | |
| In the last decade, great advances have been made towards the achievement of the Millennium Development Goals (MDGs). However, the poorest and the most vulnerable are still being left behind. Thank God for the progress that has been made towards the MDGs, and ask Him to see the fulfilment of government’s commitments to ‘leave no one behind’ so that we can finish the work of the MDGs- particularly the MDGs 4, 5, & 6 with their promise of improving child and maternal health. |  | *Dear Lord, we see your hand in the progress that has been made toward the MDGs. Please continue to equip nations and their governments so that they would be even more committed to the improvement of child and maternal health.* | |
| PRAY for families in fragile and conflict-affected states to have access to adequate nutrition | | | |
| Fragile and conflict-affected states suffer some of the worst rates of acute and chronic malnutrition in the world. Inadequate distribution of food, mass displacement of populations and the degradation of vital services in fragile and conflict-affected states are all associated with increasing levels of malnutrition. Ask God to protect children and their families in situations of conflict and that more would be done in terms of government’s financial commitments to enlarge social protection, health and nutrition programmes in these countries. |  | *Dear Lord, you care about us. No matter what is happening, you will never leave us. Help children and their families in conflict-affected states to access the food resources that they need.* | |
| PRAY for the provision of midwives and an increased understanding around the importance of midwifery | | | |
| Each year, 45 million births occur at home without the help of a midwife. Thousands of women and tens of thousands of new-borns die every week due to preventable complications during, before and soon after birth. Midwives are key to preventing many such complications. However, in many communities, a lack of midwives and a lack of understanding around the importance of midwifery continue to be a challenge. Ask God that governments would increase funding to train and hire midwives and that communities would welcome the work of midwives. |  | *Dear Lord, be with midwives everywhere. Lift the spirits of midwives today who devote themselves to bringing children into the world safely.* | |
| PRAY for a reduction in life-threatening pneumonia | | | |
| Pneumonia kills 1.3 million children each year. 99% of all children who die from pneumonia live in developing countries, and it is the number one killer of children under the age of five. Pneumonia is not a single disease, it is a condition caused by many different bacteria or viral attacks. When children are warm, well nourished and clean, their immune systems are much more likely to overcome these infections before they cause pneumonia. Ask God that there would be a reduction in the causes of pneumonia in children, particularly that children in developing countries would have a nutritional diet and that mothers would engage in exclusive breastfeeding to strengthen their children’s immune systems. |  | *Dear Lord, it breaks your heart that millions of children are dying from pneumonia. Help keep children healthy so that they wouldn’t be vulnerable to pneumonia.* | |

Adapted from World Vision United States’ “Hope Prayer Team: November 2012”, © 2012 World Vision, Inc. [www.worldvision.org/prayerteam](http://www.worldvision.org/prayerteam)

# Small-group Bible study and reflection

This devotion invites participants to explore what Scripture has to say about challenging the systems and paradigms that keep people from being healthy or being healed. It is ideal for a group setting, although individuals can easily adapt it for their use. The lesson is designed for a 15 to 20 minute timeframe. This Bible study is in support of ‘Close the Gap’, a time when we recognise that five years should not be a child’s lifetime and that we must take steps to ‘Close the Gap’ on poverty to end the preventable killers that take children’s lives.

If you are the leader: Read this lesson before you facilitate it; then use it creatively to meet the needs of your group members. Expect to spend 20 to 30 minutes preparing for the lesson – praying, reading, working through transitions, and contextualising material. The lesson includes three articles about how communities are working to change systems that keep people unhealthy. You should choose one of these articles to share. If you want to extend the Bible study, feel free to use more than one.

**Luke 13:10-17 NIV**

10 On a Sabbath Jesus was teaching in one of the synagogues, 11 and a woman was there who had been crippled by a spirit for eighteen years. She was bent over and could not straighten up at all. 12 When Jesus saw her, he called her forward and said to her, “Woman, you are set free from your infirmity.” 13 Then he put his hands on her, and immediately she straightened up and praised God.

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17 When he said this, all his opponents were humiliated, but the people were delighted with all the wonderful things he was doing.

**Questions**

What is surprising about the synagogue ruler’s response to the healing?

What are some examples of systems, rules or traditions that you see in your society or other societies that keep people from getting healed?

What was more powerful about Jesus’s actions – the change that he made in this woman’s life or the change that he was pushing in society?

**Notes**

The synagogue ruler is surprisingly cold-hearted and bureaucratic in his response to the miracle of the healing of this woman who had been crippled for 18 years. His focus was on preserving a legal system that had become inflexible and blind to both the true needs of its people and to miracles and innovation. The observation of the Sabbath had become, through this inflexible legal system, not a way for the people to relate to God, but a yoke on their shoulders. Because of this, the leader was blind to the true needs of his people. [[2]](#footnote-2)

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Read and reflect on *one* of the following articles. What are the systems, paradigms or traditions that were keeping the people in this article from getting the healthcare they needed? How did the people come together to solve these issues? How did their actions reflect those of Jesus? What can you, your family, your friends and neighbours and community do to change unjust systems that are keeping people, particularly children, from being healthy?

*Bible study leader: Choose* ***one*** *of the following articles to share*

### Case Study 1: Uganda

Several years ago, ordinary people in communities in Uganda began working together to start talking with health and government staff about things like number of staff and availability of midwives and medicines in local health clinics.

With the help of an international aid organisation called World Vision, the community members started measuring the quality of the services that they received. They pressured the authorities to improve services in 17 health clinics in Uganda. As a result, in the majority of these clinics, there has been an increase of between one and 12 staff and several clinics have appointed midwives. In some clinics, the monthly attendance of women coming in for their pregnancies has more than doubled. This has led to a decline in child deaths in these areas.

John Willy Mungoma, a health education promoter in the Tororo District, said, “Politician--at times they come and talk fast … we … act on what they have told us, but now as communities also raised their voices ... it was a combination of forces, so it .. forced us to [recruit more staff].”

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David Wambura, Mbale District Chief Administrative Officer said, “All of us are on our toes now. We are under pressure to deliver and if we don’t, we have to explain why. We are waking up. We have taken them [the community] for granted for a long time.”

Because people in the communities decided to stop being silent, because they decided to learn about their rights and to start talking to the authorities about their rights, they were able to make sure that the government provided adequate health services. This means better care for children and increased opportunity for children to survive the first five years of life.

### Case Study 2: India

For the 1,500-people community living in Dingerheri, a village located in northern India about two and a half hours from New Delhi, attaining health care was more of a hassle than a routine activity. The one health centre in the village was constantly out of drugs, children were not receiving their immunisations, and pregnant women were using traditional, rather than professional, delivery methods. Perhaps the major problem, though, was that community members were not aware of their rights and what standards to expect from the local clinic.

An international organisation called World Vision taught community members about their rights, how to evaluate the government's services and how to press for action from government authorities. This helped transform the relationship between the community and their local government and led to an improvement in the health services provided at the clinic in Dingerheri.

The people of Dingerheri learned about several benefits to which they were eligible.

They had not known that pregnant women could receive services at a hospital and that an ambulance would pick them up at their homes. They had also been unaware that the Indian government gives about US$29.00 as an incentive to women that choose to use hospitals. Due to the lack of information, women were paying for traditional delivery methods that were risky for both mothers' and babies' lives.

Previously, villagers said that when they got sick, they would simply wait to see if they got better or use natural medicines and visit traditional healers in the community. The downside to these methods was that at most of the times, their health conditions got worse. Community members also said that when they did not have a way out of the situation, they would travel about three miles to a private hospital. Those trips were not frequent, especially because it would cost them a small fortune. In order to finance the expenses and treatments, they would borrow money at high interest rates – not a good solution, but the only one about which they knew.

Villagers now started participating in meetings and other community gatherings. They learned about local government commitments, and were empowered to monitor those services and demand improvement when needed. As a result, drugs were stocked up at the local clinic and children got their immunisations. Community members started requesting appropriate services from local health workers, auxiliary nurse midwives and accredited social health activists, who are the first point of contact for healthcare. Before, villagers said that health workers were “only for show,” but after learning about their duties, the villagers were able to hold the government health workers accountable.

At school, children also received the benefits of living in a knowledgeable and empowered community. In 1960, the Indian Government instituted the Midday Meal Scheme to battle student hunger and to encourage enrolment in schools. However, in Dingerheri, the midday meal was actually one of the negative aspects of the local school. The food lacked nutritious ingredients and the students complained that they ate the same thing over and over again. The community members were able to demand change and monitor the quality of the meal. The initiative increased the nutritional intake of children, who now enjoy a variety of 16 meals. In addition, the school received new stocks of clean cutlery and plates.

“We are very poor families that can’t afford nutritional meals so it’s good that they can get that quantity of vitamins and minerals at school,” said a parent.

World Vision has since left the area, but regular monitoring activities of are still carried out by the community. Positive results have been especially seen in regard to the maternal, new-born, and child health care situation.

### Case Study 3: Albania

A health centre is supposed to save lives, not expose people to even more health risks, but since 2006 anyone attending the health centre that served Spiten village in Albania was being exposed to a higher risk of infection just by being there. Now, because of many years of cooperative advocacy with the people of Spiten and World Vision, they have a modern centre that will provide the health services the people deserve.

In an effort to empower the community, World Vision taught villagers about their rights and duties, how to monitor public services, and how to demand action from their government.

In Spiten, the major problem was lack of space in the community health facility. At the time, there were four health professionals working at the clinic, but the space was enough for only one to operate properly.

“There were many times when we did not have the physical space for the patients to sit down while giving them first aid,” said Almir Keli, a doctor who worked at the old centre.

Community leaders wanted to press for change, and their first step was to form a health advocacy team which consisted of youth and adults from the village. These teams gathered community members to talk about the problems with the health clinic. Villagers were able to discuss issues and concerns in an orderly manner, and then sign up a petition addressing the commune (the local government unit).

“People used to tell us: ‘You are like insects in the eyes of the government, so tiny and invisible. You never will reach out to convince them to do their job’ and it is true, the government did not take us seriously [back then],” said Elton Pepa, 22, one of the most active youth advocacy members.

The initiative changed things. It allowed the community to engage with their local government in a series of meetings in which citizens were able to voice their concerns and suggestions. The process was not an easy one, but community members followed through with advocating for better services.

Almost three years later, the commune delivered a plan for a new building and took care of all legal documentation and procedures for the acquisition of a permit. The Ministry of Health then allocated funds for the construction of the health clinic on a piece of land that had been donated by a community member.

The community members continued to monitor the construction and delivery of the health centre.

“My wife worked as a nurse at the old centre for years and she always brought the medicines home, putting them in our own refrigerator to keep them fresh as there was no refrigerator or other medical appliances at the centre,” said World Vision’s Zef Pepa, one of the members of the Health Advocacy Team.

“My child was sick [during that] period, but I decided I could take care of her better at home than by taking her to the old centre where the risk of getting an infection was much higher,” said Florina, 30, a mother from Spiten. “Conditions were very bad there. I have been waiting patiently for health services to get better and finally they have.”

“Now when I look back to where we started I feel very proud for what we did,” said Elton Pepa, as he reflected on the long journey, troubles and the great success.

“I don’t understand where we found all that power to keep on fighting and defeating the problem, while everybody [was] ignoring us. […] But it was worth [it]! This situation reminds me [of] a very beautiful verse – ‘Knock and it will be opened’. You need to have passion to finish until the end...and if you start something, I would like to go until the end," said Elton, on behalf of the health advocacy team.

Before, the government was not providing adequate health services because it was not listening to the needs of its people in the village of Spiten. After years of speaking out on behalf of their children and neighbours, the community finally had the attention of their leaders and were able to see a change.

**Notes**

In the Bible passage, Jesus not only heals a woman, but he also speaks out against a system that was keeping people from being healed. In each of these stories, ordinary people worked to gather information about systems that were keeping people, including children, from being healed and they presented this information to leaders. Ordinary people learned about their rights and how to ensure that they and their children received the benefit of these rights.

Every day around the world 19,000 children under age five are dying for reasons that could be prevented with medicine and information that we have. They are dying due to reasons like pneumonia, diarrhoea, malaria, complications during and before birth, and infections suffered by newborn babies.

Oral rehydration salts and zinc can prevent death from diarrhoea; antibiotics can save children suffering from pneumonia; bed nets can help prevent malaria; skilled birth attendants can help prevent birth complications. Clean water and good nutrition for children and pregnant women and breastfeeding for the first six months of a child’s life are also needed. Millions fewer children are dying preventable deaths now than 20 years ago, but we all know that even one death is too many. By speaking out against unjust systems that prevent people from being healthy, we can all help save children’s lives.

1. Adapted from <http://koinoniatexas.org/2009/08/luke-1310-17-devotional-commentary-hypocrisy/> [↑](#footnote-ref-1)
2. Adapted from <http://koinoniatexas.org/2009/08/luke-1310-17-devotional-commentary-hypocrisy/> [↑](#footnote-ref-2)