

A group of women are gathered around a table, looking at a document. The woman in the center is wearing a pink lace dress. The woman on the right is wearing a purple and yellow patterned dress. The woman on the left is wearing a blue and white striped shirt. They are all looking down at the document on the table.

STRENGTH FOR THE WEAK



**MEDICAL
MISSIONARY
NEWS**

Making Jesus Christ known through healthcare

2023
Issue 2

HIV/AIDS - Judgement or symptom of a fallen world?

This edition of our magazine focuses on our responses to the HIV/AIDS pandemic that has encircled the globe for so many years, and has prematurely taken the lives of millions and caused suffering for millions more.

According to the World Health Organisation (WHO), as of 2021 more than 40 million people globally have died from HIV/AIDS. In addition more than 38 million people around the world have been infected by HIV.

What should the response of Christians be? Is it to declare that HIV is a judgement by God against sin and sinful lifestyles? The truth is that, “we all have sinned and fallen short of the glory of God” (Rom. 3:23) and that all suffering and disease in this world is a result of our fallen world and our human rebellion against God and His standards. We should not single out specific sinful practices and link them to specific judgments, as none of us are any more deserving of escaping the effects

of sin in this world than anyone else because we are all sinners. Many who suffer from this condition of HIV/AIDS have indeed acquired it by living a promiscuous lifestyle; however, others have innocently acquired it from a promiscuous partner or being transfused with infected blood. Still others were born with the virus already in their system from infected mothers.

We are reminded of the words of our Lord Jesus Christ in John 9:1-3 when He saw the man born blind and his disciples asked him, “Rabbi, who sinned, this man or his parents, that he was born blind?” and Jesus answered, “It was not that this man sinned, or his parents, but that the works of God might be displayed in him”. Jesus was explaining that we must not assume that specific suffering is a result of specific sins by individuals.

The wealthier countries of the world, generally in the Northern hemisphere, have developed treatments that help HIV/AIDS patients to live more normal and prolonged lives than they

could otherwise expect. However, people with this disease in the poorer nations of the global South often do not have access to health-care or to such medical resources and therefore suffer much shorter and more difficult lives as a result. This is all in stark contrast to the words of Christ in John 10:10 “I came that they may have life and have it abundantly.”

So how should we respond to the challenges posed by HIV/AIDS? Firstly, we must recognise that we are responsible to proclaim Jesus Christ and His gospel to our fellow citizens of this world and, secondly, we must acknowledge our responsibility to show His love and compassion to all who suffer and are in need. There is much exhortation in Scripture to support this. In Micah 6:8 we are told that God’s desire for us is “to act justly and to love mercy and to walk humbly before your God.” In Luke 10:8-9 the Lord told his disciples, “Whenever you enter a town and they receive you... Heal the sick in it and say to them, ‘The kingdom of God has come near to you.’” The apostle Paul reminds the Galatians: “Let us not grow weary of doing good, for in due season we will reap, if we do not give up. So then, as we have opportunity,

let us do good to everyone, and especially to those who are of the household of faith” (Gal. 6:9-10).

The pages of this magazine are some examples of how these individuals and organisations are seeking to follow the commands of scripture to show love and compassion in the name of our Lord Jesus Christ. We recognise that true and lasting healing is only found in Christ and in trusting Him and making Him Lord of our lives, therefore the opportunities are taken to tell these dear people about this true healing and to encourage them to trust the Saviour for themselves.

MMN seeks to support our partners on the front line with the resources that God has given to us through the generosity of His people. We ask that you pray with us and for us as we seek to do this wisely. Our quarterly Zoom prayer meetings (see back page) are a great opportunity to do this.

*Contributed by
Sam Phillips
(MMN Trustee)*



AND THEN HE...



...WASHED THEIR FEET

*Contributed by Philip Scott,
YWAM Cambodia team*

YWAM has been working in Stung Treng province since 1991 and it was in 1993 that YWAM financially supported the first meeting of the provincial inter-departmental meeting for HIV/AIDS prevention. Following on from that we were the first in this province to give widespread public education on HIV/AIDS.

In 2004, God inspired a YWAM missionary to help Cambodians who had contracted HIV.

In Cambodia, HIV it is contracted mostly through heterosexual relations.

The Director of Health in Stung Treng province asked YWAM to consider starting a project to help those living with HIV/AIDS, and as a result of this, we have been working with People Living with HIV/AIDs (PHLAs) throughout the province for many years.

OUTREACH

In a meeting in February 2023, consisting of the local health department, the hospital, and other NGOs; one of the leaders of the department, which provides Anti-Retro Viral (ARV) and Opportunistic Infection services, gave a long and heart-felt speech. She herself is HIV-positive, and said that she spoke on behalf of all PLHA's in the province, saying that they were all deeply grateful to YWAM for helping them since 2005.

She explained that: "Years ago, as our province of Stung Treng had no treatment services for HIV, YWAM's help involved providing money for us to travel to a hospital in an adjacent province, two hours bus ride away, so that we could receive our ARV's and be treated for infections on a regular basis there. This continued for several years until the Ministry of Health provided these medications in Stung Treng province itself in 2010. Since having a service in Stung Treng hospital, YWAM has

continued to provide PLHAs with the travel money to make the trip from their villages to the hospital."

"YWAM staff have visited us in our homes when we were really sick, and instructed us on how to eat healthily, take our medicines correctly, and to care for ourselves and our relatives so that we did not transmit HIV to others. They also encouraged us to go to the hospital, and have even sometimes transported us, when we needed to be hospitalised."

"In the hospital, YWAM built a special unit within the hospital grounds, consisting of a ward, with a couple of side rooms with bathrooms for patients coming from neighbouring provinces to stay overnight when they come in for their treatment. When any of us did not have relatives to care for us, YWAM staff would personally attend to us. They cleaned the ward and also gave us money to buy food each day. I remember one young woman who had no relatives and was very sick; two

YWAM staff bathed, clothed her, and cared for her until she died. I know that YWAM staff are Christians and that is why they show the love of Jesus to us. In our society, we PLHAs will help each other sometimes, but most often, someone without AIDS is too afraid of catching HIV to care for us. Even the medical staff were very reluctant, but because YWAM staff kept the ward very clean, it made it easier for medical staff to dare to come in.”

“It is good too that YWAM provides the very poor PLHAs with rice, tins of fish, and cooking oil each month, because many of us are very poor.”

“Prior to the COVID pandemic, YWAM organised a monthly peer group meeting when staff taught us about the different health issues we face, showed Christian and health videos, sometimes had us making crafts together. At these times we chatted with each other about our experiences, so we felt camaraderie and we made lots of friends. Since the pandemic has eased, these meetings have started again every two months. The meetings have a lot of value for us, although I am still a bit afraid

to meet with other people in large numbers. It was very sad for us to hear that one of the YWAM staff, who cleaned the AIDS ward and cared for us, died in December, just six days after her husband also passed away. Both of them had AIDS, and I believe they have gone to Heaven. Many of us attended their Christian funerals.”

“We are always encouraged when we meet YWAM staff, who always take an interest in us, offer to pray with us and help us in many ways. Again, I wish to say a big thank you to YWAM for helping us.”

I know that
YWAM staff are
Christians and
that is why they
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of Jesus to us.

Semkim

**name changed to protect identity*

My name is Semkim*, a 57 year old widow living with AIDS in Stung Treng province. I have my three children with me and fortunately they do not have HIV. My eldest girl is 18 years old, my son is 10 years old, and my youngest daughter is six years old.

In 2004, my husband and I started to get sick very often and were unable to continue to work normally so we began to get increasingly poor with no way to earn a living. We lacked everything including food, clothes and were not even able to support our children to go to school anymore.

At the beginning of 2005, my husband became very sick and was hospitalised. In the hospital we agreed to have a blood test to see if we had AIDS. Our tests turned out to be positive. We were totally devastated, ashamed and had no hope for the future. It was not long



after that before my husband died in the hospital.

I did not know who to turn to, with three children to raise on my own. People told me to love my now fatherless children and just try to persevere in life for their sake. It was so difficult! One day, some YWAM staff visited me in my village home. They took an interest in me and listened to me. They also encouraged me to accept travel money from the YWAM office so that I could attend my hospital appointments in Kompong Cham province, as there was no anti-retroviral or opportunistic infections (ARV/OI) treatment in Stung Treng province.

Each time I went to get travel money from YWAM, the staff chatted with me and encouraged

me. I am now able to get the ARV/OI treatment here in Stung Treng province so my travelling is diminished. YWAM has also regularly given me rice, tins of fish, and cooking oil over the past many years. Our health is better so now I am able to work and get a small income. If YWAM and its staff had not helped us, we truly would not be alive today. I am very grateful.

YWAM continues with its assistance to approximately 470 PLHAs in the province of Stung Treng through 2023 and for the foreseeable future, as a way to love and give hope to those who society often looks down on. Through relationship and caring we have seen many hear the gospel in word and deed, and many have come to know Jesus.



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Home visit



...it is the only way
they can provide
for themselves
and their families.

IS THERE ANOTHER WAY?

*Contributed by Lizzie Finney,
International Support Officer, acet UK*

Iwould think that you, like me, have thankfully never had to even imagine the idea of choosing to sell your body for money. The thought is completely unconceivable for many of us.

Yet this is sadly the reality for many young girls and women in Zimbabwe, who, out of desperation, start selling themselves.

The main reason why women enter the sex industry in Zimbabwe is economic hardship. The country's economy has been in a state of decline for many years and unemployment rates are high. Many women, unable to secure stable employment, are forced to turn to the sex industry as a means of survival. For many women, selling sex is the only way they can provide for themselves and their families.

Others enter the sex industry because they did not have access to education. Without an education, many women feel that sex work is their only option. Some girls have to leave their education prematurely due to sexual abuse from family or community members and needing to care for the subsequent babies. Among the many other negative consequences, including physical abuse, rape, and clients who refuse to pay, these ladies are at risk of contracting HIV.

HIV

Zimbabwe has one of the highest HIV prevalence rates in the world, which has prompted government officials, healthcare workers, and non-governmental organisations

(NGOs) in Zimbabwe to work together, to support those living with HIV while also taking preventive measures, to stop the spread of the virus.

The amazing work of the Shining Star project, one of the projects run by the Nehemiah Project, targets this very issue. The Shining Star project now runs in four areas in Western Zimbabwe championing comprehensive sex education, including peer-education where ladies educate their peers about sexual health and HIV prevention. The Shining Star project recruits ladies onto a year-long programme, where they access support groups, workshops and seminars. The ladies are taught



Teen mums

about modes of HIV transmission, symptoms, treatment options and are given information about accessing health clinics. They are also offered an opportunity get out of the sex trade with either a loan to begin their own business, or to return to school or undertake vocational training.

Early detection is essential to prevent the transmission of HIV. The Shining Star project has implemented an HIV testing and counselling programme that provides the ladies with access to testing and counselling services. This programme has been successful in increasing the number of people who are aware of their status and are able to access treatment.

Importantly, the ladies are taught about PrEP and PEP. PrEP, a daily pill taken by HIV-negative individuals to prevent infection and PEP, a medication taken by those who have been in contact with a HIV-positive individual, to stop them becoming infected. Zimbabwe has started implementing both drugs, which helps to reduce the chance of transmission in high-risk populations.



The ladies are also taught about safe-sex practices such as condom use, having only one partner, and getting tested regularly, all of which have contributed to reducing HIV transmission in Zimbabwe.

However, there is much more work to be done to reduce the stigma and discrimination associated with HIV and to continue to provide education, prevention, and support services to the population who so desperately need it.

Lindale is a peer educator and lives with her two sons in a one room house outside Hwange.

She proudly walks us to her house which is down a dirt track. The house is block built with a tin roof and wooden door (not everyone has a door, so this is a source of pride). There is one room about 4m by 4m, and she has a double bed, plastic chair, fridge, sewing machine and a two-ring hob. Lindale is one of the lucky ones, she lives in an area where there is electricity and so she can sew every day if she wants to, using the bed where she and her two sons sleep, as a table. One son is in school and the other stays at home with her, so often she must sew in the evenings when they are sleeping.

Lindale went to college to learn to sew and now teaches other ladies how to do it. She carries her machine in a taxi to allow others to practice their skills. Ultimately, the Shining Star team would love to open a workshop one day, where a sewing machine could stay so that they could all share it, without Lindale having to catch taxis with the machine.

Some of the fabric has gold thread

Lindale



...she used to sell her body for sex, but is now...empowering and enabling other women to leave the sex trade and enjoy their lives again.

in it, meaning that it is more expensive, so she can make more profit. She buys fabric of different qualities so that she can sell her clothing to a wider market. Lots of what she makes is for women and children although she does make brightly coloured trousers for men.

Lindale is delighted to be a part of the program; she used to sell her body for sex but is now very proud to be a peer educator, empowering and enabling other women to leave the sex trade and enjoy their lives again. Research shows that peer education is one of the most successful ways of enabling women to leave sex work permanently. She is now able to send her child to school and feed her family. Exiting sex work helps Lindale to be protected from contracting HIV and is able to live a full life with her children and beloved community.

Thanks to the generosity of Medical Missionary News and other donors, Shining Star will reach 110 vulnerable ladies with business training, HIV education and care, and sexual health outreach in 2023. These ladies will reach another 5,250 through peer education.

Please join us in prayer for their programmes:

- Please intercede for the people of Zimbabwe, especially for the staff of the Nehemiah Project and their beneficiaries as the cost of living increases and affects their daily lives. The economy continues to be very weak. Please pray for wisdom and insight on the ways forward, as well as for peace and provision for each of the team.
- Continue to lift up the 110 peer educators. Pray for wisdom for their new income venture (whether through a business or vocational training). Ask God to meet their needs and that they will rejoice in prayer. Think also about their protection in their communities and against the attitudes of men or from former clients.
- Pray for the General Elections which will be happening this summer. Ask for peaceful, free, and fair elections, especially as the country prepares for and gears up to the election season, that there will not be unrest or violence.



PAUSE

to pray

There is a huge stigma attached to HIV/AIDS and those who suffer with the disease are often shunned by society. Those who are diagnosed with the disease often need pastoral support, and many of the projects are trying to change the stigma around HIV.

Many lose their jobs due to having the disease, if they do not have access to the correct medication their health declines rapidly and they can be viewed as outcasts. The projects mentioned in this magazine are taking the time to show HIV patients love and support, to show them they are greatly valued by God and that He has a plan for their life.

Lord, we take time to pray for those suffering with HIV. We cannot begin to imagine what it is like living in a society that shuns people living with the disease or what it is to live life as an outcast. Please send your people to show them that you love them with an eternal love and will never turn Your face from them.



‘God laid on the heart of Dr Stephen Alfred to help these people.’

During his visit to India, Grev met with the Jeevan Sahara Kendra (JSK) team and interviewed them about their work with HIV patients and the support they offer to the local community through their medical services.

A PEOPLE IN NEED

How did it all start?

It all started when Dr Stephen Alfred went to the US in early 2000, and at that time disease was rampant – almost every week there were two or three deaths. That was when God laid on the heart of Dr Stephen to help these people. He got in contact with a young couple, the wife was a doctor and the husband was a fifth generation missionary. This couple lived on the

foundation and they pioneered it, because she was a doctor she was able to provide the correct medication to these people in need. It began as a hospice which ran from a building next to the local church.



How many patients did you have at the start?

At the beginning, no patients would come because of the stigma attached to the work. The team would go and visit people, and gather patients that way, but at the start it was very difficult to get patients signed up at the clinic. Over the past 20 years it has grown to incredible numbers and the clinic has served a total of 2,500 patients. People began to see that they could not receive the same treatment at home, so started visiting the clinic to receive good medical care from the doctors and nurses. We currently have 300 HIV patients under our care; out of the 300 we support, 70% are women and 30% are men. Another way HIV patients would go to the clinic was from being referred by Bethany Hospital. If a person is found to have HIV they are always referred to JSK: we have a trained counselor who, after diagnosis, will go and visit the patient and provide support to them to help them process the information.

The hospital provides excellent support and is a good network for the clinic to function under.

‘Our main focus is to share the gospel...’



When you visit patients, what are you seeking to do?

Our main focus is to share the gospel. These people are broken, they do not have any plans, and they do not have any relatives who are willing to come and visit them. We send a team member monthly, and in some cases twice a month, so the patients know these are people they can trust and depend on. Many of them have had benefits from medical support at the



‘These people are broken...’

hospital and during COVID-19 times, the team were able to offer these people provision/necessities for living. That is why this hospital has such a good reputation compared to other hospitals in the area; the people trust the staff. When you are trusted it is much easier then to be open with people. So, the first priority is to share the gospel, and the next is to listen to the patient as they have their own challenges – both emotional and social, as they have no one to come and talk to them. Over the last three years, the local municipal corporation have given 25,000 rupees

to support the HIV patients. However, to receive this money, forms need to be completed in the local language and government officials need to see the work that is being carried out. Many of the patients are illiterate or are scared to meet government officials, so the team have a member of staff that helps with this. The final priority is follow-up: patients that can be given treatment for the disease will be sent to Bethany Hospital and Dr Stephen Alfred will personally see a number of the patients, and the team will continue to encourage patients to take their medication.

Do you have any patients refuse your services?

When we ask the patients if we can pray with them, many will agree, but those who are practising Muslims or Hindus will refuse.

What impact have you had?

The death rate of patients has reduced dramatically, at the beginning we were losing

What are your challenges and prayer needs?

around two or three patients a week, now it is roughly one a month dying from HIV. This is primarily due to easy access to medicine which is given freely by the government. The work we are doing is unique, other projects will only provide practical medical support, but do not provide any personal care. Therefore, it is the only service where relationships are built and therefore an opening is created for sharing the gospel.

Who is involved in the team?

The team is made up of six believers who have learnt their skills through the clinic. While we have lost a few members of the team as they have gone onto different work, the team is excellent and is entirely made up of believers. Although the team members are not well educated, the main priority of the team is to show care and God's love to these people; the leaders of the project provide support in anything they struggle with.

The main challenge the project faces is getting new patients. In an anti-Christian nation, the stigma attached to the work will often put people off the service offered. It takes time to develop relationships with the patients and allow openings for sharing the gospel, so we would value your prayers for this. There is a lot of spiritual need; out of the 300 patients we support, only 27% are believers. We would love to see God working in the lives of all the others.

- The men in the houses we visit are extremely lazy and are addicted to alcohol. The women work as housemaids and go from house to house earning an income for the family. As the men are addicted to alcohol, they will often beat their wives. This is devastating to see, and we would ask for prayer that God would work in this situation and turn lives around.
- We would value your prayers for India as a whole, job opportunities are decreasing and many people are losing their jobs – this in turn has a huge increase in those living in poverty and many people are struggling.

J A J A DAY

*Contributed by Rachel Penney,
Kagando Hospital, Uganda.*



Uganda has been hit hard by HIV/AIDS over the past 40 years. Unlike some of its neighbours, the government quickly acknowledged the disastrous effects of this new disease and encouraged education, testing and treatment. Today HIV/AIDS is generally controllable with medication. Treatment is free, and follow up well organised. Mother to child transmission has fallen dramatically with antenatal screening, treatment of pregnant women who test positive, and follow-up of their babies for 18 months. The proportion of the population living

with HIV (18-30% in the 1990s) is around 6-7% today, but still far higher than 0.4% in Europe. During the 1980s-90s, a positive HIV test was a death sentence in Uganda. Effective medication was not available, huge numbers of people, particularly young adults, died and many children were orphaned.

Kagando is a not for profit hospital in the rural far west of Uganda. The area is poor, and most people describe themselves as 'peasants' or subsistence farmers. Malnutrition is common among young children, especially at the moment as the cost of living has gone up.

Over 20 years ago the Mildmay Hospital set up a monthly outreach in response to the large number of 'AIDS orphans'. In the local language Ja Ja means 'Grandparent'. Many children were cared for and brought up by their grandparents, and these children themselves were at high risk of developing HIV. Some grandparents had several families to care for, and there were no extra resources.

Ja Ja Day is now run entirely by local volunteers, to provide support for families affected by

HIV. There is still considerable stigma associated with HIV/AIDS, and one of the main benefits of this day is to bring families together to share their experiences. About 80-100 people attend, mainly children, with funding provided by donors in the UK via the charity Friends of Kagando (to cover food and a small payment to the cooks).

JaJa Day is held monthly on a Saturday, in a grassy area of the hospital grounds with plenty of trees to provide shade. I was lucky enough to be there for the February event, and it was a lot of fun! Everyone arrives in time for breakfast. Sister Laheri, who leads the team of volunteers, says for some children this will be the only time in the month when they eat an egg. There is a time of worship and Bible teaching, together with some health education, followed by activities. There was plenty of singing and dancing, and a substantial lunch prepared by a team of volunteer cooks. The craft activity was making friendship bracelets

out of donated wool, and this was met with great enthusiasm and ingenuity. Soon all the children, and most of the adults were festooned with bright bands of colour. Laheri would like to teach some of the women to knit and I have rashly promised to return with needles and wool on my next visit! Despite being on the equator it can get cold at night, and warm hats and jumpers are much appreciated.

Many of the children are under the care of the outpatient department, and a nurse comes over to check up on teenagers who are not attending follow up.

There is a very happy and positive atmosphere, and clearly those who attend get a lot out of this supportive network. One young woman in her mid 20s had been one of the original 'AIDS orphans' when JaJa Day started. She was infected by HIV (transmitted from her mother at birth), but thanks to the treatment now available she remains well. She completed school, trained as a hairdresser, and now has her own successful business, as well as two small children: free from HIV thanks to effective antenatal screening.



‘...committed to shattering HIV stigma, preventing HIV transmission, supporting parents and teaching young people how to build healthy relationships.’

ACET NIGERIA



Purpose

ACET Nigeria mobilises local communities in north-central Nigeria to care for vulnerable people's relational and sexual health. They work directly with children, young people, and adults with relationship and sexual health education, HIV information, care and support. ACET Nigeria are committed to shattering HIV stigma, preventing HIV transmission, supporting parents and teaching young people how to build healthy relationships.

Support

ACET Nigeria achieve their objectives through various groups and outreach programmes:

Esteem clubs for 13 to 18-year-olds to develop better self-esteem, improve relationship-building skills and increase sexual health knowledge. As well as health topics, ACET Nigeria also teaches young people about Jesus and the Christian faith. ACET Nigeria train other Christians to run Esteem clubs in their local communities.

Children's clubs for 5 to 12-year-olds cover similar topics to the Esteem clubs but are age-appropriate. ACET Nigeria trains other Christians to lead these sessions for their local children.

Both the Children's and the Esteem clubs aim to teach children and young people about positive

relationships, self-esteem, and making better choices for their relational and sexual wellbeing early on in life. This is crucial as child marriage is so high.

ACET Nigeria also offers HIV community outreach where they test thousands of people for HIV and then offer adherence support for anyone who tests positive. ACET Nigeria has specific ante-natal care for vulnerable pregnant women at high risk of HIV or who are already HIV positive. In addition to this ACET Nigeria train missionaries and church leaders to reach community members about HIV and AIDS intervention through education, counselling, and testing services. A lot of work is done to tackle the stigma of HIV and the importance of creating support groups for anyone who might be facing emotional trauma or depression.

ACET Nigeria has a comprehensive training programme called the Transforming Masculinities and Better Parenting Project, which aims to break the cycle of inequitable relationships and gender-based violence by encouraging respectful relationships based on empathy and understanding.



Impact

- ACET Nigeria's work has greatly impacted the local community. Last year, they helped 313 pregnant women to enrol for antenatal care and to discover their HIV status. 16(9.8%) of these women were HIV positive and linked to prevention of mother-to-child transmission of HIV services, which was a brilliant achievement.
- Thousands of orphans and vulnerable children met weekly in Esteem clubs in various orphanages in Jos this year, to learn how special they are in God's creation and to discover their true purpose. Last year, 100 young people gave their lives to Jesus.
- The HIV counselling and HIV testing service outreaches run by the team, also provide opportunities for sharing the gospel with beneficiaries, as the clients are usually provided with one-on-one post-test counselling; and sometimes the counselling sessions extend into several meetings.



Challenges

- The threat from violent and extremist groups throughout Northern and central Nigeria. Boko Haram and other groups threaten both the safety and ability to carry out activities.
- As the trained volunteers' activities grow and develop, ACET Nigeria are constantly seeking better places to rent for hosting activities and clubs.
- Some children clubs are asking for resources for games, such as football. ACET Nigeria would like to explore how to provide these child-friendly game resources for the clubs in our future plans.
- Challenges of child protection around bullying during children club activities are being addressed through more training on safeguarding and child protection. ACET Nigeria have also encouraged facilitators to ensure they form and run children's clubs in pairs to better safeguard both the children and themselves.

Prayer

Praise God for the many volunteer staff in ACET Nigeria. Pray for the volunteers' orientation briefing coming up. Especially, please ask God, that He would help them come out of the training with a good implementation plan for the rest of this year. Thank God that they are able to meet and fellowship together as Christians (this would be extremely dangerous and not possible at all in many areas of Nigeria).

"I decided to come to Children's Club to learn and to read. It has helped me to make new friends. I learnt that HIV is a sexually transmitted infection that can be transmitted from an infected person to another. Since coming to the club, I've made changes - I have decided not to have sex until I marry." - *Matthew, 12 years old, who attended a Children's club.*

We would like to make you aware that MMN have changed the governance structure of the organisation from a trust to a Charitable Incorporated Organisation. This means that from 1st July, our charity number will change to **1200235** and we have new bank details.

MMN'S new bank details:

Sort code:
405240

Account number:
00101073

If you send us any donation or payment by direct bank transfer **please can you update your records** as the old accounts will close on that day.

At the end of April, trustees enjoyed the opportunity of considering the latest grant applications and being able to make awards to support a number of healthcare projects. This included: Christian Faith Ministries (Nigeria) for their hospital ministry, RICD - Stronger Together (Thailand) and Special Children's Trust (Uganda) for their work with disabled people, YWAM Cambodia and Shining Star (Zimbabwe) for their work with HIV patients, Sunrise Cambodia for their prison ministry, Transforming Lives Today (India)

and Emanuel Clinic (Moldova) for their mobile clinic work and PRIME (Nepal) for offering mental health support.

We recognise that we can only do this because of your generous support and we trust that you will be encouraged as we share stories of the impact that this has in making Jesus known in these healthcare settings. If you want any more details on any of these projects then please get in touch.

Grev Parmenter
Director



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