

A photograph of a man in a dark suit and glasses, holding an open Bible and reading aloud to an elderly woman lying in a hospital bed. The woman is looking up at him. The background shows a hospital room with patterned wallpaper and a patterned headboard.

OUR GOD OF STEADFAST LOVE



**MEDICAL
MISSIONARY
NEWS**

Making Jesus Christ known through healthcare

2024
Issue 4

Another turbulent year, a great deal of uncertainty and it can often feel like we are living in the end times. Yet, how wonderful to know our Heavenly Father still sits on the throne and His plans are still unfolding. We have loved sharing stories and updates from our partners this year to demonstrate how our Lord continues to shine His light into the darkness.

We would like to wish you a blessed and encouraging Christmas as we celebrate our Light in the darkness, who continues to fill our world with hope and love.

The light shines in the
darkness, and the
darkness has not
overcome it.

John 1:5



LOVE AND COMPASSION



“... Jesus went through all the towns and villages, teaching in their synagogues and proclaiming the gospel of the kingdom and healing every disease and every affliction. When He saw the crowds, He had compassion for them, because they were harassed and helpless, like sheep without a shepherd.” (Matt. 9:35-36)

As I pondered the theme of this edition of our MMN magazine, *Palliative Care, especially for those nearing the end of their lives*, I thought of the two contrasting approaches we see in today’s Western world.

The traditional approach has been to care for the terminally ill using all available medical interventions to ease pain and suffering so that

the final months, weeks, or days of the patient’s life are as comfortable and pain-free as possible until death comes naturally.

The alternative approach, which appears to be gaining momentum, is to initially follow the above method using medical means to alleviate pain but to actively plan for a point where the patient decides they have suffered enough and to end their life themselves, or with outside assistance using euthanasia. Western governments are actively passing laws to make it easier for euthanasia to take place without committing a crime.

So as Christians we ask, “What does God’s Word have to say about these approaches? Is human life precious in God’s sight

and does He retain the right to decide when a life should end?" If so, what should our role be in caring for those suffering who are beyond medical cure?

We believe that God gives all human life and we note that in the creation account in Genesis human life was the only life that was directly breathed into by God himself, "... the Lord God formed man of the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul". (Gen. 2:7)

In Genesis we read, "So God created man in His own image, in the image of God He created him; male and female He created them" (Gen. 1:27). If we are given life directly by God and we are created in His image, we must be very precious to Him. In Luke's Gospel our Lord Jesus Christ confirms how precious we are above all creation, "Consider the ravens: they neither sow nor reap, they have neither storehouse nor barn, and yet God feeds them. Of how much more value are you than the birds!" (Luke 12:24)

In John's Gospel we find the greatest evidence in Scripture for how precious human life is in the sight

of God, "For God so loved the world that He gave His only Son, that whoever believes in Him should not perish but have eternal life" (John 3:16).

If we are so precious to God, our creator and sustainer, that He gave Himself in the person of His Son to suffer and die for us to redeem us to Himself and give us eternal life with Him in heaven, then we surely have no right to prematurely end a human life by our human intervention.

Of course, we are also driven by compassion for the suffering of those who are terminally ill and this is a reflection of the fact that we are all made in God's image and therefore reflect His character to some degree. This is true even of those who do not acknowledge God, but it surely must be most evident in those who have been "born again" into His family and who are followers of His Son, our Lord Jesus Christ.

While Jesus was on earth and as He went about His ministry, we have many examples of His compassion for the sick, the maimed, the bereaved, and the terminally ill. In Matthew 8:1-4 we see how



Jesus showed His compassion for the leper by touching him, something no one else would do, and healing him immediately. In the next chapter we see how “Jesus went throughout all the cities and villages...proclaiming the gospel of the kingdom, and healing every disease and every affliction. When He saw the crowds, He had compassion for them, because they were harassed and helpless, like sheep without a shepherd” (Matt. 9:35-36). There are many more examples of Jesus showing His compassion to those He met.

We in turn, as His followers, are urged to show compassion to our fellow travellers in this world. Paul in his letter to the Colossians tells us, “Put on then, as God’s chosen ones, holy and beloved, compassionate hearts, kindness, humility, meekness, and patience” (Col. 3:12).

In conclusion, the stories you will

read in this magazine edition are some examples of Christians seeking to show compassion to those who are suffering and who are terminally ill in many parts of our world, where access to pain-relieving medicines and techniques is much more limited than for us in the West. In doing so they are seeking to show the compassion and love of Christ and to tell these dear folk about the Good News of the gospel. As MMN trustees we seek to distribute the resources you donate to us to support those who are engaged in this vital work for the Lord. We thank you for your generous support and for your prayers as we work together for the kingdom of God.

*Contributed by
Sam Phillips
(MMN Trustee)*



HOPE THROUGH CARE

*Contributed by Sarah Harcharran
from Breadline Moldova*



As I start writing this article about the need for palliative care in Moldova, it feels very surreal. Just this morning I was visiting my elderly father in hospital and the doctor came to speak with my mother and myself about his discharge. His “Respect” paper says he wishes to die at home, so the doctor is arranging for him to be sent home with carers coming in four times a day along with nurses to deal with pain and nausea. My mother is reassured that she should not worry about the cost of any of this, because it will all be provided by the state as at this stage in life money

should not be an additional worry. She is also told that she just needs to be with her family and allow the carers to care for my dad and not worry about a thing.

In the midst of the heartbreak of hearing the doctor’s explanation of how they are planning to ease my dad’s suffering in the lead up to his imminent death, my mind wanders to some of the families I had met some months earlier in Moldova.

I remember the bedbound widow who has no nearby family to look after her, and food is provided by our partners several times a week. She is in pain and suffering, but the

young lady from the village who is paid a small amount to look after her is not skilled in pain relief or has any knowledge of how to care for her bed sores, let alone how to provide the ongoing medical care, which she so obviously needs but is unable to afford.

As the doctor checks that there is a hospital bed available in my father's home, my mind flashes back to the elderly lady who lays on a mattress on the floor, unable to move, the stench of bodily fluids fills the air around her as she waits for a hot meal to arrive and for a kind church member to feed her the meal as she no longer has the strength or the dexterity to feed herself. I remember the desperation on her face for death to call for her, the memories of joyous life almost blotted out by the current pain. All dignity and humanity have been lost from this home.

I need not worry though, the doctor continues to reassure us, my dad will not be in pain; if he does experience pain then we are told that we need to call a number and a nurse will come around to visit to adjust his pain medication. It is their responsibility to make his death as comfortable and as easy

an experience as possible. My role, and that of my mother and siblings, we are told, is purely to be family and to leave all the caring for the medical professionals. Having witnessed the suffering and the fear of isolation and loneliness in the faces of those nearing end of life in Moldova, I hope and pray that the processes that the doctor speaks of will work out in reality.

Three weeks on from when I first started writing this article, my father has passed away and just as the doctor had reassured us, the nurses and caring team had met his every medical need. On his last day the local priest had been to pray and administer one last communion. Despite the horror of a man passing from life to death, there was a peace and quietness in the home of a man who was being supported in his journey from this life to the next. We may find the NHS to be broken in areas, but in comparison to those in other countries we are treated as royalty.





I contact Sister Eugenia who runs Emanuel Clinic to ask about how things are going there; the need is just as great as ever before. The poor and vulnerable are dying without the care and medical provision which they so desperately need. Even the basics such as pain relief and incontinence supplies are out of the reach of many, with plastic bags used in the place of stoma bags and rags in the place of sterile dressings. Yes, this is Europe, but it is nothing like the Europe which I have experienced. Eugenia explains that so many people are in need, they have many more referrals coming into the clinic than they can meet. They are

very grateful for the funding they have received from Licht im Osten (Christian media producer) for the home visits, but the need is far greater than their current capacity.

The stories are heart-breaking, of those in rural communities dying of cancer, dying of heart disease, diabetes, respiratory disease, Alzheimer's and strokes, all with very minimal care. Sister Eugenia tells of how she and her team would love to offer palliative care to those who are near end of life, and along with administering medical and personal care, to share with them the hope of an eternal life in Heaven through Jesus' death on the cross for them. Visits once or twice a week are not enough for those who are experiencing pain and unable to care for their basic needs.

I hear of a man in a rural community where one of our partners has visited with his weekly hot meal. Rigor mortis has passed, and the stench of the purge fluids fill the air; they think he has been dead for five or six days, dying alone with no care, not for lack of want, but for lack of funds and availability. Sadly, this is not an unusual occurrence.

Moldova is a country with an aging population, with a high percentage of working age people travelling abroad in the hope of higher wages and a better standard of living. The only people living in the rural villages are the elderly and a few children whose parents are working abroad. Emanuel Clinic have been taking their weekend mobile clinics into these rural villages, providing healthcare, health assessments and sharing the gospel; however, with each mobile clinic they discover more tragic situations of those who are nearing the end of life alone and in fear and pain. It is heart-breaking for the team to then leave these precious souls as they return to the main clinic to care for the sick there. If only they

had more medical personnel who could care for these people and visit them in their homes to bring peace and hope in their final weeks and days of their lives. This is their dream: if only the dream would become a reality.

It is my prayer that one day Emanuel Clinic will have the resources to be able to take God's love and care to those who otherwise would be dying alone. May the peace and support which my family experienced during the last days of my dad's life be something which is common with the poor in Moldova. Dignity in death should not be a privilege of rich countries, but should be available to all.



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to be able to take God's love and care to those who otherwise would be dying alone.

A testimony from Emanuel Clinic...

Zinaida is an 86-year-old woman who has been bedridden for six years, and is totally dependent on the help of another person. She has been taken care of by her daughters, who were completely exhausted psycho-emotionally from taking care of their mother. The Home Care project stepped in to offer support, and in addition to the medical assistance, medicine and other healthcare support provided by the medical team, Zinaida and her daughters were able to benefit from the services of

the spiritual counsellor. At first, it was difficult to talk to Zinaida because of her bilateral blindness and inability to communicate verbally. The counsellor began to communicate with the patient through touch, as he felt that she could hear and was present in the discussion. Zinaida's daughters were also present during these visits. At each appointment with Zinaida, we noticed the daughters' openness to the gospel: they listened, asked questions, and wanted us to pray for the family. After the patient's death, we continued to visit the daughters, to encourage them and to discuss eternity. The daughters started reading the Bible, listening to the sermons, and we advised them to start attending the nearby church. Praise be to God for His impact in the lives of this family!

Please be holding the Home Care project in your prayers as they seek to bring hope to those coping with so little at the end of their lives.

Note from MMN - If you feel you can help make this dream a reality then please send your gift to us in your usual way and mark it "Home Care Project" and we will send it on.



PEACE THAT TRANSCENDS

Contributed by Drs Barak St John & Ian Spillman, Kisiizi Hospital, Uganda



Saturday (centre) with Denis and community leader

When Saturday, a 53-year-old man with oropharyngeal cell carcinoma was first seen by the palliative care team, his condition was severe. He suffered from debilitating symptoms such as swelling, food regurgitation, severe pain, dehydration, and weight loss, which made his final days difficult. His anxiety and loss of interest in food further compounded his suffering.

Church of Uganda Kisiizi Hospital's surgical team had determined that surgery was not an option due to the advanced nature of his cancer,

the mass having invaded too deeply. Instead, Saturday was referred to the Kisiizi palliative care team, where he received the physical, emotional, and spiritual care he needed.

Denis Isingoma, our Palliative Care Nurse, and his team scheduled regular home visits to ensure Saturday's comfort. He was given a mattress, as he had been sleeping on the floor, and his family received basic food provisions. In addition to medical support, Saturday was provided with spiritual guidance, an essential component of the care Kisiizi offers. The care he and his family received brought



them a sense of peace in the face of suffering. His community also rallied around him, offering encouragement and prayer, reflecting the unity and love that Kisiizi's palliative care service fosters.

Though Saturday died a few weeks after his diagnosis, the care and compassion he received during those final weeks were invaluable and hugely appreciated by his family.

His story is a testament to the importance of palliative care in allowing patients to pass away with dignity and the comfort of knowing they are not alone. It also reflects Kisiizi's motto, taken from John 10:10, of *Life in all its fullness*, reflecting its Christian commitment to ensuring holistic care for every patient; for body, mind, spirit and community, even in the final stages of life.

The World Health Organisation (WHO) identifies palliative care as a critical service that should be integrated into health systems worldwide. The Astana Declaration on Primary Health Care (2018) included a call to strengthen palliative care within PHC by meeting peoples' health needs across

He was given a mattress, as he had been sleeping on the floor...





Saturday's wife and youngest child

His story is a testament to the importance of palliative care in allowing patients to pass away with dignity

and the comfort of knowing they are not alone.

life from prevention, promotion, curative care, rehabilitation to palliation. This is to be achieved through integrated health services with focus on primary care and essential public health functions, multisectoral policy and action, and empowered people and communities. Yet in Uganda, palliative care is still developing, with few hospitals and organisations offering these services at a community level.

Kisiizi Hospital in South West Uganda has long been known for its compassionate and comprehensive healthcare services, guided by Christian principles of serving others. In May 2023, Kisiizi

expanded its mission, launching a free palliative care service, recognising the overwhelming need for end-of-life care in the region. It is funded by donations and staffed by one dedicated nurse, Denis, as well as supporting volunteer nurses and clinicians. Denis works tirelessly, providing in-patient care at the hospital and conducting home visits in the surrounding community aiming to improve the quality of life for patients and their families, giving support in caring for chronically sick and dying members and ensuring that children do not miss school due to caring duties.

Denis travels as far as 30 miles

weekly to reach patients who cannot make it to the hospital using a recently-received dedicated motor-bike donated for the programme. This has significantly improved access to patients in remote areas, enabling him to perform his work with greater efficiency.

In the first year of the free palliative care service, 84 new patients were registered, 118 home visits were conducted and 500 contacts were followed up.

While the service is making a meaningful impact, it is only scratching the surface, revealing both the hope and challenges of palliative care in rural Uganda where access to healthcare is limited, most services being concentrated in urban centres out of reach to the poor. Palliative care often falls by the wayside in favour of more acute healthcare concerns.

The Kisiizi service offers not only medical support but also Christian hope with spiritual and emotional care. Many of the patients Denis visits have complex conditions that require consistent pain management and compassionate care. Denis offers prayer and connects patients with a local religious

leader to give ongoing spiritual support. Through this engagement, Kisiizi also hopes to expand its reach and foster a deeper understanding of palliative care, mobilising and empowering the communities it serves. Education and sensitisation are also critical as many in rural Uganda are unaware of the benefits of palliative care, and some hold misconceptions about what it entails.

“Next please...” in come a couple, the lady looking thin and pale. They had travelled some distance to come to Kisiizi having attended many other facilities before, spending a lot of money with no improvement. She had a history of bleeding and lower abdominal pain for months and when I examined her she had advanced cancer of the cervix too late for surgery to help. My nurse and I gently explained the situation to them, sharing assurance that we could provide pain relief and symptom support, and then prayed with them that God might give them peace. We said we would leave them alone for half an hour to digest the news and then return to answer any further questions. To my surprise, when we went back in we found them smiling. They told us that nobody

Denis offers prayer and connects patients with a local religious leader to give ongoing spiritual support.



Denis with nurse volunteers, Justus & Abraham

had told them the truth about her diagnosis and they had lost their faith when her illness failed to improve but now they were at peace again and trusting in God, knowing this life is not the end of the story. They left not physically healed, but with fresh hope and a peace that passed understanding.

We aim to integrate more with our other services including our community health co-operative insurance scheme (the oldest in Uganda with 43,000 beneficiaries in 230 groups), mental health outreaches, nutrition programmes etc. towards achieving universal health coverage (UHC) and holistic integral Christian mission.

Currently, Denis is the only nurse

available for home visits, and the increasing patient numbers highlight the urgent need for additional healthcare workers. The need is vast, and the service requires more resources to meet the growing demand, presenting a challenge of sustainability. Kisiizi is dedicated to providing a free community palliative care service and trusts that God will provide the resources. The management, led by Dr Henry Lukabwe, are confident of this, that 'He who began a good work in you will carry it on to completion until the day of Christ Jesus'. (Phil. 1:6)

www.kisiizihospital.org.ug

A helpful toolkit for Palliative Care:
https://www.thewhpca.org/images/resources/toolkits/Palliative_Care_Toolkit_2016.pdf



Home Care Project (Moldova)

PAUSE

to pray

While our health system can seem under great strain in our current times, it is hard for us to imagine someone being left alone to die with no care, no food and no comfort. The needs are immense and at times can seem hopeless, but our loving Father calls us to care for people in all walks of life. Please hold the projects in this magazine in your prayers as they try to reach those in need with the little resources they have. God is working through every small act of kindness to bring people into His family - even in their last moments.



Father, your steadfast love for us is immeasurable. Thank you that you continue to seek us in every moment of our lives, even as we face our final breath. May the love and compassion shown through our partners overseas bring many to come to know the saving knowledge of Your love for them. While the needs are great, Your ability is always greater. We pray that those involved in these projects would feel encouraged and strengthened knowing that You are in control and have a plan for each individual's life.

THE NEEDS OF MANY

*Contributed by Dr Stephen Alfred,
Bethany Hospital, Thane*



For the past 25 years, Bethany Trust, Thane, has been faithfully serving the needy in the suburbs of Mumbai through its multi-specialty hospital and various community healthcare initiatives. Driven by the words of our Lord Jesus Christ in Matthew 20:28, “The Son of Man did not come to be served, but to serve, and to give His life as a ransom for many,” the trust has embodied the selfless spirit of Christ by providing affordable, accessible, and compassionate healthcare to those in need.

For the fulfilment of this vision for the people of Thane, regardless of their financial or social status, Dr.

Stephen Alfred MS. (Bom.), FRCS (Edin.), FRCS (Glasg.) as the Managing Trustee along with other dedicated Trustees continued to be instrumental in realising this vision, pouring their energy, time, and passion into building a robust and caring healthcare organisation. Their commitment has guided the hospital’s growth from its humble beginnings into a multi-specialty institution that meets complex medical needs, ensuring quality services across general medicine, surgery, paediatrics, and more.

Founded by Bethany Trust in 1997 as Lok Hospital and later renamed Bethany Hospital, the facility evolved into a multi-specialty, 125-bed facility in June

2011, integrating compassionate care with cutting-edge technology. A new wing added in 2018 expanded its capacity to 190 beds, with specialised Surgical and Interventional Cardiac Care. The hospital currently offers a 24-hour trauma centre with a modular operation theatre, a Philips 1.5 Tesla MRI, a Siemens 64-slice CT scan, critical care units (15-bed ICU, 16-bed ICCU, 7-bed NICU, and 5-bed PICU), a delivery suite, a dialysis unit, and four modular state-of-art operating theatres and most advanced Varian Linear Accelerator for Radiation Therapy for cancer patients.

In February 2019, Bethany Hospital introduced the Philips Azurion Cath Lab for advanced cardiac, peripheral and neuro-interventions,

including angiography, angioplasty, TAVI, and pacemaker implantation. With state-of-the-art facilities, Bethany Hospital provides a full spectrum of tertiary care, meeting the comprehensive medical needs of its community.

PALLIATIVE CARE

Bethany Trust's community initiatives in Maharashtra and a few locations in North India emphasise the compassionate outreach of the Trust for the marginalised through many avenues. This includes the HIV/AIDS palliative care programme (Jeevan Sahara Kendra – since 2002), vocational training and a children's primary education project (Uttarakhand), medical camps (Dolkhambe and a few tribal hamlets in Maharashtra – since 1997), medical camps and



With an aging population and rising non-communicable diseases in India

the need for end-of-life care is significant.

medicine distribution with referrals to hospitals (Uttarakhand), drug and alcohol rehabilitation centre in Uttarakhand (NIJAAT – since 2002), and a special needs centre in Thane (NEEV – since 2016).

These medical, educational, vocational and community initiatives for the past 25 years have positively impacted the lives of thousands of needy individuals by improving healthcare accessibility, enhancing sustainable economic independence, fostering brighter future and advancing community upliftment.

PROJECT SHILOH

Since its founding, Bethany Trust has dedicated itself to delivering quality healthcare, particularly for the underprivileged. With an aging population and rising non-communicable diseases in India, the need for end-of-life care is significant.

To address this gap, Bethany Trust has launched Project Shiloh to provide specialised palliative care for terminally ill patients.

Leveraging its hospital's infrastructure and compassionate, patient-centred approach, Bethany aims to offer holistic support, including counselling and

bereavement services for families. This expansion aligns with its faith-based mission, ensuring patients receive dignified care in their final days, regardless of financial constraints.

At the outset, the facility at Shiloh would be able to provide end-of-life care services to 25 patients including:

- Pain and Symptom management
- Spiritual and mental health support
- Advanced Care Planning for decision making
- Grief counselling and preparing for bereavement
- Family support and respite care
- Care coordination between home-hospital-hospice
- Hospice Services and after death care

In a city where quality end-of-life care is often expensive and out of reach for many, the trust's commitment to charitable services with this initiative will also raise awareness about the importance of early palliative care intervention and advocate for policies that support improved end-of-life care making a significant difference for marginalised communities in Mumbai and its suburbs.

Please pray for:

- completion of work and regulatory compliance
- recruitment of staff and volunteers, and their training
- partnerships with church and the community
- wisdom and guidance for the team, so they make compassionate, patient-centred decisions
- compassion and empathy in all interactions, ensuring respect and care for patients and families
- strength and resilience for the team to endure the emotional and physical demands of this work
- peace and comfort for patients and families, helping them feel dignity and support in difficult times
- unity and clear communication among team members to promote harmonious collaboration.
- the gospel to provide hope and salvation to many
- protection over everyone involved, making this project a source of light in the community.

As we look toward the future, Bethany Trust through Shiloh envisions a journey of unwavering commitment to its vision, mission and values. Being rooted in Christian values, we seek to extend its impact far beyond the confines of traditional healthcare, embracing a holistic approach to uplift and empower the community it serves. Guided by a profound sense of purpose, fuelled by the teachings of love, compassion, and service of the Lord Jesus Christ, Bethany Trust aspires to enrich the lives of individuals and communities in profound ways.

May this vision be realised and magnified for the glory of God alone, fostering a world where health, compassion and wholeness are within reach for all.

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Hospice

ONGOING CARE

*Contributed by Flutura Markaj,
Co-Exec Director at ABC Health Centre, Albania*



Palliative care in Albania has been developing gradually over recent years. While the health-care system historically focused on curative treatments, there is now a growing recognition of the importance of palliative care for improving the quality of life for patients with serious illnesses. The Albanian government has begun to incorporate palliative care into its health policies, promoting access to these services. Through trainings and educations of health-

care professionals in palliative care many principles, emphasizing the need for a multidisciplinary approach and a holistic care.

Healthcare Facilities like private hospitals and organisations are starting to establish palliative care units, but resources and availability are limited, particularly outside urban areas. Providing palliative care in Albania is a challenge that goes through the links of the health system that make access difficult for patients. The ABC Health

Foundation has been providing palliative care for 30 years throughout Albania, and since 2019, the ABC Health Foundation has been serving 220 post-cancer patients in the service of manual and compression lymphedema treatment every day. ABC Health Foundation completes more than 2,500 palliative care visits in the year, 200 visits per month. Each month we have 5-10 new cases. Our patients come after a surgery that is done in hospital, but no one told them

that they will develop lymphedema and now with lymphedema, they do not know how to take care of themselves. No one has given them instructions for lymphedema self-care.

The ABC team (physical therapists, nurses and family doctors) treats each patient as a whole person. We examine them physically, treat them, and educate both patients and their families. We then build a plan according to the progress of



Lymphedema treatment

Our care focuses on relieving symptoms and improving the quality of life for patients with serious illnesses

by offering holistic care, physically, emotionally, and spiritually.

the patient to achieve the successful treatment. We serve them in the clinic and at home as they need; we also provide compression socks and arm sleeves for them. Our care focuses on relieving symptoms and improving the quality of life for patients with serious illnesses by offering holistic care, physically, emotionally, and spiritually. We train patients and their families to help cope with their illness. Every week we treat them for one hour for lymphedema with a specialised massage technique to encourage lymph flow (Manual Lymphatic Drainage) and with a compression garment or bandaging to reduce swelling (Compression Therapy). We teach patients about self-management techniques and educate them on diet and lifestyle, which helps them in well-being while dealing with both chronic illness and lymphedema.

RECEIVING CARE

This is the story of one of our patients, who has been coming for lymphedema treatment since 2021. The patient had breast removal surgery a couple of years ago. Two years after the surgery she had developed metastasis in her bones, as she started with swollen arms, bone deformations,

and a lot of pain. This made it very hard for her to move and to keep treating her lymphedema. Every time she came for treatment, she said: “when I come here (the ABC clinic) my pain disappears and I feel very encouraged by you, and it is very impressive to me that you all care for me with so much love and care”.

Now she is at the end-of-life stage and is experiencing so much pain and stress. Currently, she cannot come for the treatment of lymphedema due to side effects of chemotherapy. We called her to ask how she was feeling and during the call we invited her to come for a visit. She was very happy that we called her. The patient came and spent time with the team and was very emotional explaining to us how much she misses the time with us and the encouragement that she receives. She was so thankful and was explaining to us that for her, it is so impressive that we can offer that level of service for her. She said, “you serve us more than our family members serve us. The way that you care for us is like you do not have any problems, but you only deal with our problems and concerns”.

It is such a great blessing that we have the opportunity to ease the pain and give hope to all our patients: and not only to them, but also to their families.

Lymphedema patient before treatment



Following one week of treatment



This testimony gives our team so much strength to continue to fight the battle every day together with our patients. It is such a great blessing that we have the opportunity to ease the pain and give hope to all our patients: and not only to them, but also to their families.

The impact of this service that ABC Health Centre offers has changed and improved the quality of life of more than 200 patients, and given us the opportunity of treating the patient, not only physically, but to bring them peace and joy on continuing this battle step by step.

Regardless of the challenges of the system and the financial challenges, we continue to serve them. We pray that God will continue to provide funds and supplies, so that we can continue to offer this service for all who need it. There is a big need for greater public awareness about palliative care, its benefits, and how it differs from curative treatments. We pray that the government will raise awareness toward palliative care service by adding other facilities, hospital clinics, and supporting all the organizations who offer the palliative care in Albania.



SEEDSOWERS TRUST

Purpose

Seedsowers Trust has existed for over 30 years to support with orphan relief, famine relief and to share the gospel. The project has been responsible for improving the health and wellbeing of individuals across Malawi with the installation of over 1,000 boreholes to produce clean and a sustainable supply of water. In the year 2000, the trust was informed of a desperate need for birth attendant clinics due to the high death rate of women giving birth in rural villages. The Trust built eleven clinics to

meet this need and reduce the rising death rate during childbirth. The Trust also seek to support children in their early years through education provision and helping with their healthcare while in an educational setting, through ensuring a clean environment is maintained in classrooms and have set up an adolescent school girl's sanitation programme.



it has opened doors for sharing messages from God's Word, demonstrating to people it is God's provision to them...

Strategy

The Trust take responsibility for drilling boreholes in rural areas and rehabilitate damaged pumps to ensure clean water to the local community. The team ensure to involve the local community in the building of clinics, and assign pastors and health workers to maintain them so the work is sustained locally.

MMN has recently partnered with Seedsowers Trust in the building of two new under-fives clinics in the Mulanje District of Malawi; one in Fikani and one in Makwete. Prior to these being built, the health workers only had straw shelters to carry out their examination of a child's development, which were completely inadequate during rainy season.

Impact

The number of deaths in children under the age of five has been reduced due to access to clean water, and regular visits to health workers due to the provision of clinics in their local areas.

There are many more people who have heard the gospel through the work of the Trust as it has opened doors for sharing messages from God's Word, demonstrating to people it is God's provision to them, and not the teams.



*Makwete Clinic,
completed 2024*



Fikani Clinic

Prayer

The needs of communities in the places the Trust support are numerous and continue to increase. The team would value prayer for wisdom in knowing how to prioritise these needs and act accordingly to provide the best support possible.

Please also pray for the maintenance of existing projects, and the time required to carry this out, to ensure the projects are actively serving in the best way possible to support these communities in need.

Challenges

Due to the level of poverty in the areas where the team operate, there is need for a constant monitoring of the projects to ensure it is maintained well.

The cost of living in Malawi is ever-increasing and can make access to medication as well as other necessities incredibly challenging. As well as inflation, there is a great challenge with the needs for transport. Many of the areas they operate in are very rural, so trying to visit patients or go to sites that require boreholes drilling can be a great challenge.



*Mike & Sally (Trustees)
with the Seedsowers
team*

Thank you very much for your support during the last year. We have really appreciated your generosity in praying for us and the work of those we partner with who are seeking to make Jesus known through the provision of healthcare. It is one

way we can all be involved in being a blessing to all nations (Gal. 3:7-9) It has been exciting to share stories of how God is at work in different parts of the world and we know that many of you use the magazine as a prayer resource as you pray for mission, both individually or in your church.



new **P R A Y E R** *resource*

One development we are planning for next year is to produce a monthly prayer resource which focuses on two or three of our partners and will give a short update on their work, followed by some specific prayer points. It will be ideal for use at group prayer times or personal prayer as we hear more from specific partners and get updated on their current needs. If this is of interest to you then please let us know and we will add you to our mailing list. If you already receive one of our emails then you can update your preferences by clicking on the link at the bottom of the email you receive.



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