

# Eternal TREASURE



**MEDICAL  
MISSIONARY  
NEWS**

Making Jesus Christ known through healthcare

2025  
Issue 2

# Same Purpose New Name

Contributed by  
Grev Parmenter (Director)  
& David Keith (Chair of Trustees)

**O**ur aim is to follow the example Jesus set and provide support to those in need through the provision of health-care services. We do this by working with partners around the world who are doing this in health-resource poor places and sharing the Good News of God's saving grace through God's people in their local communities.

Whilst our purpose remains the same as it always has been, it has been exciting to see how God has been working through MMN over the last few years as we continue to support those involved in medical mission. The way that we serve our partners and supporters has constantly changed as the world around has changed and this continues to be the case.

We want our name to clearly represent what we do. After much prayer, we will be changing our name to **Medical Mission Network** as we believe this


captures the essence of who we are, what we do and where we are heading.

One thing we are very keen to preserve is the link to what God has accomplished through the ministry over many decades and so we want to keep with the initials MMN. The new name enables us to do this, and we will be using MMN and Medical Mission News as working names of the charity as many of you already refer to us as MMN and we want to continue the story of medical mission through the magazine.

## Supporting medical mission

Medical and Mission sum up what we have always done and what we want to continue doing. We want both to be evident in the work that anyone we connect with is doing. It is not just medical and not just mission, it needs to be medical mission.

In the beginning we supported individual medical missionaries who



were sent to many parts of the world and established mission hospitals. Over time this approach has changed and now our focus is on working with local Christian organisations who are wanting to share the Gospel through the provision of healthcare services, education and training. The small change is to now be Mission rather than Missionary as we now primarily support projects rather than individual missionaries.

For many years we helped many mission hospitals and clinics by sending out the goods that they needed through container shipments. Now many of these goods can be sourced locally much more economically, so our focus is to support them financially through grants. We are now sending far fewer containers than we used to due to the reduced demand, receiving far fewer donated goods and the increasing cost and bureaucracy. As a result, we have decided that the warehouse will close at the end of this year and we will organise shipments in a different way.

## Growing connections

The one thing that has remained constant through all of this is that the most important way we can support medical mission is through

prayer. We provide a network for our mission partners to communicate what God is doing through them so that you can pray more effectively. We share these stories and prayer needs in this magazine and through email, social media and apps like PrayerMate with the aim of mobilising a network of faithful prayer partners like you.

When we pray, God often prompts us to give to support the work of medical mission and we provide a safe and secure way to do this.

Over the last few years we have expanded into other areas where we can serve medical mission through connecting partners who have specific needs with those who might be able to help them. We have worked with partners to inspire medical students to experience working in a mission context overseas and have supported them financially through our elective bursary scheme.

We want to develop this further so that we can provide a resource base for medical mission that can connect Christian medics with mission organisations/training providers; provide materials to support these medics as they think about medical mission and how they can prepare themselves for it; connect partners who have specific needs

with those who might be able to help them. Therefore, we believe Network is a better name for us as it gives us scope to develop in whatever ways God opens up for us in the future.

## What is affected?

The charity number, website, email addresses and postal address all remain the same with no change.

## Donations

Our bank details will remain the same so that will not affect any donations that are made whichever method you choose to donate. If you donate by cheque it would be helpful to use Medical Mission Network or MMN as the payee.

## Legacies

If you have kindly included us as a beneficiary in your will then, if it is not too much trouble or cost, it would be good to ensure you have the correct name, Medical Mission Network, and charity number, 1200235, as that will make it easier for your executors as otherwise it may take them longer to connect with us. To reassure you, the legacy will not be invalidated if you are not able to do this.

## Donated goods

The lease on our warehouse is running out shortly and we have taken the decision to streamline how we run the shipping operation. From 1st January 2026 we will no longer be able to receive goods at our current warehouse facility. We remain committed to supporting our partners in Zambia with the shipping of goods so we are setting up alternative arrangements with other organisations to do this.

## New process for donated goods

We will have a new process that will come into effect from 1st September 2025 to handle donations of specific goods (including glasses) that are still needed to be shipped. This will help us all to put the right processes in place before we will not be able to receive any goods directly. For those of you who send us goods for Zambia and/or Moldova we will be in touch with you to outline what this process will be. If you do not receive this then please get in touch and we will make sure you do.

## Stamps

The process will remain the same and we will continue to receive any stamp collections or used stamps.

We are excited to see what opportunities God opens up for us to serve those involved in making Jesus Christ known through the provision of healthcare. We look forward to continuing with you on this journey as you pray for and give to our partners and the ministry of MMN as we seek together to serve Him to extend His kingdom and see many lives transformed. Look out for the new visual identity that will be coming out in the next few months across the different communications channels that will reflect the change of name and the way we believe God is leading us in this ministry.

We are hosting a number of drop-in sessions on Zoom over the next few weeks where we can explain how God is leading us in more detail and give you opportunity to ask any questions that you may have to give you a better understanding of our direction of travel.

Dates for Drop-in sessions:

Wednesday 25th June – 7.30pm

Thursday 26th June – 7.30pm

Friday 27th June – 10.00am

Wednesday 2nd July – 2.30pm

Monday 7th July – 10.00am

Thursday 10th July – 2.30am

Tuesday 15th July – 7.30pm

The Zoom details will be the same for each session:

*Meeting ID: 897 252 5712*

*Passcode: 881078*

We are excited to see what opportunities God opens up for us to serve those involved in making Jesus Christ known through the provision of healthcare.





# God of Miracles

Contributed by Sue Baldock  
from Accomplish Children's  
Trust



**I**n 2015, Accomplish Children's Trust CIO established a Vocational Training Centre for Rwensori Special Needs Foundation (RSNF) with just five students which quickly grew to 10 by the end of the first year. This work expanded to include an agricultural project and now the RSNF team work with over 1,300 families with disabled children in various programmes.

Their vision is for an inclusive society with equal rights and opportunities for children and young people with a disability.

## Our Dream

*"We're motivated by putting the love of God into action to help*

*people who need it the most."*

RSNF works towards these goals by teaching skills and providing individual support to young people in the Vocational Training and Community Centre.

## Vocational Skilling

This programme is tailored to youth and young adults with disabilities to gain knowledge and skills to enable them to live more economically independent lives, as well as contribute to their family income. From 2015 to 2024, students with disabilities graduated in tailoring, hairdressing and knitting courses and all were able to get start up kits to establish their own business, and also receive certificates of comple-

tion from the National Directorate of Industrial Training. Of these, 68 are boys and 136 are girls. During 2024, an additional 50 students received vocational training and were given start-up kits, thanks to a grant from MMN.

### Rose's Story

In a small village in western Uganda 18-year-old Rose lives with her siblings and their ailing mother. As the fifth child in her family, Rose worked hard to complete Senior 4 despite living with cerebral palsy. School was far from easy: her classmates teased her, mimicked the way she walked and talked, and often isolated her. Yet, Rose remained determined to study, re-

fusing to let their judgment define her future. However, her dreams to further her education were put on hold when her mother's health worsened, leaving her with no choice but to take on greater family responsibilities. With no steady source of income, life became increasingly difficult. To make ends meet, she started babysitting for a neighbouring home, but even that came with challenges. The children feared her because of her condition, making the job emotionally exhausting. Nevertheless, she pressed on, determined to support her family.

### A Life-Changing Opportunity

Amid her struggles, Rose feared for

**With no steady source of income, life became increasingly difficult.**

**Nevertheless, she pressed on, determined to support her family.**





with a startup kit that included a knitting machine, allowing her to produce quality garments.

## New Chapter of Independence

Rose has successfully launched her knitting business and is already seeing results. "Since I started my own business, I can afford to buy basic necessities, purchase medicine for my sick mother, and even save 5,000 UGX (£1) every week," she proudly shares. Her determination and hard work are paying off. She recently secured a tender with a nearby school to knit sweaters for students, a significant milestone in her growing business. This opportunity not only boosts her income but also solidifies her position as a skilled entrepreneur in her community.

her future, until one day, she heard an announcement about RSNF, an organisation offering vocational training for people with disabilities. Seeing a glimmer of hope, she reached out to confirm if she could enrol in their knitting programme.

## A Turning Point

Rose joined RSNF's training programme and spent a year mastering the art of knitting. She was determined to make something of herself, and by the end of the program, she had learned to create sweaters and other knitted garments. Recognising her dedication, RSNF, in partnership with Accomplish Children's Trust (ACT), provided her

## A Testament to Resilience

What once seemed like an impossible dream has become a reality. Rose has not only gained a valuable skill at RSNF but has also achieved financial independence; one stitch at a time. "I thank God for RSNF. The skill I acquired there means a lot to me and my family." Her journey is a testament to resilience, hard work, and the power of opportunity. Thanks to RSNF, in partnership with ACT, her future is brighter than ever.



There have been  
so many miracles  
over the years  
that just blow us  
away...



Not only does RSNF provide vocational and business training, they also care for the student's physical and mental health and spiritual development encouraging discussions and bible study for any student.

Thank you for your prayer support, which is crucial. There have been so many miracles over the years that just blow us away: incredibly heartwarming and humbling. Your financial support is life-transforming as well. Your last grant transformed the lives of 50 disabled young students like Rose. They had all completed their year-long training at the RSNF Vocational Training Centre in business studies and vocational training in knitting, tailoring or hairdressing. Your grant enabled them to establish their own businesses in their villages or towns, supported by the RSNF staff.

The future for RSNF is exciting. Accomplish and RSNF jointly decided during 2024 that the continual increases in rent of the premises in Fort Portal were unsustainable. With a huge leap of faith it was decided to close the centre in December 2024 when the last group of students had graduated. Prayers were answered and a huge plot of land in an ideal rural location was bought. More prayers have been answered since. Moving out of the rented property, complete with the RSNF sign above, was achieved last December. Two old buildings on-site (see initial photo) are now being refurbished and a new class room and office block is under construction. The dream is to reopen the centre in January 2026.

The future is in God's hands.

# God of Love



*Contributed by Drs Ian and Claire Ferrer  
from PRIME Nepal*



**P**RIME has conducted a variety of teaching and training programmes in Nepal going back many years, much of it focused on mental health topics. This training has mostly taken place in health-care facilities in the larger cities in the past, but more recently through local church connections rurally. Government data indicates that the number of suicides and mental illnesses in Nepal is rising annually, so reducing mental illness in the community is really important.

## Why are mental health problems increasing in Nepal?

Factors affecting mental illness in

Nepal include:

- The majority of young people aspire to leave their home country to study and work abroad, and currently about 2,500 young people leave Nepal every day. This is considered to be a major contributory factor in family break ups and divorce.
- High unemployment rate
- Unstable government and political situation
- High interest rates on bank loans, reaching up to 15%
- A lack of knowledge and awareness of mental health
- Mental illness is stigmatised and viewed as associated with sin

- 
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- Alcohol addiction
  - Nepal has the third highest rate of child marriage (under 18) in South Asia. 37% of Nepali women aged 20-24 were married by the age of 18.<sup>1</sup>
  - Chronic illness

## PRIME's 2024 Training Programme

The Nepal Christian Society (an umbrella organisation of many churches in Nepal) invited and supported this year's programme of mental health training for community leaders. They asked us to deliver this basic mental health training in each of the seven provinces in Nepal. Last year for the first time, the PRIME team divided into two so that we could teach in both East and West Nepal.

We raised awareness of mental health issues and suicide prevention in villages through the local church, in collaboration with the local government. The group travelling west taught in Jajarkot and Salyan districts at East Rukum and Chaurjahari (in Province 6) and then far west in Dhangadhi and Kanchenpur (in province 7) providing training for very remote churches. In the east, three trainings were held in Dharan and nearby (Province 1). The team travelling east also taught in Kathmandu and

provided psychiatric support for several organisations.

The two-day core teaching programme comprises material on basic mental health awareness, which has been developed and taught about 17 times in the past seven years. The team continually add new material and present teaching in different ways to improve the course content and effectiveness. Teaching includes listening skills, trauma informed care, suicide awareness, self-care, emotional logic and looking at emotions positively amongst other topics.

Last year, the basic course was adapted according to the delegates' needs and the situation. We taught a more secular version to teachers in Dhading and were requested to do the same in East Rukum and Chaurjahari. We also wrote and delivered an additional course to encourage delegates to teach outside their own church; '*Teaching mental health where you are*', which we delivered in Talchowk near Pokhara and in Kathmandu.

Claire Ferrer, one of the PRIME team reported that "This training certainly raises mental health awareness and equips attendees to start addressing mental health needs. The tools we give them during the teaching are appreciated

...this training has taught me how to help them in their problems and how to get out of their problems.



and often put to good use immediately afterwards.

Increasingly we realise that most of our teaching should be in Nepali, and we plan to review our teaching presentations and posters accordingly. We have now sourced a couple of willing translators who have grasped the vision for this work themselves, and who have the time to assist. Going forwards, we plan to have all our PowerPoint presentations in Nepali with English subtitles and to have reusable posters in Nepali rather than handwriting flipchart posters in English and Nepali for each presentation. We will continue to invite high-quality translators for the courses as they are able to help promote understanding during sessions, and often become advocates for this work themselves.

"I didn't think this training would be as useful as it has already proved. We have been able to use this training when meeting with two different couples in the last few days since you left, and it has been really helpful."

"I had the opportunity to participate in mental health training. There are very important things we learned. People have different kinds of mental problems, which we did not understand and used to call demonic. We have learned that we need to go towards the solution of mental illness. We have learned what mental health is, its causes and circumstances. We have also had the opportunity to learn about trauma. I have learned that the small abuse behaviours we do in childhood has a negative impact later in adulthood. I have had the



opportunity to learn about such serious things in this training.”

“During ministry, people come with various mental health issues, family problems, and stress. We were teaching them from biblical counselling and training them. But, this training has taught me how to help them in their problems and how to get out of their problems.”

“Due to natural calamities, financial conditions, and fear that impact the well-being of child psychology and adults, resulting in losing their mind. In a short time, you taught us all content gathered regarding psychology rather than unnecessary fun. Once again, I would like to thank you all and hope for a similar programme next time. Thank you.” Our dedicated Nepali Programme Coordinator said that “I am very

grateful to you for providing resources to make a healthy community in Nepal through the mental health training. We were able to reach some remote areas to organise mental health training for the school teachers and principals, community leaders, clubs and churches. It was a great opportunity to collaborate with the local government for providing mental health training, to increase awareness of suicide prevention and impart some skills for mental health care.”

We are grateful to MMN for their generous financial support for this year’s programme.

<sup>1</sup> <https://plan-international.org>

*Receiving  
certificates at  
the end of the  
course*



# God of Blessing

*Contributed by Melvin and Sharon Kelly  
from Somos Nós*



**O**n behalf of Somos Nós we would like to thank you for partnering with us as we desire to see Christ transform lives and Communities in Mozambique, through an undivided witness in both Word and deed, to those most marginalised in Mozambique. Thank you for the generous donation of £8000 which was granted in February 2024 in response to the submission we made. We really value your partnership.

We felt led by God to found the ministry of Somos Nós (formerly Helping Hands) in 2012. Since then, we have worked alongside

our brothers and sisters in Mozambique. We returned to Northern Ireland in July 2021, on Homeland Missionary Assignment, thinking that it would be for a period of one year. Due to changing family circumstances we are now based in Northern Ireland. Somos Nós is still very much in our hearts as we endeavour to continue to support the ministry, by raising financial and prayerful support, so the ministry can continue to flourish, transforming lives and communities.

We were blessed to be able to visit Mozambique, as a family, in the Summer of 2024 to see first-hand what God is doing through Somos

Nós. We were greatly encouraged as we ministered alongside, and watched and listened to the Somos Nós team on the ground. The ministry is growing and we are so blessed to have a dedicated team of Mozambicans who are passionately demonstrating the Gospel in both Word and deed. It was such a privilege to watch Juca as he co-ordinated the team. Elina's contribution as a nurse is also invaluable. It was so encouraging to see an increased relationship between the ministry of Somos Nós and the public hospital in Maputo.

The hospital have started to refer people to Somos Nós for help and this is an amazing opportunity to show the love of Christ practically and also share the Gospel. It was wonderful to celebrate with Regina as she graduated in Physiotherapy. She continues to work part-time with Somos Nós, which is such a blessing. Her husband, Afonso, is also such a blessing as he visits people in their homes and helps practically at a community level. We rejoiced with them at the birth of their son after a difficult period in their lives. Carlos continues to lead community Bible studies and mobilise churches. Samuel and Constantino use their skills and training to build, repair and maintain wheelchairs.

We first met Constantino in 2012. Afonso was walking in his neighbourhood and noticed Constantino sitting on the ground outside his house. He went to talk with him and built a friendship. He invited him to church to receive a wheelchair. He came along to the meeting and, over time, accepted Christ as Saviour. He then decided he wanted to learn to play the piano to lead worship, so he started to learn. Over time we realised that Constantino liked to make and repair things, so we invited him to come and volunteer at the workshop. This led to him being employed by Somos Nós, helping him to survive through the income he receives.

*Constantino*



He now helps repair other wheelchairs and is a great testimony as others that come to the workshop can relate to him. We praise God for the transformation in Constantino's life.

We were also delighted to witness the arrival of the latest container filled with mobility aids which daily continue to bless many in Mozambique. Through the dedicated and trained Somos Nós team these container consignments that arrived from the UK in Summer 2024 are being used to their full potential. We thank God for Mozambicans with a heart to reach out to their people.

## The Wednesday Clinic

Each Wednesday the team run a clinic, ably assisted by a band of volunteers, where they share the Gospel, fit wheelchairs, provide reading glasses and nurture community. We were so encouraged to see a large number of people turn up on the Wednesday when we visited.

When we arrived people were sitting around in a large circle. God's Word was opened and the Gospel was shared. After, everyone got the opportunity to share their name and also how the Gospel message that day had impacted them. Each



*Wednesday Clinic*



person was then given breakfast: some bread and a cup of tea.

Stations were erected for different needs. One was for those needing a wheelchair where they were measured and fitted correctly for the wheelchair. A second was set up for building wheelchairs. Another was to receive reading glasses, which transforms lives as they can read God's Word for themselves. In another corner a young man, with limited mobility, shared his story and challenges with Elina.

We sat down with Adriano and Cecilia. They had come with their three daughters Amelia (24), Joanna (22) and Angelica (19). This was the first time that they had been to the Wednesday clinic and met with Somos Nós. They told us of how their girls had been born without a disability, but one by one had started to lose mobility. Now all three have limited mobility and need significant help. Cecilia shared with us, through tearstained eyes, how it takes her two hours at each meal to feed her girls. She carries them to the toilet. She is alone and without help. Others in her community look down upon her.

They took the girls to Central Hospital in Maputo to seek help only to be told that the hospital does not have the resources or expertise to

diagnose and treat their condition. However, they gave them the contact number for Somos Nós and told them to seek help there. They were invited to the Wednesday clinic and it was there that we had the privilege of listening, sharing God's Word and praying for them. They also received wheelchairs from Somos Nós. We pray that this precious family will come to know Christ and also find a community of believers through Somos Nós where they will feel supported and loved.

At the same clinic we met Estefan and his daughter Fernanda. In the summer of 2023 Melvin and our daughter Abigail went to Mozambique. We could not go as a family as our son, Joshua, had not yet received all of his childhood vaccines after his bone marrow transplant.

When leaving Mozambique, at the airport, some officials were creating problems and querying some items in their luggage. This often happens due to corruption. While talking to the officials, Melvin mentioned that they had been in Mozambique ministering with Somos Nós.

Immediately, one of the officials asked Melvin to come aside to talk to him. He shared that he had a daughter who needed help. Melvin

Estefan and his daughter were helped and now, a year later, he had come again to the Wednesday clinic in search of ongoing support.



*Melvin with Estefan and his daughter*

passed his number onto the Somos Nós team and they followed up. Estefan and his daughter were helped and now, a year later, he had come again to the Wednesday clinic in search of ongoing support. Praise God for the team and their dedication.

Albertina has been a long-term friend and a blessing to Somos Nós. She is a pastor's wife and she also led a ministry training and equipping ladies in craft skills and sewing. Recently a new group has been birthed, where people with disability and mothers caring for children with disability are taught skills. We try to help them market their products. Albertina was part of this group and also made covers for pressure cushions for

Craft Group wheelchairs. Albertina suffers from diabetes and in November a sore broke out on her foot. She was hospitalised but her leg could not be saved. Just before Christmas her leg was amputated. This highlights the need, in Mozambique, for increased education and training about diabetes and other conditions. We are so thankful for Elina and how she used her nursing skills in dressing Albertina's wound after amputation. The wound has now successfully healed.

It was wonderful to experience first-hand how the ministry of Somos Nós is thriving. Now our Mozambican brothers and sisters are in the driving seat and we are supporting them from the sidelines. This means that there is an

additional need for funds as Mozambicans are now fulfilling roles that we fulfilled while we lived and ministered in Mozambique. The current budget annually for Somos Nós is £60,000 to cover the basic salaries and running costs for the ministry. Thank you for investing in the lives of our team in Mozambique as you helped to provide salaries, so that they can feed their families and continue to minister for God, blessing their own people.

The salaries are very minimal and we are grateful for the sacrifice that our team makes to be part of this ministry.

More than ever, Christ's love compels us to together be the voice of the most marginalised in Mozambique. Praise God that He provides the Somos Nós team with opportunities each Wednesday to share His word with more than 30 people. Recently a couple attended the Wednesday clinic. The wife had been using a wheelchair for 20 years and her wheelchair was in desperate need of repair so they came along. During the sharing of God's Word, the team realised that they were having difficulties in their marriage. They had the opportunity to come alongside, giving Biblical guidance and praying with them. They were not currently attending church so the team en-



couraged them to come to church and also come each Wednesday to hear God's Word. Pray that they will come to know the Saviour.

Please pray:

- for the training in June, facilitated by Free Wheelchair mission. The Somos Nós team and volunteers will be taking part.
- that the team will feel encouraged following Melvin's recent visit
- with us for God's provision of funds to buy specialised children's wheelchairs which are much needed. There is a list of children waiting for these wheelchairs
- for Sharon and Abigail as they go to Mozambique, as part of an OMS team, in July. Pray that God will do a work in each person and that they will be a blessing as they work alongside the Somos Nós team.



# God of Hope

*Contributed by Douglas Griffin from Shared Hope*

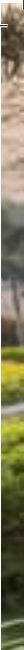
**T**he Jeevan Sahara Kendra (JSK) initiative began in 2002 after Dr Stephen Alfred attended “Prescription for Hope”, an international conference of Christians concerned about the challenge of HIV/AIDS. At the time, it was estimated that India had the largest number of HIV/AIDS sufferers in the world, with many only in their 20s and 30s.

On his return, a team of specialist workers was formed, based in one of the original buildings of the Bethany Christian Hospital in Thane; the LOK clinic. This would provide medical care and pastoral support to those living with HIV/AIDS in the local community; referrals to the team would come as a result of Hospital outpatient or inpatient attendances or from com-

munity medical outreach events.

Since 2002 the JSK team has faithfully served a community of up to 300 patients, visiting them regularly in their homes. HIV/AIDS still carries significant stigma; therefore, some visits have to take place at a neutral venue away from the home. The main focus of the work has been to monitor compliance of HIV/AIDS patients in taking their anti-retroviral medicines; however, in recent years, a number of cancer patients have been added to the visiting rota. At present the total number of patients supported by the team is 200: 70% of all patients visited being female and 30% male. Male patients tend to be more negligent about taking medicines and so require more support from the visiting teams. Tuberculosis is a very common ailment with immune





systems being so low, and staff are exposed to heightened risk of contracting TB when they visit, especially in summer months when house temperatures, on account of tin roofs, can rise to 42°C.

Shared Hope has been involved in supporting JSK for many years, from the time it was based in the LOK clinic building, so the project name “LOK clinic” has remained. Our most recent visit was in November 2024 when we were privileged to meet with the current team of six members and share in their devotional time before they set out to carry out their programme of visits for that day. It was an incredibly moving experience being able to spend almost two hours with them, listening to their stories as they spoke with real passion about their work with the patient community that they have been serving so faithfully for so many years.

In terms of patient contact, each visit is conducted by a team of two with an average of five homes visited every day. Each patient is visited twice per month. The two male team members visit male patients while the four female team members visit female patients. The working day is 9am-6pm, with each home visit lasting approximately one hour. Travel times between visits can be significant and account

for around 2-3 hours each day.

Medicines are supervised by taking a pill count with the number of pills that remain being logged on a label on the bottle. The compliance rate for taking prescribed medicines is an impressive 95%.

The life circumstances of many of the patients and their families are desperately difficult and often chaotic, so their connection with the team from JSK can literally be a lifeline. There is a monthly prayer letter which highlights some of the challenges and issues being faced by patients and their families on a daily basis, inviting prayer support. This gives a very clear insight into the lives of those being supported, also the heart and commitment which each team member has for ministering to the needs of their patients.

The business model of the Bethany Christian Hospital in Thane is to provide free medical care to the poor living within the local community who cannot afford to pay for it. This is then funded through a combination of donations, as well as from surplus generated by charging those who can afford to pay for medical or surgical care. A grant towards the cost of operating the LOK clinic therefore provides direct funding support for this clin-



ical service to the very poor who live in the slum areas of Thane and makes a very real difference in this context.

In 2025, it is planned to transfer the JSK team into a new area of work, to staff a new hospice centre, which is currently in the final stages of construction in Thane. The team will be deployed to support the cohort of 25 residents who will be supported in the hospice initially, with end-of-life care. With their current level of experience of caring for very sick patients in the community, supplemented by some additional clinical training, it is anticipated that the JSK team will be ideally placed and properly equipped to support what will be mostly cancer patients in the final stages of life. The team leader ex-

plained that there is some apprehension about making this change on account of the impact it may have on existing patient relationships/friendships that have been built over a long number of years. However, the numbers of HIV patients requiring hands on supervision with regard to taking their medicines, such as the team had been providing, has in recent times been reducing on account of the improved quality of the anti-retroviral medicines available. The majority of patients are also now well educated in the importance of regularly taking their medicines, and are actually taking them. Going forward it is considered that a lighter touch is appropriate, with monitoring being carried out mostly by telephone rather than through a physical visit, with visits reserved for crisis events. During our time in Thane, we were able to visit the hospice building site to see for ourselves the stage of completion of the building. It is an impressive looking facility, which has been carefully designed to match the needs of patients receiving end of life care, and will be very well equipped to meet this purpose. We look forward to visiting it after it has been commissioned and to hearing how the work of the JSK team evolves to embrace its expanded role in providing clinical and pastoral care.

## Project Focus



### Purpose

ACHERU (Afaayo, meaning God cares, Child Health Education and Rehabilitation Unit) is primarily a rehabilitation unit for disabled children, with the emphasis on Christian witness.

There is also widespread community work with a trained and experienced CBR (Community Based Rehabilitation) worker and a social worker carrying out community visits and organising outreaches where children are brought for assessment and referral.

Outpatient clinics are held and

children can be treated or admitted to ACHERU if required and referred for surgery.

Our work is governed by a local board, with full Ministry of Health accreditation. We were recently very pleased to find that a new club foot programme in Uganda has resulted in the Ministry of Health referring their patients to us for treatment.

ACHERU is small, with limited capacity, but the standard of the work done and enthusiasm of the staff have created opportunities to partner with other agencies and have a widespread influence.

## Strategy

Conditions like club feet and cerebral palsy (CP) are usually dealt with on an outpatient basis; club feet by serial casting and manipulation, CP by intensive physiotherapy and instruction for families.

The most common inpatient problem is neglected osteomyelitis, treatment for which can be lengthy. Cleft palate can be dealt with quickly by local surgical partners. We also see many burns contractures and various bone deformities. We have a number of surgical partners offering free or subsidised operations, with the children coming back to ACHERU immediately afterwards for post operative treatment and rehabilitation.

Through the community work, individuals and families are supported by the medical services we can provide, but also through community education aimed at prevention. We have a flexible approach and try to help families suffering particular deprivation. This help can range from food parcels to fostering of children where the home circumstances are such that they cannot be returned there.

When children are in ACHERU they will be accompanied by carers, and, as well as the medical treatment required, the children's

...individuals and families are supported by the medical services we can provide...



education will be maintained by our qualified teacher. The carers will also be given instruction/training in various subjects related to home making and care of children. There is an active programme of Christian teaching and fellowship, which is usually very well attended. This is conducted by our own staff, and clergy from local churches. A choir comprised of ACHERU children sings in churches and schools in the area to help make the work more widely known.



# Impact

Our work has become very widely known and is often featured in newspapers and on the radio. Advocacy for disability is an important part of our work; we maintain very high standards, and what we do is looked on as an example of best practice, leading to development of similar work by other organisations in different parts of the country. We have worked with hospitals who were unaware of the scale of the problems in their own areas, helping them organise community outreaches and establish links to specialist services.

Locally, we engage with the community, churches, and other organisations to promote awareness of what we do. This can result, for example, in politicians or local leaders persuading people to bring children to us when previously they were very reluctant to seek medical help.

Christian outreach is central to the work. As well as a programme of teaching, the treatment of a child previously believed to be cursed makes a very clear statement. Several of our staff are trained and experienced evangelists, and a recently developed outreach to blind children has led to an invitation to our staff to take responsibility for Christian worship and teaching at

a government school for blind children.

Efforts are made to maintain the connection with those who have come through ACHERU, monitoring not just the child's health but the family's ability to care for them, and maintaining a link with local churches to try to deal with spiritual needs.

The influence of our work can be far reaching. Naomi Long, leader of the Alliance Party and Northern Ireland's Justice Minister, did voluntary work with us in Uganda, and our work has also been visited by the present and previous Irish presidents, Mary McAleese and Michael D Higgins.

We try to be objective in evaluating what we are doing, and were thrilled to hear a visiting American professor describe ACHERU as the nearest he had seen to an expression of Christ's love on earth.



# Challenges

The staff in Uganda have been first rate in dealing with the challenges they encounter, but there are always new problems to face. Surgical costs have been rising significantly, but we have been able to address this through partnerships with other agencies and hospitals who can provide surgical services, letting us concentrate on community education, as well as locating and referring children for appropriate treatment. We provide follow-up care and rehabilitation, sometimes for very long periods, particularly with severe cases of osteomyelitis. Through all this we try to maintain a Christian witness.

Most of the conditions we encounter are either preventable or could be dealt with so much more easily with earlier intervention, so prevention is a primary focus. This is particularly the case with Cerebral Palsy, with a continuing very high

incidence especially in areas with limited access to maternity services.

In planning the development of our work at Napak in Karamoja (north-eastern Uganda) we are particularly aware of the challenges we face with Cerebral Palsy, and the dramatic difference it will make if we can prevent brain damage, from whatever cause, resulting in the condition. We coordinate work with other agencies to try to understand the causes, to educate people about the damage which can be caused at birth, to make people aware of the maternity services available and how they might get transport to access them. In doing this we will be trying to work with the most influential people in the community: church leaders, politicians, village leaders etc, those who may best be able to influence the communities they are responsible for.



*ACHERU staff*

...we have a work that is shining a light and showing what can be done for disabled children.



*ACHERU choir*

## Prayer

- For the Ugandan staff encountering serious deprivation in communities, and very sick and disabled children. They have the skills, but face difficult choices as they cannot do everything, and can be very conscious that their decisions affect people's lives.
- We need wisdom in planning, particularly in relation to work in northern Uganda.
- For those of us with responsibility for fundraising, that we will be guided in the allocation of resources.
- We must not let the demands of the medical work detract from maintaining a witness. We are fortunate that a number of the staff are trained and experienced evangelists.
- Safety while travelling.
- Give thanks that through all the challenges, we have a work that is shining a light and showing what can be done for disabled children.



ACHERU

# Reflect *and pray*

And we know that in  
all things God works  
for the good of those  
who love him

Rom. 8:28

It is often a great encouragement to see prayers answered and know that our support is opening up more opportunities for people to receive healthcare and hear the gospel.

Please keep the projects we hear from in this magazine in your prayers; many are working in extremely poverty-stricken areas of the world, where the financial challenges only continue to increase. Pray too for the energy and stamina of these believers who have a heart to serve others, while sharing the saving message of Jesus.

*Lord, we bring our partners before you - we hear of the challenges they face, and in these circumstances it is often easy to lose hope. Please encourage them, remind them that you are working in all things for the good of those who love you, and you long for the lost to return to You. Have your hand over these projects, and if it is Your will, may they continue to offer support long into the future.*



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