ALL THINGS ARE POSSIBLE

WITH

GOD



Supporting Christian Mission through Healthcare

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O D G CARES

he truth is we all have or will experience some level of disability in our lifetime. Disabilities cover a wide spectrum, and some are not immediately visible such as mental illness, poor eyesight, or partial deafness while others are very plain to see such as paralysis or physical deformity.

Now let us consider what God feels about disability when He created man originally perfect but our fallen desire to go our own way and alienate ourselves from God and His holiness has brought sickness, suffering and death into our world and we live daily with

the consequences. Does God care? He cares so much that He had a plan to redeem and reconcile us to Himself but that plan cost God the dearest thing He had. It necessitated the coming of His Son. Jesus Christ. into this world to show us the heart of God and to suffer and die for us to redeem us and bring us back into fellowship with God. In eternity, there will be no more death. no more suffering, no sin, no curse, no disability.

When our Lord Jesus Christ was here on earth it is recorded that each time someone came to him with a disability, he healed their physical problem as well as dealing with their spiritual need. Some examples out of many others are; the paralysed man who was let down through the roof (Mark 2:1-12), the man with the withered hand on the Sabbath (Mark 3:1-6), the deaf and dumb man at Decapolis (Mark 7:31-37), the man born blind (John 9:1-12), the woman crippled for 18 years (Luke 13:10-17), blind Bartimaeus at Jericho (Mark 10: 46-52).

If God cares so much and has done so much for me then what should my attitude be suffering to and disability? Many Christian missionaries with wheelchairs and other mobilirelevant professional skills have ty aids to give them some level sought to relieve suffering and of independence. Through these help those with disabilities over means contact is made with many years in countries where families and they are introduced the health and social care system to the gospel of Jesus Christ simply cannot help them. Many others have supported them in practical ways and worked alongside them sharing the gospel of Jesus Christ, Still others have used their financial resources to support this work. They are all labourers together in the work of God and they are all necessary and important.

the work of some Christians who seek to help those struggling with a disability in a few of the me are privileged to live in western poorest regions of the world. In Zambia and Malawi, Mission Hospitals and specialist Orthopaedic Centres deal with children and adults suffering disabilities every day and sometimes can offer orthopaedic surgery which can correct conditions like club feet or similar conditions that would be corrected much earlier in this country. In Mozambique, the Helping Hands Ministry run by One Mission Society works with local churches to encourage families to bring family members with disability to church and provides appropriate

and its message of hope and salvation. At Bethany Hospital in Thane near Mumbai the old unit, Lok Hospital, is now used by a team working with severely disabled children where families can bring their children to have physiotherapy and again come into contact with the gospel of Jesus Christ.

I have been privileged to witness All of this has deeply impacted me. It has made me want to share their stories with others who like society where we have access to so much help, treatment, and facilities. It makes me more thankful for the privileges I enjoy. At the same time it humbles me to experience the thankfulness and joy of those people who are helped by the work of those who meet their needs and even more so when I meet some who through hearing the Christian message, have met with Christ and become believers for themselves.

> Editorial by Sam Phillips (MMN Trustee)



VITA EDUCATION

VIVA NETWORK & LETRA VIVA

t's not easy to be born with cerebral palsy; it's especially hard if you happen to be born into a poor family in a small Central American country, Honduras, that has very little healthcare or other social services.

One young man, Jorge, who faced this challenge had one factor to his advantage - a sister who was willing to support him and push his wheelchair. When they turned up to a three-day workshop I was giving, I knew I had to make a real effort to understand his speech and let him express himself. This workshop, like similar ones around Spanish-speaking Latin America, was facilitated by the Viva Network and was attended by members of organisations like

Tearfund, as well as Christian disability activists such as a group of Deaf people. We were talking about how to encourage true inclusion of people with disabilities in local churches. Each person who took part received not only a diploma, but also a copy of a book I had written, which was published by Ediciones Puma, a small publishing ministry from Perú.



workshop and all he received; a I had taught children with severe huge smile spread across his face. cognitive disabilities. During a

gether with my husband, lan, we have been working in Latin America as missionaries with Latin Link for 35 years. We left the UK with our two young children in 1985. Our first years were spent in Lima, during a time of social violence. We saw the cruel realities of extreme poverty and the lack of healthcare for the great majority of Peruvians. Ian was working with the IFES affiliated group in Peruvian universities and soon saw the need for locally produced books. Imported materials, mainly from the US, could not respond to the needs of Peruvian students in such an impoverished but corrupt country, split by a vicious terrorist uprising. So, working with some of his colleagues, Ediciones Puma, was formed. We moved to Costa Rica in 1995, and Ian kept closely involved with Puma; part of a network of publishing ministries that he coordinates. This network serves to train. inform and encourage collaborations between editorials, so they can make more of an impact across Latin America. My own background is in special

Jorge was delighted with the education. Before leaving the UK sabbatical in 2001, I studied the My name is Brenda Darke and to- theology of disability and began to pray about how I could improve the inclusion of people with disabilities in the churches of Latin America. God was calling me to share what I had learnt about the important role of people with a disability in our churches. Back in Costa Rica, I began to connect with Christians across the continent who had themselves some kind of disability; they were going to teach me so many lessons.

> Wilbert, who had polio as a child, leaving him without the use of his legs, was one of these. For many years one of the leaders of the student group in Nicaragua, he now heads up an orphanage as well as looking after his own family.

Sadly, at the time, very few pastors had thought about making their churches more accessible and welcoming for disabled people. Most evangelical churches are very poor and have few resources left for making any changes. Even the richer churches were not making adaptations so that wheelchair churches had signing for deaf people or large-print Bibles for people with visual disabilities. But, I also heard shocking stories of exclusion and fear. Discrimination was a very real part of daily life for many people, especially those with some kind of obvious disability like Down's syndrome. Families still locked people away in back rooms and stories were repeated about how they had come to be disabled, more myth than reality.

Very little special education was available in most Latin American countries, although fortunately that has now changed enormously. When the Convention of the Rights for Persons with Disabilities became widely known, and Latin American countries signed up to it, there was a gradual spread of national laws promoting education, health services, transport, legal representation, work opportunities and access to culture and recreation for people living with disabilities. Churches were included in the legislation and, little by little, we have seen improvements in infrastructure and practice. Although these laws and regulations often remain on the statute book without being fully implemented

users could have access. Very few for years, we have seen changes in society, not least in attitudes. There is still much work to be done to open up churches for all those who are living with disabilities, especially as this is rarely seen as an important area of the church's mission.

> DISABILITY&BOOKS I first received an invitation to teach a course about disability at a Bible college back in 2003. I realised that all my source books were in English and contextualised to a more affluent society. As I wrote notes for my students, I began to see the need for a more relevant text that could tell the stories of people with disabilities, living out their faith in their own situations in Latin America.

With some of my students we started a small ministry in a local church with the aim of giving pastoral support to the families of people living with severe disabilities. As I listened to many of these families sharing their joys, as well as their heartbreak and feelings of isolation, I was even more motivated to write, not just for my students, but for a wider audience. It seemed important to bring this message to ordinary members of congregations who often believed in myths rather

I wanted to encourage people with As many have felt marginaldisabilities themselves, and their ised and excluded over many families, to know that they are a years, it has been helpful to see vital part of the body of Christ. Not only could they be included but they could also participate fully in the life and work of the to play their part in the church. church and be a blessing to others.

So the idea of a book was born. bringing all of this together. Called in spanish "Un camino compartido" which means "a shared path". it would. I hoped, present God's view of people living with disability, as people who He loves and could use for the advancement of His Kingdom. It might also bring much needed encouragement to families struggling to care for a family member with a severe disability. I hoped that pastors and church leaders would understand more about disability and how they could facilitate inclusion and more biblical attitudes among their congregations. Ediciones Puma agreed to publish the book and their small team helped to edit the text and design.

told me how much it has meant to them to be validated in this book: people like Jorge who have never heard disability talked about

than biblical truth about disability. before in a group of Christians. how God's Word places them in the midst of all others, as loved by Him and potentially gifted



Marcela from El Salvador wrote to tell me how it had impacted her life. She was a Sunday school teacher for many years but when a degenerative illness meant that she had to use a wheelchair, she was no longer able to access the room. She began to feel excluded and depressed and stopped trying to get to church. For several years she hid away, convinced that God had no more use for her. People with disabilities have Someone gave her a copy of my book. As she read she realised that God still loved her and had work for her to do. She contacted a local pastor and opened her heart.

She wanted to teach again. Eventually the church made it possible for her to use her gifts again. Not only that, she discovered a small ministry for people with disabilities and started volunteering, helping others to come to terms with their disabilities and channeling practical help to the poorest.

Through Viva Network I have been able to give courses and workshops in many countries across Latin America. However, my book has travelled much more than I could. In Guatemala, a friend has used it for a diploma, training many volunteers on how to welcome people with disabilities into their churches. I was eventually able to meet a few of them and hear their stories of its impact.

Thanks to MMN we have been able to bring out a new edition of "Un Camino Compartido". The first edition which came out in 2012 is out of stock and we felt it was very important to keep it in print. This year, I finished a new chapter

the first edition was published I had acquired my own disability (affecting my vision). Although this has largely been treated by corneal transplants, it did give me a new and vivid insight into disability. I went through a frustrating period when I could not read a book myself and travelling independently became much more difficult. I felt for the first time the sense of that so many uselessness people live with; it was a true learning curve that has left me with a much deeper appreciation for my friends who live with these challenges. I had learnt personally that living with a disability is no barrier for God's grace and that He can enable all to join in His work and live a fulfilling life.

Thank you for being part of this venture; as I write I have received a request to teach my course on disability again, starting in January. I hope to have copies of the new edition complete with QR code that will allow any person with sight issues to hear a spoken verto bring the book up to date. Since sion. It should be truly accessible!





WHAT WAS YOUR FIRST EXPERIENCE OF DISABILITY?

I grew up in Kampala, Uganda, and I studied Physiotherapy. While studying Physiotherapy I saw children with disabilities for the first time; they had cerebral palsy.

I saw many children at 7am, lining up, outside one of the medical centres in our major hospital and university, waiting to be seen. I had never seen these children, so I kept wondering who these children were, what their disease is, why did they look like that and

why had I not seen them before.

All these questions led in my journey to try and find out what this was, and so I started engaging with the parents and asking them questions. They were coming to this medical facility every Tuesday and Thursday, and they would be there as early as 6am, even though the medical person was arriving at 11am and leaving about 2pm.

There would be about 100 people by 8am, just so they could try to be seen. And, after the medical person has seen them, they would stay the entire day and not leave. When I asked them why they didn't go home, they explained that even most of their close family did not realise they had a child with special needs. So, they would leave very early in the morning and return home late, so that no one would get to see their child, and they would keep their child in a back room.

At the medical facility, the medical person would show up about 11 and then leave at two, in that space of time, they would see maybe around ten people. So very few would get regular therapies, and there was little progress, so parents would give up bringing their children.

HOW DID THIS IMPACT YOU?

And, so I prayed and said, "God you need to do something about this." I could literally feel the pain and disappointment of these people, and the more you ask, the more you hear 'It is a curse... God is punishing me...I must have done something wrong'. No one had explained to the parents what the condition of their child was.

The more I learnt about disability and the relevant medical conditions, I decided to volunteer, but within a government facility, there was very little I could do. So, when I finished my studies, I went back and volunteered with the aim to set up my own centre, but I realised I needed a lot of funding to be able to set something up.

I started praying about going overseas to raise money, and God in His faithfulness brought me to the UK, but I ended up leaving without any money, with nothing. I ended up coming back to Uganda with less than I went with, as I couldn't bring back my personal belongings. But, I now know God took me to the UK for knowledge, I had the medical expertise but didn't know exactly what it would look like.

I learnt about health visitors, going into people's homes, toddler groups etc, and saw how helpfulit was and built a community. I came back to Uganda with a proposal and eventually we got our first bit of funding, I started by doing home visits, then we got enough money to open our first medical centre in 2006. By the end of the first month we had 20 coming and by the end of the first year, we had over 100.

You can watch the full interview with Florence on the MMN website.





t took three of us to help P* down into her wheelchair from the hospital bed in her bedroom; a hospital bed which she had received on loan nearly six years ago from the local hospital and was clearly showing its age. Years of atrophy quickly tired her arms as she attempted to wheel herself out the door and T*. her son and caregiver, quickly came behind the wheelchair to help push her the extra two meters needed to get outdoors. Her porch, like the rest of her house, was adorned with plants and decorated in the classic Thai aesthetic of a mix of teak and bare cement. a clash of the traditional and the modern worlds. And it was right there, on her porch and surrounded by a throng of onlookers that she broke down in tears. We quickly asked if she was in pain or if something was the matter, to which she replied that this was the first time in four years that she had left her room, let alone her front door. Four years without a wheelchair, without freedom.

P, unfortunately, is only one of more than 500,000 individuals in Thailand who are reportedly living with a disability but do not have the assistive technology they require, and this statistic will only continue to climb as the population grows, and life expectancy extends further than ever before. This trend of modern medicine, tact and mitigating the tragedies experienced by parents, even a single generation ago, is a triumph and nothing short of astounding. And vet, this does not negate the needs this has introduced, or the financial and logistical burden required to meet these needs, particularly in less-developed areas.

It was in 1999 that Douglas Tell was first introduced to this immense need. The following 20 years would see the RICD Wheelchair Project grow to an extent no one in those early days could ever have expected. Shortly after the inaugural shipment, the RICD Wheelchair Project was adopted by the elder sister of the former king of Thailand, Her Serene Highness Galyani Vadhana, which not only brought national recognition and respect, but paved the way for future shipments and distributions. This royal patronage later passed to Her Royal Highness Princess Maha Chakri Sirindhorn in 2010, following the tragic passing of HSH Galyani, and she has continued to preside over the project up until the present day.

Amid a severely fractured and faction-centric world. Wheelchair Project stands as a closely together. This is not to

allowing families to remain in- testament to what we are capable of through unity and collaborative efforts. Every aspect of the work being carried out by the Wheelchair Project is made possible by a world-wide community of partners working together for the benefit of others. Equipment donors in Ireland, Germany, Japan, the US, and more, collect wheelchairs and other mobility aids which are no longer being used. Logistics partners provide the shipping containers and transportation for these to be brought over into Thailand. Other partners arrange ground transportation for these containers to be processed and stored in warehouse space provided for free. Even the RICD Wheelchair Project team is made up almost entirely of volunteers, some of whom have served with this project since its inception. All of this, and so much more behind the scenes, is done or provided for without payment in order that individuals, like P, are afforded access to the equipment they have a fundamental right to receive.

> One particular aspect that sets the Wheelchair Project apart from similarly driven initiatives, is its integration of sectors of the com-The munity which seldom work this

say that government, religious or force for good in their communities. philanthropic groups are hostile toward one another, but have different motivators driving them. year-after-year, as it nears its However, this is not the case for the Wheelchair Project. Local Christians are given a prominent place within the distribution events and seen as equal contributors, earning the validation and trust of the recipients and families being served. This allows the church to establish relationships with these individuals free from the apprehension Christianity is typically met with due to it being labeled a "foreign religion." Furthermore, because the gospel message is being shared by someone from the area, these relationships can be pursued and curiosity has the opportunity to blossom. This model has allowed for Thailand and the Wheelthe hope of Jesus Christ to be chair Project, what is clear is that shared to tens of thousands of our work is far from finished. people throughout Southeast Asia,

It is no wonder that the Wheelchair Project continues to grow 100th shipment this coming year. and demand for its services only grow along with its notoriety. To meet this demand, the Wheelchair Project is adopting a new strategy which focuses on leveraging its reputation throughout Thailand to train and establish new centers following the World Health Organisation's Wheelchair Service Training Package. This will provide outlets to not only provide more equipment, but also year-round service throughout the nation.

While it is impossible to predict what the future holds

as well as promote the church as a **name changed for security*



MOZAMBIQUE HEATHER PHILLIPS HELPIN G

first visited Mozambique for a short trip while I was studying Occupational Therapy at the University of Ulster. While I was there, I saw first-hand the huge need among people with disabilities and the lack of understanding about disability in society and also in the church.

I learned of the vision other missionaries had to reach out to these people and encourage and empower the local church in this ministry. I returned for a period of six months after I qualified to work alongside the local church in the early stages of Helping Hands. Since then, I have been challenged to serve

the Lord with Helping Hands for a longer period of time and use the skills I have learned from working in community paediatrics over the last few years. I re-joined the team in Mozambique in November 2019.

HELPING HANDS

Helping Hands is a compassionate outreach ministry which began in Maputo, Mozambique, with the vision to reach out to people with disabilities through both practical support and the good news of the gospel. The ministry is a partnership between One Mission Society and the local, Mozambican 'Living Word Evangelical Church'. We seek to see the local

church encouraged and equipped that He had just the right thing to to serve 'the least of these' (Matt. 25:40) in society, namely those with disabilities, and in doing so share the gospel and be discipled in their walk with the Lord. This two pronged approach of evangelism and discipleship makes this a strategic ministry in terms of mission involvement in Mozambique.

house-to-house visits, where we es in our understanding of Jesus. have heard of someone living with a disability who needs help. Pastor Carlos heard about a little girl called Dina* living with a disability. She is the first contact we have in a new area and we had the joy of visiting her and the family at home. While listening to their story we learnt that Dina had been rejected by her mother apparently because of her disability and was cared for by her grandmother. Despite having no independent movement from the neck down, Dina lights up the room with her beautiful smile. Her postural needs were assessed, and it was difficult to think of what we could do to help her. After some thinking through the resources available, we took a couple of items to her home to see if she could tolerate the sitting position. We praise the Lord

meet her needs which will greatly help both Dina and her family.

On each visit we clearly explain who we are and ask if we can prav with the family and share something of God's Word. We praise the Lord for some recent opportunities we have had with Muslim families who have been open to The ministry largely consists of listen and discuss the differenc-

> As the ministry has grown a monthly parent support group was established where those with children with disabilities could come together with their children for peer support, a small breakfast, and a Bible study. While the adults have the opportunity to hear God's Word, the children also have time to learn about God in a multi-sensory way. Through song, activities and showing practical love to these precious children we pray that they would know something of the great love of God.

> Helping Hands seek to invest in those from the church who serve with this ministry so that they are better equipped to serve people with disabilities and grow in their walk with the Lord.

We pray that more believers... would **grow** in their ability to share the gospel with others...

Agusto is a man in his thirties who lost a leg in a train accident when he was a child. Since his first encounter with Helping Hands he has been attending church with us, and is actively involved in visits and bringing people with disabilities into contact with the gospel. Following a number of visits where we shared John 14:6 where Jesus says, "I am the way, the truth and the life, no one comes to the Father except by me". It was a joy to see Agusto share this verse and a portion of his testimony with one of his friends who also lost a leg in an accident. We pray that more believers from the local church would grow in their faith in Jesus and their ability to share the gospel with others as they serve in this ministry.

We are thankful that a workshop has been established in one of the communities providing employment for two local men who repair, adapt and assemble wheelchairs and walking aids. Last year we received a container of new wheelchairs from South America, shipped as boxed kits, which we assembled in the workshop. In addition, many more second-hand wheelchairs and postural supportive pieces of equipment have been shipped from Northern Ireland to

Mozambique for adaption and distribution. The workshop provides good opportunities to maintain contact with those with disabilities in the local community as they visit for wheelchair repairs.

It is stating the obvious to say that there have been challenges over the past year due to the pandemic and we have been unable to continue with certain aspects of the ministry, such as the parents' groups and certain numbers of home visits. Please pray for vision and guidance as we move forward as a ministry both practically in terms of home visits, the workshop, parent groups and developing training for those serving in Helping Hands. Pray that we would also know God's leading and blessing as we seek evangelistic and discipleship opportunities as we serve with, and to, people with disabilities in Mozambique.



GOING THE EXTRA MILE

unaperu has been working in Montero, a village and rural district in the north of the country, near the border with Ecuador, for ten years. We work with people who have any kind of disability, whether intellectual or physical, genetic or acquired. Our aim in caring for the poor and marginalised is always to bring God's love to the people we encounter. The population of Montero village numbers around 2,000 and the 43 hamlets which lie scattered in the extensive hillsides around the village make the total population up to 6,179. The current number

of people registered with a disability with the local authority is 173. That's 3.6%, and therefore below the national figure. The population is declining, as younger people tend to leave for the cities in search of better prospects. When we first began, the local authority numbered the population at 11,500.

Healthcare provision in the district is limited. Each year, a new doctor undertakes a placement at the local health centre. They need to do their rural practice year before being signed off as fully qualified. There is a dentist and a couple of midwives and nurses. The

nearest hospital is at least three hours away and there are no local facilities for specialist treatment or rehabilitation. The same pattern exists in our neighbouring districts and it is for this reason that Runaperu treats many patients who travel into Montero for support. In our day centre, we offer physiotherapy initially to people with disabilities and then to anybody from the general population, requiring referrals and where possible, x-rays. Many of our disabled clients cannot access us and we visit them in their homes on a regular basis. Alongside physiotherapy, we teach life skills to a small group of young disabled people in our centre and on a programme of home visits. We are indebted to MMN for their support in enabling us to build our centre, situated in the heart of Montero town.

In our rural community, we battle a lack of understanding about healthcare for the population as a whole and a high level of ignorance about disability. Access for all but the fit and active can be limited, with many homes accessed only by steep, rocky paths. Ours is a traditional community where disabled people have been cared for in extended family groups, loved but

not expected to contribute to family life, develop their own skills, or to participate in their society. Gradually, as news of changes in the law have filtered through to rural Peru, disability has become more visible. Runaperu has walked through the changing ideology with people – an example of God's wonderful timing! First, we needed to be patient while people got used to us and to overcome their deep suspicions of us, with our 'funny religion' that is not Roman Catholic. We work with the local Baptist Church. A spate of Down's syndrome births was attributed to us: 'they are spreading disability'. Educating people to new ways of thinking is a slow process, but it now seems that our loving consistency has established us in the hearts of most Monterinos.

There was ignorance too of people's rights under the law. On several occasions, we have been able to support people to get their National Identity Card, the first step towards claiming the benefits which are available to them. The local authority under the mayor is responsible for disseminating information and ensuring people get the help to which they are entitled. Our role is to partner with them and explain what is available to the



people we visit. To some extent, we help to fill the great gap between what the law sets out in an ideal world, and what the reality is on the hillsides of a rural community. We can advise those people who live in the more remote communities of the help that is available to them – for example, reduced rate gas cylinders for the rural poor.

We have been able to advise and support people in accessing medical services they have needed in the nearest cities. Perhaps paying fares for them to attend hospital for an epilepsy review, consultants' fees, or in some cases paying for their medication. It's one thing to have the right of access to services and healthcare insurance, but another thing to be able to pay the costs around the edges like city taxis and food, or even ongoing needs.

Where possible we have encour-

aged our young people to get into and stay in education. Physical access is a serious issue for Montero's young people, especially those who live in the hillsides around town. The roads within Montero town were re-laid in 2019 but getting into town is another matter. Schools in rural areas offer little provision for pupils with special needs. There are no classroom assistants, and little differentiation in lesson planning. In the larger cities, and especially Lima, there are a few special needs schools. Some, like the American-funded Ann Sullivan Centre in Lima, have first class facilities. As in healthcare, there is a gap between city facilities, which in any case are mainly available to the few who can afford to pay, and what is available in rural Peru.

A blind eye is turned towards children who, for one reason or another, cannot access education. One young man in Montero was excluded from school because of his epilepsy, learning disabilities and poor behaviour. After a couple of years working with him, helping him to control his outbursts and to develop his caring nature, we were able to persuade the school to take him back, on the understanding that we would come and get him if things became difficult; they never did. But after some months, school released him back to us a day a week so that he could gain the practical education that was so useful to him. Another of our young women has returned to secondary school in her late twenties. Employment prospects are limited in Montero. In the town itself, there are banks, cafe's, pharmacies, shops and building societies. Beyond the town, most people farm the land, selling any little surplus they are able to produce.

One of our centre staff has a disability. She was born with achondroplasia and was told she would



never be any good for anything. except for selling tamales on the streets. Her dream of being a nurse was impossible to realise: the workplace environment was not suitable for her. Years of very low-paid jobs offered by the township followed. She now runs our life-skills activities, using her compassion and deep experience of the stigma of disability to inform her work. Our dream going forward is to provide more opportunities for our young people to find outlets for their craftwork and their cookery skills. Nearby traders in the town love it when we make pizza, or pancakes!

We also need to start again, in a new area, the work of challenging long-established ideas about disability. Our aims are to bring both the application of Peru's own laws and the light of God's love into the situation. We want to do what we can to plug the gap between the ideals and the realities of the culture in rural Peru, to walk alongside people in their struggle and to bring Jesus to them. We are so thankful to MMN for the support it has offered to us, and indeed to the churches and individual donors who have taken us to their hearts.

LOVED & ΑССЕРТЕД BREADLINE DIACASTER

NULLAS

charity which various projects in Moldova. Europe's poorest country. I have worked with people with disabilities throughout my life, and I am particularly passionate about the ministries that our partners have, to support these vulnerable people.

the Moldova Charity Mission for children with disabilities and their families in Straseni, central Moldova. They understand the challenges faced by these families as their son, Petru-Marius, has are older children involved.

work for Breadline, a Down's syndrome and autism. Dissupports ability is considered a stigma in Moldova. Mothers are often advised to have an abortion if the disability is known about before birth, or to leave their baby in an institution once they are born. Antonina and Petru accepted their child as a gift from God, but many mothers who choose to keep their babies are not so for-Petru and Antonina Chirica run tunate. They face abandonment and need to raise the child alone.

> State support averages €60 per month for these mothers, which is very little especially when there

Mothers have no choice but to work. prioritising those whose mothers Without an income, they cannot buy food or pay the inevitable medical bills. In the absence of childcare, this often means they have no choice but to lock their children home alone while they work. This dilemma does not improve and are reliant on communal wells. once the child reaches school They are also educated by Lilia, a age. Moldova ratified the United Nations Convention on the Rights of Persons with Disabilities in 2010, and advocates for equality and inclusion. Schools are loved and valued. It has been a expected to accommodate children with additional needs, yet few are equipped to do so. Many children cannot attend school. Some are unable to physically enter the building as there is no level access for those with mobility problems. The training or resources necessary for teachers to support Chiricas to tell them they can children with specialised needs, no longer attend the centre. such as a learning difficulty or complex health issue, are limited and expensive to source. the home situations have not Consequently, these families live isolated lives, especially in the to work. The activities they have villages where access to healthcare and therapies are scarce or non-existent.

opened their day centre for children with disabilities in 2008, depressed. One young girl with

needed to work. They can accommodate 12 children aged between 3 and 16. These children receive a daily hot meal, can shower and have their clothes washed, as many families have no running water speech and language therapist (SALT). In addition, they socialise and make friends. They are listened to and told that they are privilege for me to watch these children he transformed over the years into happy, confident young people. However, they now face a new challenge. Some of the children have recently turned 16 and it has been heartbreaking for the

lt is no surprise that changed, as their mothers still go enjoyed at the centre, the socialisation, the fun and the learning has stopped. They are back to being home alone. They soon The Moldova Charity Mission lose the skills they had learnt, become withdrawn and even

cerebral palsy told them that if she could not attend the centre she bluow rather die: had nothing for life her! The Chirica's vision is to build a new centre to provide a service for young people from the ages of three, all the way up to 30. They have purchased an abandoned laundry in Straseni to renovate. It is an ambitious project, but one they believe God has put on their hearts. They want it to become a centre of excellence for children and young people with disabilities, providing additional therapies, work experience opportunities and an education centre for families and healthcare professionals. The centre will allow them to better understand the needs and potential of those with disabilities and to facilitate their inclusion in society.

Our partners from Dancu Baptist Church, near the Romanian border, began the Hope Club for children with disabilities and their families seven years ago. The children and their parents meet to play games, make friends, share food, do craft and have fun! It has transformed the lives of these families. One mother told me this



"I thought I was living in an evil world until I came here. I went home with tears in my eyes. For the first time I felt that my daughter and I were loved and accepted. This group has changed my world."

Tania Grigoret, Director of the local kindergarten, and teacher Tania Talmaci, are at the forefront of this ministry. In recent years, professionals from the UK, have shared their knowledge and skills with these women, particularly SALT Sharon Rose. SALT in Moldova traditionally concentrates on verbal communication. Assisting communication using pictures, symbols or signs is a relatively

side Tania and Tania, teaching group activities, training and them how to assess children and support for parents. This centre implement individualised programmes to help their communication. These women have a close relationship with the headmistress and teachers at the local school, and are now providing the nearest centres are 84km away in training and resources they Chisinau. need to become more inclusive. They are also working with the Both the Charity Mission and parents and staff of the children attending the kindergarten in the in Dancu are driven by their desire same way. This connection with the community enables the team to identify children who might benefit from further support by attending the Hope Club.

The club meets in the church's community centre, but they want to their full, God given potena space of their own. This year tial. Their vision, passion and our partners will begin building an extension to the centre, creat- this way is steadfast. Please pray ing a SALT room, sensory room, physiotherapy room, an acces- their vision can become a reality.

new concept. Sharon works along- sible bathroom, and a space for will enable families from Dancu and surrounding villages to access specialist therapies and support which they would otherwise be unable to do, as the

> those involved in the Hope Club to demonstrate the love of God to children with disabilities and their families, that have been so marginalised by society. They believe they are called not to simply look after them but to enable and equip them to live their lives determination to serve the Lord in for them, that with God's help



CHILDAID TO EASTERN EUROPE

what do you do?

We aim to bring hope and relief to socially vulnerable children and their families living with disabilities through the provision of medical, educational, spiritual and social care. We are working with partners in Ukraine, Moldova and Belarus who are providing freeto-access services including free individual medical evaluation.

assessment and establishment of multi-disciplinary rehabilitation programmes and arrangement of orthopaedic and cardiac operations.

How do you do it?

country's foremost bilitation and parental education, no such services exist except for which promotes a child's integra- a 7-hour round trip commute to tion into society. The aim is to the capital. This will operate until optimise the child's potential for such time as a much larger purfuture development of their bodies.



In Moldova, our partner is the In Ukraine, we are about to open a not-for- brand new centre in the basement profit paediatric rehabilitation cen- of a Baptist church in Makariv. The tre, the Tony Hawks Centre. What Little Lighthouse will also provide is so successful about the centre's a range of rehabilitation services approach is that it combines reha- in a region of 70,000 people where pose-built rehabilitation, children's and community centre is built on nearby land we have purchased.

> Meanwhile in Belarus, our partners offer an essential day care centre for 62 young people with learning difficulties, enabling parents and guardians to keep working.

PROJEC,

The vision is to change community attitudes, contribute towards positive changes in government policy, and to bring lasting change to the lives of children and their families.

Children such as Maxim, who, truth of the Gospel that God sees 20 years ago, was written off by the State as never being able to

what are some of your biggest challenges?

Staffing the Tony Hawks Centre has always been a major issue as few trained and qualified healthcare practitioners in Moldova are second-hand items in the UK but attracted to working with disabled children. Equipment such as usable wheelchairs and mobility items

Our greatest prayer request is south of England and then transfor gualified therapists to be able port much needed rehabilitation and willing to join us, especially in and mobility equipment. For the Moldova, and a doctor to succeed local community in Makariv to the founder and director at the be open and supportive and for Tony Hawks Centre. Pray also for early break-through in rehabilitaan answer to how to store in the tion treatments.

are hard to source and expensive, although we now have access to considerable volumes of quality the challenges are to find low cost storage facilities and to fund the logistics and cost of shipping.

what impact have

you had?

walk, and so worthless within so-

ciety. Today, thanks to the care

of the dedicated Tony Hawks

Centre team, he can walk, has lots

of able-bodied friends and is work-

ing and contributing to society. At

Little Lighthouse, the children will

receive not just life-transforming

therapies, but during special ser-

vices and home visits, hear the

us all as His children and that "we

love because He first loved us".

How can we be praying?



He is before all things, and in Him all things hold together. Col. 1:17

I trust that you have enjoyed and been challenged by our focus on disability in this issue as you have seen that "all things are possible with God". If you want more information or a more in depth look at the whole issue then please have a look at the MMN Focus pages on our website where you will find more videos, interviews, and articles.

On Wednesday 24 March, we will meeting be at 7.30pm for а special online praver gathering where we will hear from a couple of our partners and then have the opportunity to break out into smaller groups to hear prayer requests and pray for them.

We are delighted that we will be joined by Henry & Joyce Mutembu from Wukwashi wa Nzambi project in Zambia and Di Acaster from Breadline, who are involved with two projects in Moldova. We would love you to join us for an hour, so please sign up via our website by 17 March (QR code above).

If you would like more details on any of these projects, or on MMN in general, then I am very happy to join you live by Zoom or send a short video for your Sunday or midweek gathering. If this is of interest to you please get in touch with me and we can discuss further.

Grev Parmenter, Director



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