

A close-up photograph of a woman with dark skin and curly hair, smiling gently as she holds a newborn baby. The baby is wrapped in a white cloth and has a white cap. The woman is wearing a black and white striped top. The background is dark and out of focus, suggesting an outdoor setting at night.

# HELD BY MY LOVE



**MEDICAL  
MISSIONARY  
NEWS**

2023  
Issue 4

Making Jesus Christ known through healthcare

‘And God showed his love for us by sending his only Son into the world, so that we might have life through him.’

1 John 4:9



*We would love to take the opportunity to wish you a blessed Christmas and encouraging New Year!*

*It has been another challenging year for many - a broken world in desperate need of a Saviour.*

*In the Christmas scene that brings so much Hope through the birth of a baby, we hope you find this magazine encouraging as you read of the projects around the world supporting mothers and their babies; offering both practical care, but most importantly sharing the message of how their lives can be saved through the love found in Jesus.*

*May we all continue to unite in prayer for our broken world and look for the coming day of our Saviour.*



Christine with baby in Zimbabwe

But Jesus said, “Let the children come to me. Don’t stop them! For the Kingdom of Heaven belongs to those who are like these children. Let the little children come to me”,

that she called his name Ben-Oni; but his father called him Benjamin. (Gen. 35:16-18)

The verse above can be found in 3 Gospels, specifically in Matthew 19:14, Mark 10:14 and Luke 18:16. While this is a relatively simple phrase, it profoundly reveals God’s affection for children.

In this edition for MMN our focus is on Maternity care. I was interested to see that the first Biblical mention of a midwife was in Genesis 35: ‘Then they journeyed from Bethel. And when there was but a little distance to go to Ephrath, Rachel laboured in childbirth, and she had hard labour. Now it came to pass, when she was in hard labour, that the midwife said to her, “Do not fear; you will have this son also.” And so it was, as her soul was departing (for she died),

I guess both infant and maternal mortality was very high in biblical times.

The next mention of a midwife was at the birth of Tamar’s twins in Genesis 38: ‘Now it came to pass, at the time for giving birth, that behold, twins were in her womb. And so it was, when she was giving birth, that the one put out his hand; and the midwife took a scarlet thread and bound it on his hand, saying, “This one came out first.” Then it happened, as he drew back his hand, that his brother came out unexpectedly; and she said, “How did you break through? This breach be upon you!” Therefore his name was called Perez. Afterward his brother came out who had the scarlet thread on his

hand. And his name was called Zerah. (Gen 38:27-29)

How did the midwife know there were twins in her wombs? Somehow she knew – long before we had any of the modern diagnostic tools we have today.

The next mention of midwives was in Exodus 1: ‘Then the king of Egypt spoke to the Hebrew midwives, of whom the name of one was Shiphrah and the name of the other Puah; and he said, “When you do the duties of a midwife for the Hebrew women, and see them on the birthstools, if it is a son, then you shall kill him; but if it is a daughter, then she shall live.” But the midwives feared God, and did not do as the king of Egypt commanded them, but saved the

male children alive. So the king of Egypt called for the midwives and said to them, “Why have you done this thing, and saved the male children alive?” And the midwives said to Pharaoh, “Because the Hebrew women are not like the Egyptian women; for they are lively and give birth before the midwives come to them.” (Ex. 1:15-19)

These two were very wise women who feared God and chose life over death.

Our articles this month will focus on projects we are working with in this area in Uganda, Madagascar, Ukraine, Moldova, and Kenya. In each of these projects they are working to improve maternity care. In Uganda the infant mortality is 40 deaths for every 1,000 births.

In the UK the infant mortality rate is just over 3 in every 1,000 births. In the other countries where we have projects the infant mortality rates are still much higher than in the UK.

Florence Namaganda shared with us recently about her work in the Special Children’s Trust in Uganda. 65% of pregnancies occur in those who are under 18. The number of babies born with a disability is high, and of those born with a disability few live beyond ten years. This is mainly because the maternity care is so poor. Less than half of pregnant mothers in that area get any antenatal care. The Berakhah Medical Centre has the same heart of compassion for children as Jesus did, and this is why they want to build a new maternity unit with an operating theatre, as well as space for inpatients. MMN is supporting this project and praying for all the work that will lie ahead.

In the Good News Hospital in Madagascar 800 babies are born each year. It is the only well-equipped maternity unit

within a radius of 100 miles and it urgently needs to expand its maternity unit. For many pregnant mums this hospital is the only hope for them and their unborn baby.

At Dreamland Mission Hospital in Kenya, they can provide both antenatal and postnatal care and they have an operating theatre where Caesarean sections can be done but constantly the needs are more than they can fully meet. They are looking to expand their laboratory and other diagnostic services.

Every child that is born is special to our heavenly Father. He is the one who sees every sparrow that falls and numbers every hair of our head. All the projects we support not only care for our patients’ physical needs but also for their spiritual needs. There is opportunity for both safe deliveries of newborn babies but also for many to hear the Gospel and to be born again.

*Contributed by  
Dr Christine Sansom  
(MMN Trustee)*

Good New Hospital, Madagascar





# A GIFT FROM GOD

Contributed by  
Florence Namaganda & the SCT team



**I** imagine a woman, heavily pregnant, having walked hours to reach her local medical centre after starting labour. In excruciating pain, she is then examined by medical staff; the baby is in a compromised position and cannot be delivered by natural birth. She is hauled into a vehicle and begins a 23km journey along a road covered in potholes to get to the nearest hospital.

This has been the case for many women in rural Uganda, and a reality that Special Children's Trust is trying to change at Berakhah Medical Centre. SCT focus on

providing care for those who live with a disability in Uganda through the provision of healthcare, education and pastoral support. In 2021, SCT opened Berakhah Medical Centre with the financial support of Medical Missionary News. The centre would be a beacon of healthcare support to the local community, providing heavily subsidised medical care to make its quality healthcare affordable. The centre runs a clinic to provide medical care to the community. While the centre provides an array of healthcare services, there is a particular focus on healthcare for the disabled, as this is at the heart

of the work. Above all, the team want to share the love of Jesus with the patients who visit the centre and the gospel is preached.

A new venture this year for the medical centre is to add a maternity unit. The centre currently only has two beds available to allow for natural births, but any additional medical attention required results in the mother needing to be sent to the nearest hospital. The new maternity wing would allow for healthcare support throughout pregnancy, educational and pastoral support for women, space to allow for women to stay at the centre after giving birth, as well as the ability to perform caesarean births as necessary. All of this would greatly reduce the risk of babies being born with disabilities that could easily be avoided.

## DISABILITY

Between 19-24% of the Ugandan population has some form of disability and about 3.5 million children live with a disability. On average, only 5-15% of people living with disabilities receive supportive measures, technology or instruments. Most will die before their 10th birthday or grow up with secondary deformities and



live a life of dependency.

Many cases of disability are as a result of issues that arise during pregnancy or childbirth, that could be avoided if proper healthcare was made available. Due to immense poverty, many women suffer from malnutrition, which in turn has an impact on the growth of their baby in the womb. There is a great dependence on witchcraft, and home remedies are often used for issues that require medical care. This is often seen in childbirth as many women will choose to have their baby at home and attempt herbal remedies that have no effect on resolving the issue. In turn, many children are born with avoidable

disabilities that will last them a lifetime.

Education around disability in Uganda is very limited, which means disability is considered a result of a bad omen, a punishment for sins committed, a curse, witchcraft or a contagious disease. This leads to stigma, abuse and neglect of children with disabilities and family breakups as parents assign blame to each other, fail to cope or accept their child.

SCT's objective is to reduce the mortality rate and high risk of secondary disabilities through

the provision of quality medical, therapy and nutritional support.

#### MATERNITY UNIT

SCT is looking to raise enough support for the medical centre to open a maternal facility in 2024 to have the capacity to support these women and prevent avoidable disability. Berakhah Medical Centre is looking to add an operating theatre to the maternity unit; to perform caesarean births and other surgeries. The centre needs to purchase diagnostic equipment for specialised tests and examinations, including a CT scan machine and EEG machine. The expansion

of the maternity unit would allow for an inpatients ward, as well as a provision of an ambulance for mothers who are unable to get to the hospital or need additional care. The maternity unit would also provide care for women throughout their pregnancy, educating women about the growth of the baby and offering support with malnutrition.

The centre acts as a beacon of support to the local area where God's love shines brightly through the services the team offer. The gospel is preached and the team pray for mothers and their babies, showing them how valued they are by God.

MMN will be raising support for Berakhah Medical Centre through our winter campaign, to try and help them reach their target of £25,000 to afford all the support necessary to expand their maternity unit.

#### MERCY

Mercy is 28 years old and HIV positive. When she got pregnant, she knew she needed to have proper medical antenatal care and a safe delivery for her not to pass on the status to her child,

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but that kind of care is not easily found without a high cost. She was very worried about this until she confided in one of the community leaders who referred her to Berakhah Medical Centre. She was told that there was another member of the community who had a similar situation, but was well taken care of by the team at Berakhah.

She came to the centre and started her antenatal care at three months, and had a safe delivery to an HIV-negative baby at full-term. She and her baby are thriving and continue to receive support from the centre through the HIV and the growth monitoring programmes.

However, 1 in every 5 women that attend the antenatal care at Berakhah do not have the same happy outcome as Mercy. They and their care team might do everything by the book, but still end up unable to deliver naturally at the medical centre. Sometimes this is noticed

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before, and necessary measures are taken for them to register with the more equipped government hospital 23km away, but, sometimes, it is only identified after the labour has started and then their journey to the hospital will start.

Sometimes these mothers will go by car, but often it is by Boda boda (motorcycle taxi) on very bad roads. To ensure their safety, the mother sits in between the rider and another person who sits at the back to provide support and ensure that they do not fall off the motorcycle either due to pain or when it falls into a pothole. The job

of the extra person often falls onto our midwife if the mother has no attendant at that time.

Although there has been complete success so far with all our referred mothers, we know that something needs to be done urgently to reduce the risks associated with prolonged/delayed labour to both mother and child. This is the reason why this project means a lot to the centre and the entire Special Children's Trust, and we are praying for a successful fundraiser.

Thank you MMN and all partners for making this dream possible.



# THE BATTLE FIELD



‘Though I sit in darkness,  
the LORD will  
be my light.’

Micah 7:8

*Contributed by  
Martin Wilcox, Director of  
ChildAid to Eastern Europe*

ChildAid to Eastern Europe has worked exclusively in eastern Europe for 50 years.

As Aid to Russian Christians, it saw persecution of the church across the Soviet Union. Then as Aid to Russia and the Republics, and subsequently ChildAid, it experienced first-hand the suffering and deprivations of vulnerable and disadvantaged families, young people and children.

The war in Ukraine has been devastating in so many ways, but one area which has had limited “air-time” is the plight of mothers with newly born babies. ChildAid has

seen this especially with those on no or low income and those suffering with illness.

Even prior to the war, Ukraine was one of the poorest countries in Europe, it is now the poorest by far. A mother will receive child benefit of 850 UAH per month – that is approximately £19 per month! This is payable only for the first three years. After that it is expected that mothers will find a job and earn their own money. The problem is that away from Kyiv and other large urban areas there are very few jobs and those that are available attract low pay.





at a cost of 1,560 UAH (£35) – twice the amount of the 850 UAH benefit. Added to this is the most basic of weekly essential shopping for a family, which would be around £15-20 per week. ChildAid partners are encouraging mothers to train their young ones as early as possible to be potty trained, so that fewer nappies are required. This becomes a further stress for the often desperate mothers.

Daria is an orphan herself and now aged 18 years old. Simply to provide money to help care for their new baby the father signed up to fight in the war. There has been no news from him for several weeks and Daria, caring for her child alone, is living off the £19 monthly benefit. She is reliant on the packages of aid provided by ChildAid.

Maria has three children. She recently gave birth to her latest child with her prime motivation being to receive the £19 benefit to help feed her other children – they

are over 3 years old so there are no benefits to support them. Whilst not a regularly heard of reason to have a child, it is by no means unique. Not only is there no work for Maria, but few kindergartens where she lives are operating as there are no facilities for them to have bomb shelters.

A further issue of considerable concern for pregnant and new mothers is the lack of healthcare support. Anna already had 10 children when she fell pregnant again unintentionally (birth control is not strongly practiced and also too costly). Anna had complications

during her pregnancy, but many doctors had left Ukraine in the early weeks of the invasion. Only those not fully qualified remained. Fortunately, she was seen and there are no signs that the baby appears to have suffered.

Kharkiv is on the front line of the war, but mothers with ill young children cannot always leave their homes. Sasha's youngest child has a complex form of epilepsy. ChildAid's partner is providing the life-saving medication whilst she monitors her son's condition constantly. The prescribed medications are very toxic so that



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additional drugs are necessary to support the proper functioning of his internal organs. The long journey away from Kharkiv is impossible for the child to undertake.

Such accounts are repeated across Ukraine, and while the rockets continue to fall and battles are fought, the situation for mothers such as these will only deteriorate, especially as we enter the long cold winter months.

Peace has been prayed for from day one, but still today your earnest prayers for this war to end are needed. As mothers struggle to meet the most basic of needs for their newborn and young children,



pray as well that organisations such as ChildAid will be equipped and financed to bring relief, care and love to the mothers of Ukraine.

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## PAUSE *to pray*

What a beautiful gift God has given the world through a mother's love and care. Hearing of these women facing such challenging circumstances, when also trying to care and provide for their children, is heart-wrenching. These mother's and children desperately need our prayers in the broken world we live in. Mothers often have to carry a great deal of emotional trauma that is rarely dealt with, as they are needing to prioritise the needs of their children. They need these supportive healthcare projects to come alongside them, not only to provide practical support, but also to love them pastorally, and encourage them that God is with them as they face these trials.

*Lord, we lift mothers facing difficult circumstances up to you this day. May you strengthen their hearts and encourage them that You deeply love them. Please send support in practical ways, especially with the added hardships of winter, and encourage the teams providing this vital support. May each mother know that you have designed her for this incredible mission, and that you have a wonderful plan for her life.*







# EXPANDING HOPE

*Contributed by Ted Watts,  
Good News Hospital, Madagascar*

**I**n the heart of Northern Madagascar, nestled within a bowl of hills, there stands a beacon of hope amidst the challenges of life - the Good News Hospital. This hospital is embarking on a journey to expand its maternity unit, a journey dedicated to saving lives and sharing the everlasting hope found in the Good News of Jesus.

Every year, nearly 800 newborns

take their first breath at the Good News Hospital, a sanctuary of care and compassion in a remote region where access to quality health-care is not otherwise available. Our maternity unit is a lifeline, the only well-equipped facility within a 200-kilometer radius offering care to mothers and their infants.

For these women and children, the Good News Hospital signifies more than just a medical institution; it's

a symbol of hope. Over the years, it has faithfully served thousands of mothers and babies, providing life-saving medical interventions and sharing the Good News of Jesus. However, it's become evident that our current capacity is no longer sufficient.

Dr. Shannon, our Australian obstetrician, explains our collective hope: "We'd love to see a bigger, more comprehensive, more

equipped unit so that we can continue to increase our capacity to love and serve the women in and around Mandritsara."

## MATERNAL CRISIS

Madagascar, like many developing regions, grapples with alarmingly high maternal and infant mortality rates. Shockingly, for every 1,000 babies born here, 24 will not survive birth. This statistic is a staggering nine times higher than that

in the UK. Many Malagasy women lack access to safe maternity services, and less than half receive adequate antenatal care or deliver their babies with the assistance of trained midwives.

In the face of these grim statistics, the Good News Hospital stands as a source of hope and healing. However, to continue our life-saving work, we need your support.

#### BEACON OF FAITH AND LOVE

Founded 25 years ago in a humble clinic room at the heart of Mandritsara, The Good News Hospital emerged from a vision by the Bible Baptist Churches of Madagascar. The goal was clear: not only to provide essential healthcare to those in need but also to bring the gospel message to the people of Mandritsara.

Over the years, the Good News Hospital, through God's provision, has evolved into a comprehensive healthcare institution, including Outpatients, Inpatients with 60 beds serving medical, surgical, and maternity needs, four Operating Theatres conducting 1,800 annual surgeries, an Eye Department performing 450 cataract

surgeries yearly, a Laboratory, an X-ray department, and a Pharmacy.

In the midst of our bustling hospital, the gospel takes center stage. Every day, at 7:30am, each ward hosts a gospel talk. Three full-time evangelists dedicate their time to speak, pray, and distribute gospel tracts among our patients. Our dedicated staff, all Christians, take opportunities to pray with patients and share the Good News of Jesus Christ. Our priority is not only to provide exceptional healthcare in a resource-poor setting but also to offer an opportunity for every patient who enters our doors to encounter the love and grace of Christ.

#### MATERNITY UNIT EXPANSION

The envisioned expansion of our maternity unit promises a brighter future for mothers and their newborns. It includes:

1. A Larger Delivery Suite: Currently, we have a small delivery room with two beds. To meet the growing demand, we need a spacious delivery suite with four beds, each equipped with essential tools to ensure safe deliveries.
2. Mother and Baby Intensive Care



### ...the Good News Hospital stands as a source of hope and leading.

Unit: A separate ward designed to care for seriously ill mothers and their babies together. This setting fosters critical medical and emotional connections between mother and child, crucial for their well-being.

3. More Inpatient Beds: Our maternity unit currently has 14 beds, but we require at least 25 to provide comprehensive care for all mothers and babies. The expansion includes two private rooms and a seven-bed patient bay, ensuring mothers' comfort and privacy.

4. Second Room for Antenatal Consultations: This space will enable early detection and prevention of complications, leading to safer deliveries. We also plan to deploy midwives with portable ultrasound

machines to remote villages for pregnancy checks.

5. Other Important Upgrades: These upgrades include an open-plan office for midwives, a ramp for quick access to operating theatres, and a maternity garden for mothers and families to walk and sit in peace.

We invite you to join us on this journey. Your support will help bring hope and healing to women and children in Northern Madagascar. Visit our website at [www.mandritsara.org.uk/maternity](http://www.mandritsara.org.uk/maternity) to find more information.

Please be praying for the work of the Good News Hospital as it reaches so many people with the gospel through the services it provides.





Contributed by  
Becky Nightingale, Dreamland Mission team

# DREAMLAND MISSION

## Purpose

DMH is a mission hospital in rural, western Kenya. It provides a gap filling service to provide healthcare to this region of Kenya. We have approximately 50,000 patient contacts a year. We provide a full outpatient service including doctors' review, laboratory services, maternity services, pharmacy, physiotherapy and more. We now have nearly 100 inpatient beds, treating everything from HIV, to malaria, to TB to infected wounds.

We particularly support children who have birth deformities such as club foot and cleft lip. We also run a subsidised eye cataract and fistula service. We do approximately 1,000 operations a year, 80% of which are subsidised or free. We have a brand-new baby unit, catering for the most unwell newly born babies, allowing them to have a chance of life they may otherwise not have had.

## Support

We are so thankful for the provision we have received. DMH started as a tiny rural health centre up a mud road, seeing a handful of patients a year. It had 14 dedicated staff and minimal equipment. Over the last 20 years it has grown hugely into a fully functioning hospital with 130 staff and 100 beds. We have partnered with the Kenyan government to offer the national health insurance scheme to patients; we have worked with stakeholders to establish their priorities and we have focused on what the needs of the local community are. The capital projects have all come about because of prayerful giving

from individuals, NGOs, churches and companies. We have had visiting teams that over years have trained local staff and now all our services are run by local Kenyan staff. This up-skilling has improved the quality of healthcare within the region.

We work with the local communities to establish their health needs; we run community outreaches to reach the most needy and have two full-time chaplains for Christian mentoring and support. The chaplains work alongside our social workers and counsellors.

## Core Values:

- Christ-centred
- Fairness & Justice
- Integrity
- Teamwork
- Quality Service
- Servanthood





# Impact

The community now has a hospital it can trust and rely on and that is working for them. They have a maternity service which is excellent, they have surgery available for broken limbs, they have X-ray and diagnostics available. The specialist services we offer show the value we have for those who are disabled or born with deformities, and also works to dispel common myths among the community. We deal with the misconception that these disabilities are as a result of a curse and work to integrate these children back into their communities. We aim to provide these services either on insurance



(most healthcare in Kenya is not free) or via donations made to the hospital. Patients know this is a Christian mission hospital, they have access to daily talks, morning devotions and Bibles, but most of all they know the staff and hospital works because it is based on the foundation of the gospel.

## Challenges

The biggest challenge is our link with government insurance, the hospital relies heavily on this income and it can be variable. Secondly, we have completely run out of theatre space. Our operating theatre is overrun to the point that C-sections have been done in an eye theatre. We have started building a brand new theatre, this is our main fundraising aim.

...most of all they know the staff and hospital works because it is based on the foundation of the gospel.

## Prayer

We give thanks for the staff and their huge commitment to the work at DMH. They are amazing and we pray that they stay safe in their work. We thank God for the new baby unit which has already saved the lives of over 50 babies.

We pray for the government to ensure it pays on time for its insurance scheme.

Please pray for the funding of the theatre block as we need to raise over £250,000.



*As you have read we are looking to financially support the opening of a new maternity wing at Berakhah Medical Centre during this period and if you feel God is moving you to be part of this outreach ministry then you can give in your usual way - by bank transfer (sort code **405240**, account number **00101073**) or cheque, through our website or any other charity payment provider. Please just reference Berakhah so that we allocate it correctly and 100% of any donation will go to them.*

Last month I was privileged to co-lead a group of 8 young doctors and nurses on a visit to Nepal. This was part of the Global Track that we partner with Christian Medical Fellowship on and gives the young people an opportunity to experience medicine in the mission field.

The main focus of the trip was to spend time in two very different mission hospitals. The first was Tansen Mission Hospital and then we moved on to Green Pastures Hospital on Pokhara, which is a leprosy hospital that has developed a more general rehabilitation and palliative care service. In both places they had the opportunity to shadow the local doctors and nurses, which was helpful in understanding the different ways of treating and caring for patients and we appreciated the time that was given to us by those we met. In addition, we visited Anandaban Hospital which is involved in leprosy research, met with doctors involved in fistula care, community health and mental

health training for church leaders (a project that MMN supported through PRIME). We were also able to go to what is regarded the oldest church in Nepal: Ram Ghat Church in Pokhara, and share with them despite understanding very little. Certainly we received a very warm welcome wherever we went in this beautiful country.

Thank you to those who prayed for us. Everyone was kept well through all the travelling within the country and even being there when the recent earthquake happened (we felt a significant tremor 300km away from the epicentre). Please pray for those affected through loss of loved ones, homes and livelihoods and those seeking to support them.

*Grev Parmenter, MMN Director*



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