



A Focus on Uganda

2025 Issue 4



The Lord is my light and my salvation; whom shall I fear?

Ps. 27:1

We would love to wish you all a wonderful Christmas as we join together across the world to celebrate the birth of our Saviour.

Sadly, the past year has been filled with so much conflict, especially in recent days, yet the Lord reminds us that - if He is for us - who can be against us? We have nothing to fear in this life, for while we will face troubles, Jesus has already conquered the world. What a wonderful reminder this Christmas that, as followers of Christ, we are not having to fight for victory, but are living in victory as Jesus has already done it all. May you find hope, rest and peace in Him this Christmas, knowing you are held by the Saviour of the world.



A Great Encouragement

Contributed by Ray Allen (MMN Trustee)

For sure, a visit from an old friend, especially after a prolonged absence, is a pleasure, and even more so if complemented with a cup of coffee (or two), a few sticky buns and lots of congenial reminiscing. Such visits, however, can be totally underestimated and undervalued, something that was brought home to me (and a couple of travelling companions) after a recent memorable and eventful visit to Zambia, where we had the privilege of visiting numerous mission workers, mission projects, places and institutions. A pleasure and education indeed to call in on friends working in such locations as mission hospitals, schools, orphanages, Bible centres and vocational training centres. It was great to catch up with so many, sharing news and views, listening

to updates and plans and enjoying general chit-chat. As they would say in Ulster, 'the craic was mighty'.

We were also pleased we could carry out and leave behind lots of useful equipment (mainly medical items), taking full advantage of our extra airline baggage allowance. All were much appreciated at the medical centres.

How true the sentiment expressed in Proverbs 25:25: '*As cold waters to a thirsty soul, so is good news from home*'.

As our journey progressed over the next few weeks, however, it became obvious our visits were more than just a casual 'drop-in'. They were seen as much more meaningful than that. Time after time as we said farewell to our



New entrance & ward
at Chitokoloki Mission Hospital

'hosts' we were thanked repeatedly. 'Thank you for taking the time to call, for taking an interest' was the common sentiment expressed. The gratitude displayed was unexpected, touching, and sincere. We had initially underestimated the significance of a simple visit. It obviously meant so much to these good folks stationed in these different isolated locations. Our visits were an unintended tonic and, inadvertently, had dispelled any notion of being forgotten or abandoned. What a pleasant surprise and blessing for us as we continued our trip.

There are a few verses at the end of Paul's second letter to Timothy that are so easily overlooked, but reveal very much the human side of the great apostle. He urged Timothy and Mark to come visit him (presumably in prison), and to please bring his winter coat and books. Even Paul had to admit his need for good companionship (and news

from home, perhaps?) as well as a desire for some creature comforts and something to occupy the mind.

MMN are very much aware of the importance of providing such encouragement and support as they make contact with many different mission workers, projects and institutions across the globe. We are with you and want to assure you of our sincere interest in and support for the many varied aspects of the Lord's work in which you are involved.

That interest is demonstrated in a number of ways. There are the weekly prayer updates distributed widely on social media along with general updates and newsletters, all shared among our own support base through a variety of channels: the MMN magazine, our social media, website, online newsletters, and the quarterly Zoom presentations and prayer meetings. We

invite our overseas friends and contacts to avail of these facilities so that we can pass on the information and updates to our own supporters and subscribers.

Financial grants are awarded regularly to enable different groups to engage in medical mission in local communities. A range of physical supplies (eg medicines, medical aids and equipment) are shipped out to certain locations via our container service. More recently there has been an increasing interest in supporting financially the ongoing training of medical professionals and students, at home and overseas. MMN awards bursaries to UK medical students allowing them opportunities to organise 'medical elective' visits to overseas mission hospitals (a recognised part of their

training). Grants are also awarded to overseas medical students to help pay their medical school fees with the proviso that they are 'bonded' with an in-country mission hospital. All this is to encourage these soon-to-be doctors to use their skills and experience in serving the Lord and reach others in the mission hospital setting in future years.

Without doubt, 'taking the time and/or taking an interest' can be most impactful. MMN are very much aware of the importance of such an approach with respect to global 'Medical Mission' and, through partnership and companionship, they are keen to see the Lord's kingdom extended and His people blessed.

Nyangombe woodwork training suite





No Child Left Behind

Contributed by Brian Dorman (Director of Africare)

Through my earlier charitable work sending equipment to Ugandan hospitals I was made aware of the need for facilities for post operative care and rehabilitation of disabled children. This led to the charity I chaired building a unit at our children's home at Mukono. Now we can look back at 25 years, during which thousands of children were treated, and led to us buying land and building Acheru.

Many disabled or injured children were hidden away, so we developed community work to try to find them. We have had to deal with children who had been deliberately left to die.

Our most common inpatient conditions were osteomyelitis and burns contractures. Most common among outpatients were club feet, clefts, and Cerebral Palsy (CP) where our staff gained a lot of experience with children previously thought to have no potential whatever, so were ignored and given no stimulus.

We developed partnerships with churches, schools, universities, and other NGOs and this helped us cover a very wide area. We looked to the north, a very neglected area, and started work at Minakulu, being given a small government building and working very closely with the local health centre there.

When that work was handed over (as had always been planned) we thought about how we could use our experience in another needy area. We were then asked by the local government to work at Napak, where nothing like our work had ever been done. To learn about the area we formed partnerships with local organisations, and our Acheru community team travelled there regularly for clinics and community outreaches. It was soon clear that there was a large CP problem and we began investigating the cause. It seemed that our focus should be on prevention. Our partners were capable of identifying disabled children needing treatment and referring them to us, so we could concentrate on CP.

Pious

I had other things to deal with on my visits to Uganda, so was unable to get to know individual children, but there was one little boy who made a lasting impression and opened my eyes to the dramatic improvement which could come about with fairly straightforward treatment. This little boy was called Pious, whose father worked at Minakulu partly for us and partly for the government health centre. We often encountered problems with parents rejecting a disabled child, but that was not the case here as

his father cared for him. His father simply did not realise what could be done for him. Pious had never walked, as there had been an assumption that he simply could not. With CP children, the starting point for the staff is to get them upright, whether on their feet or with support. Making eye contact immediately changes people's perception of them and can make a dramatic change. So was the case with Pious; I was there when he took his first steps, to the delight of his father who then went on to do so much more with him having realised how capable he really was. This pattern has been repeated with so many CP patients that it makes us more determined to reach

Pious walking for the first time





as many as possible. It completely changes the attitude of the parents who can then be given simple instructions to continue working with the child. We try to arrange follow up, give instruction to carers, help provide aids like walking frames, CP chairs or wheelchairs.

Education

Whatever improvements can be made, we haven't a cure and, depending on the degree of impairment, it will be a difficult life for the child and the family. How much better if it can be prevented, which is our approach at Napak. We believe we can see a dramatic reduction in CP if people have access to maternity services. There are facilities there; but, due to distance, lack of transport, fear of costs, pressure from family, or simple lack of knowledge, many mothers are not

attending them. Our aim is to work in the community to teach about issues occurring at birth, encourage attendance at clinics and classes, look at access to transport, and make them aware of the causes of CP. We have bought a plot of land and are building a house to accommodate one full-time community worker, with space for other visiting Acheru workers to assist with community outreaches. We will be working closely with our partners there, giving access to churches and schools, and maintaining the Christian ethos of the work.

We are also developing our CP work at Acheru, having identified a number of issues. Older CP children with poor mobility are often left with a grandmother. They grow too heavy to be carried so are not brought back for follow-up appointments or clinics,

so we are exploring ways to work with them. With younger children who presently attend clinics, we want to bring them in as inpatients, perhaps for a few weeks, to work intensively with them and with their carers. There is also the problem of social isolation, the stigma of having a disabled child, or simply the time-consuming demands of caring for them. Along with partners, we are linking families into groups who can help support each other in various ways. We have seen the difference it makes when parents and children become part of the Acheru 'family' and realise they are not alone, and we want to extend this interaction beyond their Acheru visits.

Through all this, witness remains at the core of the work and everything we do is carefully evaluated. A professor from one of our partners, Uganda Christian University, wrote to me after visiting Acheru to say

it was the nearest he had seen to an expression of Christ's love on earth.

Please pray:

- For the safety of the staff while travelling to the north. It's a long journey to Napak on poor roads.
- For wisdom for all concerned in developing good working relationships in an area which is new to us.
- Give thanks for the opportunity which seems to be opening up for us at Napak.

MMN will be raising support for Acheru's cerebral palsy ministry this as part of our winter campaign. More details can be found on our website. If you feel moved to financially help the work, then please mark any donation "Acheru".





Trusting God's Provision

Contributed by Florence Namaganda (Director of Mukisa Foundation)

Mukisa Foundation, the umbrella of Special Children's Trust, exists to improve access to quality services for children with disabilities and marginalised communities in Uganda.

Part of the ministry centres on health, which includes the running of Berakhah Medical Centre. We remain committed to improving access to affordable and quality healthcare for underserved communities, especially women and children.

Our services include; Primary

healthcare, Antenatal: delivery and postnatal care, Obstetrics and Gynaecology, Immunisations, Disability, Screening, Diagnostic services (laboratory and scans), as well as minor surgeries and medical referrals.

Each year, Berakhah serves over 6,000 patients through both in-facility care and monthly medical outreaches in areas with limited or no healthcare access.

Challenges

Despite these achievements, we continue to face challenges.

The construction of our planned surgical and inpatient wing has been delayed due to financial constraints. As a result, patients requiring surgery must be referred to external facilities, which is costly, time-consuming, and often reduces the chances of timely and effective treatment.

The greatest obstacle has been funding. With shifts in global funding especially from the US, several of our long-term partners have lost funding and could not keep their commitments to us and our project, leaving a significant gap of £120,000 pounds towards this project.

While fundraising continues, we have used available funds to begin construction. Progress has been made on the ground floor, which includes utility rooms and a laboratory. We hope to continue with the next floor as soon as funds become available.

Construction of new hospital wing



Although this dream has taken longer than anticipated, the impact of our health, education, livelihoods, and advocacy programmes continues to transform lives.

Nakasujja

My name is Nakasujja Rashidah, a 23-year-old resident of Kimanya village close to the medical centre. Today, I am overjoyed to share that my baby has finally been confirmed HIV-negative after a long period of worry and uncertainty.

I first came to know about Bera-khah Medical Centre (BMC) in November 2023 through my landlady, who recommended it as one of the best facilities for quality healthcare in the area. In January 2024, I decided to visit the centre to begin antenatal care. From the moment I arrived, I was warmly welcomed, and the environment felt safe and supportive: a place where I knew I wanted to deliver my baby.

During my first antenatal visit, the midwife educated me on the importance of early care, the benefits for both mother and child, and the tests available, including HIV, syphilis, urinalysis, and ultrasound scans. I accepted to undergo all the tests. While most of the results were fine, I was devastated to learn that I was HIV positive. The news

shattered me. I feared for my life, my baby and my future.

In that difficult moment, the midwife comforted me and gave me courage. She explained how, with the right treatment, I could live positively and protect my baby from infection. I was immediately referred to the ART clinic at Wakisso Health Centre, where I received HIV treatment. Throughout my pregnancy, the BMC team walked closely with me through home visits, regular follow-up, and continuous encouragement. Their support gave me the strength to stay on treatment and prepare for delivery.

On 9th March 2024, I gave birth to my beautiful baby girl.

Although my labour was closely monitored and successful, I still worried about whether my child had been exposed to HIV. She was immediately started on preventive treatment and monitored closely. I was told it would take 18 months before her final status could be confirmed. That waiting period was filled with anxiety and questions about what the future might hold.

Through it all, the Berakhah midwives were by my side. They provided ongoing psychological support, home visits, and clear guidance on how to take my medication and

care for my child. Finally, on 10th September 2025, my daughter received her last confirmatory test and the results came back HIV negative. Words cannot express the relief and joy I feel.

I am deeply grateful to the entire Berakhah team for their unwavering care, encouragement, and support throughout this journey.

Shamirah

Shamirah, a 28-year-old mother of five, lives near Berakhah Medical Centre. Her first encounter with the centre was during a moment of crisis. Her fourth child, then the youngest, developed severe seizures and by the time they



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reached the facility, the child was unconscious and feared dead. After urgent investigations, the medical team discovered that the cause was severe untreated malaria. The child received immediate treatment and, thankfully, recovered fully.

During their stay at the centre, Shamirah learned that management was looking for casual workers to help plant food crops on the centre's land. She applied and was accepted, and has since become a regular worker, providing her family with a steady source of income. When Shamirah became pregnant with her fifth child, she chose Berakhah Medical Centre for antenatal care. She consistently attended her visits and, earlier this year, delivered a healthy baby girl. In her discussions with the midwife, it was discovered that Shamirah held strong negative beliefs about

immunisation and, as a result, none of her children had ever been vaccinated.

With patience and continuous counselling from the midwives, Shamirah eventually agreed to try immunisation.

She has since brought her three youngest children for routine vaccinations and deworming. She is especially encouraged by the progress she has seen in her youngest child.

Please be praying for our ministry in Uganda, especially as we trust God for the expansion of the centre's surgical and inpatient wing. We pray that many people will come to know the Lord through the services we provide.



We treat, Jesus heals

Contributed by Apio Immaculate (Business Development Manager)

Kiwoko Hospital, founded in 1988 by an Irish mission worker, Dr Ian Clarke, is a sound example for what defines a community hospital. It provides holistic healthcare and health training to the people residing in Central Uganda, a centre of the historical instability and civil war that brought in the current government. Kiwoko is a 204-bed private not-for-profit (PNFP) hospital affiliated to the Church of Uganda under Luwero Diocese and accredited by the Uganda Protestant Medical Bureau (UPMB). Our vision is to be a Christ-centered high quality health care institution for holistic healing of the person in both body and soul, through exceptionally skilled health workers.

The hospital provides essential healthcare services to the impoverished and vulnerable communities in Nakaseke District, including neighbouring districts like Luwero and Nakasongola. Our beneficiaries include all people in our catchment area of operation (the Diocese of Luwero), but more especially those in great need of physical, emotional and spiritual healing, irrespective of tribe, nationality, gender, language or creed. Our underlying principle is propagation of faith (the gospel of Christ) and demonstration of Christian love to all those we serve, with the aim of winning souls for Christ.

The hospital operates six functional inpatient wards (High

Dependency Unit, Neonatal High Dependency Unit, Maternity, Paediatric, Male, Female) and 10 Outpatient clinics (HIV/ART, Urology, Diabetes, Sickle Cell, Antenatal care, Eye, Obstetric, Dental, Mental health and Epilepsy); with over 8,000 annual admissions and 70,000 annual Outpatients and clinic attendances.

As we continue to strive for excellence in healthcare delivery, our hospital faces a multitude of challenges that threaten to undermine our efforts. From inadequate equipment to insufficient staffing packages and subpar accommodation, the list of concerns is long and pressing. In this article, we will explore some of the key challenges facing our hospital, with a particular focus on the need for Computed Tomography (CT) scan services, staff salaries, and improved staff accommodation.

CT Scan Services

One of the most critical challenges facing our hospital is the lack of access to CT scan services. CT scans are a crucial diagnostic tool, allowing healthcare professionals to quickly and accurately diagnose a range of medical conditions, from strokes and cancers to internal injuries and infections. However, without a functional CT scan

machine, our hospital is forced to rely on referrals to other facilities, most of which are over 70km away in Kampala, often resulting in delayed diagnoses and treatment.

The absence of CT scan services not only impacts patient care but also puts a strain on our hospital's resources like vehicle maintenance and ward staffing. Delayed diagnoses can lead to longer hospital stays, increased costs, and a greater burden on our already over-stretched staff.

Importance of Increased Staff Salaries

Another significant challenge facing our hospital is the need for increased staff salaries. Our healthcare professionals are the backbone of our organisation, working tirelessly to provide high-quality care to our patients. Compared to other hospitals (including government hospitals), our staff salaries are not as competitive, making it challenging to retain top talent.

The impact of low staff salaries is multifaceted. Not only does it affect the morale and job satisfaction of our healthcare professionals, but it may also impact the quality of care provided to our patients. When staff do not feel adequately remunerated, they are more

likely to experience burnout, which can lead to medical errors and decreased patient satisfaction.

The Need for Improved Accommodation

In addition to the need for CT scan services and increased staff salaries, our hospital also requires improved accommodation for both patients and staff. Our hospital's infrastructure is in dire need of renovation, with outdated facilities and inadequate amenities. Staff members often have to share rooms with multiple others, and patients are accommodated in cramped and old spaces with cracked floors and roofs.

The lack of proper accommodation not only affects the comfort and privacy of our patients, but also impacts their recovery and overall experience. For staff, inadequate accommodation can lead

to decreased job satisfaction and increased turnover rates.

A Call to Action

The challenges facing our hospital are significant, but they are not insurmountable. To address these challenges, we need your support and we urge you to join us in prayer for:

- Funding for the CT Scan machine: We are mobilising funding to purchase a CT scan machine to ensure comprehensive and timely medical intervention.
- Review of staff salary to ensure they are competitive and reflective of their hard work and dedication.
- Improved accommodation: We need to renovate and upgrade our hospital's infrastructure to provide comfortable and dignified accommodation for patients and staff.

In conclusion, the challenges facing our hospital are complex. However, by acknowledging these challenges and working together to address them, we can create a better future for our patients, staff, and community. Please do keep the hospital in your prayers as the staff work to meet the needs of the local community to show Jesus' love in a practical way.





Elective Report

Following God's Path

Contributed by Emma Platt who did her medical elective in Uganda

I recently spent four weeks at Kiwoko Hospital in Uganda for my medical elective, and wow, what an experience! This was my first time travelling abroad alone, and upon arriving at the hospital late at night in the pitch black I admit I did have one of those “what have I done?!” moments! However, joining with other students and staff in such joyful worship in chapel the next morning got me so excited to see what God was doing in this wonderful place.

Kiwoko Hospital has around 250 beds across its departments, and I spent most of my time in the NICU, theatres and a variety of clinics where I would take histories, examine patients, interpret

investigations and propose management plans.

Outreach

Twice a month, the eye clinic team run a community outreach project. They go to a nearby village and hold a free clinic for people to have their vision tested and receive new prescription reading glasses. I joined them on one of these trips, not prepared for what a moving experience it was going to be! The clinics are always hosted at a local church, with the idea that it reinforces the church as being central to the community. It began with someone from the Kiwoko team giving a short gospel talk based on the parable of the weeds in Matthew

We treat.....Jesus heals



**AMBULANCE
PARKING**



13 – it was in Luganda so I'm not sure exactly what was said; however, it must have been good because when he finished nine people stood to join in a prayer giving their lives to Jesus! This blew me away; praying to see more of this kind of openness and readiness back home! Throughout the rest of the day Jesus continued to be at the heart of the clinic. Patients read John 3:16 as part of their eye test, and prayer ministry was happening all day. It was such a wonderful experience to be a part of a service that really does care for both the physical and spiritual health of its patients in equal measure.

Surgery

During my second week there, a group of ENT surgeons from the US came to run a surgical camp as part of the Head and Neck Outreach initiative. It was such a privilege to be given opportunities to scrub in and assist in some incredibly complex and life-changing surgeries, the kind of which I would almost never see in the UK! The most memorable surgery was the resection of a large ameloblastoma (a tumour in the jawbone). The tumour had grown so large that the patient was struggling to eat or drink anything and they had become incredibly frail and unwell. The surgeons removed almost the entirety of the

jawbone and took a free flap from the fibula to create a new one. This was the first time I had seen such a complicated surgery, and I was so inspired by how life-changing it was going to be for the patient. I really love surgery, but have always been afraid to pursue it as a career because I know it can be so competitive, and I often doubt whether I am cut out for that type of work. However, joining this ENT camp reaffirmed just how much I love it, and I hope it will be a springboard to give me more confidence to pursue this path!

Relationships

A big highlight from my time in Kiwoko was all of the new friends I made! The staff and students at the hospital welcomed me so wonderfully, and it was lovely to join some of them for meals, Bible studies and church services. I really enjoyed all of the singing and dancing in church! There were also two other medical students and one physiotherapist from Austria staying in the guesthouse, and it was lovely to get to know them and explore the village together. We got up to all sorts: cooking very fresh chicken on a barbeque, playing animal games with the local children and going on a safari to Murchison Falls!

Spending a month immersed in life at Kiwoko taught me so much, both professionally and personally. There were definitely some harder moments; I found it particularly difficult seeing patients with complicated critical illnesses, which I would not see back home, and watching people forgo potentially life-saving treatment because they could not afford it. However, what really amazed me was seeing the incredible work the staff there are able to do with such limited resources compared to what we have back in the UK. I was challenged by the extensive knowledge of the doctors which enabled them to make diagnoses with very limited investigation results, and this has motivated me to keep studying hard in the hope that one day I may be able to apply my knowledge in a similar way!

Going to Uganda was a huge step of faith. I had never really considered serving overseas before God started giving me subtle nudges about it last year, and the idea completely terrified me! However, God surpassed my expectations in every possible way and has shown me that He is more than worthy of my trust! One thing that particularly moved me was the hospital's motto, "We treat, Jesus heals". They have a video on their website with lots of different staff members saying what they each do at the hospital (e.g. "I diagnose, Jesus heals", "I clean, Jesus heals", "I teach, Jesus heals"). Watching this was such a wonderful reminder for me that our individual contributions, whatever they look like, are all seen and used by Jesus, and together He can use them to achieve beautiful things!

It has been the most wonderful experience, and I would love to go back to Kiwoko Hospital one day for a longer period of time. Please be praying for the hospital, that Jesus would continue to be at the heart of all they do! Praise God for the openness of so many people there to hearing the gospel already, and please be praying that many more hearts will turn to Him through the amazing work of the staff at Kiwoko Hospital!





Refugee Support

Contributed by Caroline Lamb (CEO of CRESS)

Caroline chose to found and run CRESS with the South Sudanese she had met on her visit in 2009, rather than work through intermediaries. Together they have been able to deliver practical and innovative agricultural, educational, financial and medical projects with an enviable degree of speed, cost-effectiveness and local support.

In 2017 civil war broke out in South Sudan and most aid agencies withdrew. Thousands of South

Sudanese fled into Uganda. Caroline redoubled her UK fundraising and helped plan the evacuation of the South Sudanese staff and community to the refugee camps of Northern Uganda, where they started all over again.

Now based in Arua, part of CRESS's holistic approach is to offer primary healthcare, maternity services and Children's Accelerated Trauma Therapy (CATT) to refugees and locals living in the Refugee Settlements in northern Uganda.

The healthcare system in many refugee settlements is over-stretched and underfunded. Families often walk 2-3 hours to a clinic only to find poor diagnostic ability, no in-patient facilities and little medicine. For example, in the isolated Rhino 8 camp, where the team are working from October to December 2025; there had only been access to basic healthcare with no equipment and little medicine for two days a week for over 1,900 new refugees before we stepped in. Medical outreaches result in patients not having to travel so far to receive the healthcare they need, and they will be better able to start building new lives and communities to sustain themselves.

The work of CRESS is as important now as when Caroline set out on the journey 16 years ago. The dramatic removal of foreign aid, especially the reduction of \$83 billion worldwide of US aid has brought new challenges to both refugees and the host population.



Recently, we caught up with the whole CRESS Africa team at a conference with the theme “Rooted in Purpose, United in Impact, Reflecting, Renewing and Rising Together”. We asked the team to tell us of the new problems brought about by the reduction of aid to the camps. They informed us of the following:

- The camps of Imvepi, Bidibidi, Rhino, and areas of Mijale are significantly affected by the reduction in overseas aid.
- The host communities in these areas are also affected, adding to the pressure on land and other resources.
- Food shortage puts families under increased stress, with family tensions and children being forced to work to provide some income. They are therefore less likely to attend school, and some schools are closing.
- There is increased pressure on the limited resource of land, which makes it more of a challenge to promote the sustainable farming practices that CRESS is encouraging, and even modest rents for land cannot be paid.
- Medical help is reduced due to lower incomes.
- Crime, even committed by children, increases as people struggle to survive.
- Suicide levels are increasing causing greater need for the

Inspire generosity in the hearts of people across the world towards those they do not know, but who are in great need.



trauma support which CRESS offers.

- Some refugees are tempted to return to South Sudan, but that is both unsafe and totally unsupported.

It is hard to understand the full impact and stress this is placing on the refugees and the CRESS staff. However, CRESS with its multi-faceted approach, is in a particularly strong position to help. This is because it is so well established with an experienced team, who can deliver sustainable support on the ground, with a sound management structure to steward this support.

CRESS aims to break this cycle of fewer resources leading to lower income, poorer education and health.

With these things in mind we ask you to pray with us.

Dear Lord,

Guide the CRESS Africa team to employ the most effective strategies to support vulnerable refugees. Please help them to restore hope, expand livelihoods, and share their healing skills with those in greatest need. Grant them wisdom to make the fullest use of the limited funds available. Inspire generosity in the hearts of people across the world towards those they do not know, but who are in great need.

Amen.

If you would like to support this refugee work, then CRESS are also taking part in the Big-Give this year. For more info: <https://tinyurl.com/cressbiggive25>



Project Focus

Disability Support in Peru

Contributed by Myrtle Martin (UK Coordinator of Runaperu)

Purpose

Runaperu was founded in 2009, by members of the local Baptist Church, to bring God's love to often-ignored and isolated disabled people. We work in two remote, poor and rural communities in the Piura region of north Peru. Our approach is holistic, attending to the educational needs of young people who have been excluded from school, as well as providing physiotherapy and medical support to them, as well as people of all ages, who find it impossible to access healthcare services. Wherever possible we share the love of God in words and by praying with people. Our support looks different for each individual. We regularly provide:

- Incontinence pads where needed.
- Medication where families cannot afford it, eg. for epilepsy.
- Mobility aids, including walking frames and wheelchairs.
- Regular physiotherapy treatment and exercise regimes.
- Support with hospital visits.
- Occupational therapies, such as equipment at home, or the teaching of basic craft activities, alongside some literacy and numeracy.
- Even at home, there are huge challenges for people. Recent support from MMN has enabled us to improve access to and within people's homes. This is helping people to avoid falls, supporting the whole family, and improving people's independence.

Strategy

- In our main centre, Montero, we have built a day centre, which incorporates a physiotherapy clinic. Where possible, we encourage people to attend the centre as we can achieve more appointments in one session. If needed, we support people with their fares.

- For many people, getting out of their remote homes is too difficult and we make home visits. Our physio assistant will work through her routine, while our activity organiser will support with some basic skills. For example, we take wool to one housebound woman who can knit and we can sell her products, giving her the profit. Another girl enjoys making beaded bracelets. This supports their mental and physical wellbeing and gives a little bit of independence.

- Home visits help us to understand the whole family dynamic. For example, we were able to support one man to reunite with his family after his son was born with Down Syndrome and he initially rejected both him, and his wife. The home visit also provides a more intimate environment for conversation and prayer.

- In Santo Domingo, our physiotherapist, Leo, has a clinic in the local hospital, free of charge for us to use. The community here is even more traditional and impoverished so home visits are also essential.

- Local healthcare services are minimal and people need to have tests, scans and X-rays in city hospitals. We use this information to plan their treatment, and pay people's costs where needed. People may have the right to free basic healthcare, but not for costs to get to, or stay in, the city or for expensive scans.

- We are sometimes supported by local volunteers, especially in Santo Domingo.



Impact

The impact of our work across the years has been incredible. The initial reaction was suspicion, as we were not linked with the Catholic Church, and then rivalry as a group of mums decided to set up their own project, which soon fizzled out. This reaction changed to one of acceptance and, through perseverance and consistency, we have reached a place of being respected and loved.

- Anyone from the wider community with a doctor's referral can attend our clinics. We ask for their test results and a small contribution if possible at their discretion. Sometimes we are paid in bananas!

- Runaperu is invited to participate in town events and is always included in parades: Peruvians love a fiesta!

- When we built our day centre, local businesses gave us materials "You can count on me for a bag of cement" and the Mayor ensured that the towns lorries and excavators were available for our use at no charge.

- One mum who refused to acknowledge her son with Cerebral Palsy in public in 2009, asked to give a speech on our opening day in 2018, thanking us for all we had done for her son and his new friends.

- Our once-isolated disabled young people now have a peer group.



Challenges

There have been challenges, both internally and externally.

- Factions in the church have sadly had their effect on our staff team. These still occasionally arise and threaten to spoil great teamwork.
- A mañana attitude causes progress to be slow. We recently lost job applicants because nobody got on with the recruitment process.
- People are content with their lot: that can be good, but sometimes causes unwillingness to allow improvements or hospital treatment that would benefit people.
- Sustainability is an ongoing concern. Local income amounts to one salary, but we have three full-time staff.



May 2025 Anniversary

Prayer

- Leo works alone in Santo Domingo, apart from some voluntary student support. He needs Christian fellowship as his family, other than his just-teenage daughter, are not interested.
- Leo needs a co-worker but it is hard to find people who want to work in rural settings and not city clinics. Ideally, it would be a woman. Pray the Lord of the harvest to send workers into this field.
- Sustainability and succession are concerns. Founder, Myrtle, based in England, has been grounded for a year with family responsibilities and health issues. She would love to visit Runaperu again and has an eye to the future of the project too.





“I will strengthen
you, I will help you”


Is. 41:10

Reflect and pray

It has been wonderful to read of how God is working through His people in Uganda; a country that is facing immense challenges.


Despite these challenges, how encouraging that our partners are working diligently to bring both physical healing and the gospel to their surrounding communities. It really is a display of God's love and power on earth, and a demonstration of how He can work in anyone's life no matter the circumstances.

Lord, we thank you for the people of Uganda. Thank you that you have a heart for these people and long to bring lost souls back to Your loving care. May you strengthen our partners as they work each day for your glory and to demonstrate how You can restore life. We pray that many will come to know You through the support they receive, and pray for all those who live in isolation or who have not had any previous access to healthcare - may Your people seek them out and renew their hope in life.

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