MEDICAL MISSION NEWS

Healthcare in Conflict

2026 Issue 1

Living in the End Times

Contributed by David Keith (MMN Trustee)

As we read the accounts of healthcare in conflict, I think about this passage which was read a few Sundays ago, at our morning prayer meeting.

'As he sat on the Mount of Olives, the disciples came to him privately, saying, "Tell us, when will these things be, and what will be the sign of your coming and of the end of the age?" And Jesus answered them, "See that no one leads you astray. For many will come in my name, saying, 'I am the Christ,' and they will lead many astray. And you will hear of wars and rumours of wars. See that you are not alarmed, for this must take place, but the end is not yet. For nation will rise against nation, and kingdom against kingdom, and there will be famines and earthquakes in various places. All these are but the beginning of the birth pains.' Matt. 24:3-8

There is no doubt that mankind has been in continued conflict since the Lord Jesus Christ returned to heaven. Even in medieval times there was near constant warfare in many regions, and a much higher percentage of the global population died in wars before 1900 than after 1950. It definitely feels that wars are more frequent as we now hear about every conflict everywhere, and conflicts are very prolonged. All is a sign that we are in the last days, with every day bringing us closer to the return of our Lord and Saviour, Jesus Christ. As I was often reminded by a saint, now in heaven, we are in "the last of the last days!"

And as that day approaches, even more important to make the most of our opportunities to serve God, wherever we may find ourselves. As Eph. 5:5-17 reminds us, "Look carefully then how you walk, not as unwise but as wise, making the best use of the time, because the days are evil. Therefore do not be foolish, but understand what the will of the Lord is."

Correspondently, as well as conflict being all around us, we are in evil times. We may not realise it, but we are all in a conflict, if we are a follower of the Lord Jesus Christ. The world is continually against us, and many do what they can to oppose the telling of the truth of the gospel. We have little time, and few opportunities to do something in service of God, so we must take that opportunity. If we were in such places of conflict or a war zone, which some are experiencing in the articles in this magazine, then we could never be sure that tomorrow would ever come. Every day could be our last. But then, although we live in a more stable society, it is just the same for us. Every day could be the last day.

The word used for 'time' does not mean clock time, but a fixed period. With the thought that God has set fixed periods where there is opportunity, and we must make the best use of that time of opportunity. 'Making the best use' has the idea of buying back or redeeming. As it is the same word used to buy back a slave and make them free. Therefore, we are to buy up that time to give it to the Lord in His service. That is a challenge for us all, there is a cost involved, it means we will not have time to spend doing other things.

So, as we read the accounts of time spent in service in areas of conflict we should be challenged to also give time in prayer, and service when the opportunity arises.

Healthcare in Terrorism

Contributed by Kent & Ruth Hodge (Christian Faith MInistries)

World interest in 2025 focused on Nigeria's festering contention with terrorism. The media are disinterested in caring for the victims, but when the most vulnerable suffer, Christians quietly help.

Christian Faith Ministries (CFM) runs a 35-bed hospital in a conflict hotspot in Nigeria's central north: between Du and Bisichi townships, Jos South/Barkin Ladi LGAs, Plateau State, 6km from massacre site Dogon-Nahawa. A decade ago, and since, bullets have flown across the land where CF Hospital now stands.

Du is home to the Berom, mostly Christian farmers, and Bisichi is mainly Fulani Muslim. Fulani have herded cattle and sheep in Nigeria for over a thousand years, grazing them between unfenced farms, sometimes on farms. Farm damage is mostly carelessness, sometimes deliberate. Formerly disputes were peaceably resolved, mostly, by community elders. From the year 2000, conflict intensified as some herders mysteriously acquired semi-automatic weapons: most Fulani herders could not afford a semi-automatic rifle by selling all his animals. From this, killing escalated.

Islamic Jihadist Boko Haram appeared from nowhere in 2009. After NATO destroyed Libya in 2011, semi-automatic weapons flooded West Africa. In 2011, Boko Haram, with fleets of new Toyota jeeps, rocket-propelled grenade launchers, automatic weapons and endless ammunition, began their siege on Jos: CFM then rented premises in Jos South.

Attacks provoked Christian community retaliation against Muslim neighbours, sparking counter-retaliation. Boko Haram sought civil war but failed when both communities realised it and the retaliation stopped. Most Muslims bitterly hate Boko Haram for seducing and stealing their sons and daughters. By 2014 Nigerian military drove Boko Haram from Jos who then focused their barbaric atrocities north-east, on Borno, Yobe and Adamawa States.

CFM started 'Healing Justice' during the Boko Haram siege on Jos. With local Muslim elders, men of peace, CFM team visited victims in hospitals and paid their hospital bills. Can you go past your Muslim neighbour, wounded "on the road to Jericho", lying in a Jos hospital bed, to help only Christian neighbours? No. Healing relationships restores justice and peace. CFM helped the destitute, Muslim or Christian with food, shelter, clothes and medical care. In 2014, CFM helped in Jos IDP (Internally Displaced Persons) camps, equipping and staffing a school for displaced children in the camp nearest us, helping other Christian groups hold camp medical outreaches. Boko Haram and Fulani conflict has killed well over 300,000 people and displaced multiple millions since 2011.

By 2015 CFM employed a health care worker for our first Children's Crisis Care Home, opened in 2014. Initially 14 persecuted, destitute, displaced and/or orphaned children, aged seven and over, were kept safe and educated, supporting extended family until they could resume care. Growing to 42 by late 2015, the children were safe from massive child-trafficking in conflict. Safety, good food, love, kindness and education for the children rebuilt community hope. By March 2016, the Home and clinic, later their school, moved to CFM's site, *Wurin Alheri (Place of Kindness)*. We then had 80 new children, Borno State Boko Haram survivors, join.

Mark ALechenu

A young man, who seemed vaguely familiar, arrived in Kent's office in 2014 saying: "I am your son! How can I help?" In 1997 we sponsored fatherless 18-year old Mark Alechenu in the Benin City Bible school, where we then worked. We raised seminary scholarship funds for students from Nigeria's Islam-dominant north and conflict-harried-oil-rich delta from 1990 onwards and in 2006 we relocated north.

After Bible School, Mark's uncle helped him study medicine. In 2014 Mark worked at Faith Alive Family Hospital, central Jos, gaining great training and mentoring. Mark gave an evening weekly, helping our children and Bible college students. By late 2018 he became CFM's full-time doctor, and later CF Hospital's Medical Director. A medical director with the call and heart of a pastor is God's gift.

Building Relationships

Meanwhile, CFM grew good relationships with Bisichi and Du and bullets stopped flying. Our second community-collaborative Computer Skills Training Centre opened in Bisichi's donated old mosque in 2015. Muslim and Christian youth learned together, gaining needed technical skills and peacebuilding/conflict resolution skills. Peace spread, transforming inter-community relationships. Now CFM's training centres in ten communities are achieving total turnaround in previous conflict hotspots.

Wurin Alheri's neighbours came to our small Children's Crisis Home clinic for help, necessitating expansion. Officially registered as CF Hospital in 2019, staffed by Christians, the team help Muslims and Christians with equal kindness, reflecting Jesus' commanded neighbour-love, living out a faithful gospel witness.

CF Hospital

By 2022 CFM built, and the hospital occupied, the present 35-bed facility: with wards, outpatients, maternity, diagnostic lab, small operating theatre, X-ray, dental,

'...the team help Muslims and Christians with equal kindness, reflecting Jesus' commanded neighbour-love, living out a faithful gospel witness.'

optometry, and weekly clinics with visiting specialists. Since delivering the first baby in November 2018, with over 1,000 births, CF Hospital has miraculously had no maternal deaths; praise God!

Working in a region of intense Fulani conflict, CF Hospital holds pop-up medical clinics, treating thousands of patients for free in IDP camps and surrounding communities. Fulani attacks on predominantly Christian farming families in villages near Mangu during May/June 2023, and in Bokkos during Christmas/New Year the same year killed over 600 and displaced over 50,000 people. Crops, livestock, homes, businesses, some schools and churches were destroyed; personal property looted or burned, which are the regular pattern of attacks. In Mangu and Bokkos, each under an hour from Wurin Alheri, CFM teams delivered food, soap, sanitary products and Bibles alongside the hospital team holding clinics in IDP camps.

Many Mangu/Bokkos people have been treated since at CF Hospital and 22 Bokkos/Mangu children have joined our Children's Crisis Home.

Rebuilding

Many Plateau communities have returned to slowly rebuild homes and villages, and replant farms, but some villages are only now being cleared of illegal occupants during January 2026, following US military help. Heavily armed criminal Fulani elements have guarded illegal foreign mechanised mining operations in occupied villages for years, stealing rare-earth ores. Brutal resource theft happens across Africa.

Although local friction is frequently prodded, provoking conflict, most of Africa's brutal terrorism is not organic, but armed and sponsored internationally by the very rich, with corrupt local collusion, to rape Nigeria (and all Africa) of her abundant natural resources, with utterly evil ruthlessness.

Medical care in conflict is risky, but an essential part of God's holistic healing plan, caring for the survivors, reflecting the love and light of Jesus in the toughest times.

Meeting the Need

Contributed by Dr Haroon Lal Din (Akash Christian Society)

Akash Christian Society (ACS) was founded in 1988 with a commitment to strengthening the local Pakistani church through medical missions by serving the remote deprived areas of mountainous northern Pakistan. ACS's vision is to reach the unreached and to challenge and equip the Pakistani church to embrace its role in fulfilling the Great Commission.

The society's primary project, Kunhar Christian Hospital (KCH), has been empowering Pakistani Christians to live out this mission in northern Pakistan since 1988, therefore encouraging the young believers for mission in Pakistan. What began as a small outpatient clinic in a rented building with just a few staff members has grown significantly over the years.

Since 2000, when Dr Jean Orr from Edinburgh inaugurated the main block of the hospital, the clinic has developed into a fully functioning hospital offering: surgical services, neonatal care, inpatient treatment, ultrasound and digital X-ray capabilities, a pharmacy, and a diagnostic laboratory. Today, KCH is supported by a dedicated team of more than 40 staff members.

Changing Medical Work

Thirty-seven years ago KCH

provided only basic medical outpatient support, as there were very few physicians in the area. Fast forward to today, many small medical facilities have opened up in the area, and KCH has shifted its focus towards providing more specialist care to further facilitate the local community. We thank God for providing specialist doctors in various fields.

Our team is made up of four doctors who are all based on the KCH hospital compound. This includes: a radiologist, anaesthetist, obstetrician and General Practitioner.

For many years, KCH has been providing 24-hour care for patients as well as daily outpatient clinical support during the day.

During 2025, KCH served approximately 6,500 patients. The vast majority of the patients who visit KCH are women (75%) and children (5%) with men making up roughly 20% of patient visits. Furthermore in the past year KCH has served: 1,758 antenatal patients, 111 deliveries, 139 surgeries and 234 X-rays.

Evangelism of the frontline

KCH is located in an area in which the only Christian population is the hospital staff members. Any encounter with another person is a gospel opportunity. The presence of the hospital is Christian witness.

Finances

The operating model of KCH is to provide either a reduced fee or completely free care to poor patients who cannot afford to

pay for medicine or consultations. Patients who can afford to pay for medical and surgical care are charged for the services at below-market rates. This means that KCH is able to generate roughly 75% of its annual running expenses locally. The remaining 25% of running costs are covered through donations from international and national partners. Almost all capital expenditures are dependent on donations, such as a new ultrasound machine, purchased in 2024, which was generously donated by MMN. We remain deeply grateful to our donors and partners for enabling us to serve better.

Sajjad's Christmas Lights

In December 2025, an infertility patient couple, Mr and Mrs Sajjad, from Azad Kashmir, paid for the Christmas light decorations for two days during the holiday period for our clinical facility in Mansehra.

Mr Sajjad was so grateful and delighted that he and his wife were able to have a child that he decided to pay for Christmas decorations for the clinic buildings. Sajjad said, "In response to your prayers, God has blessed us with a child, so I want to light up the church and clinic on the occasion of Christmas." The staff of KCH is very grateful for the Lord's doing.

Swat infertility patients

Another couple from the Swat Valley, Mr and Mrs Abdul Wadad, recently brought a Christmas cake to share with the KCH staff in celebration of the birth of their long-awaited son. After many years of hoping for a child, they were deeply moved by the

"In response to your prayers, God has blessed us with a child, so I want to light up the church and clinic on the occasion of Christmas."

infertility treatment service and also the prayers offered by our hospital chaplain. In their gratitude and faith, Mrs Wadad chose to rely solely on prayer rather than continue the medication that had been prescribed.

The couple joyfully attributes the arrival of their son to the prayers they received from the KCH. While we do not encourage patients to discontinue medical treatment in favour of prayer alone, we are thankful to the Lord for working through our staff and allowing us to play a part in this family's blessing.

Prayers & Needs for KCH

Please join us in praying for the future of KCH. After many decades of faithful leadership from Dr Haroon and Mariam Lal Din, the hospital has entered an important season of transition. Pray that God continues to guide and prepare Dr Ebenezer, Dr Joshua and Kiran, and Dr Verda Naz, as they step into the responsibility of leading KCH collectively. We ask for prayers for a smooth and successful succession, so that KCH may continue serving the people of the Kaghan Valley with compassion and excellence. We ask for prayers for a stronger administrative team and for continued wisdom for the Board of Trustees of ACS. We also ask for your continued prayers for the financial provision needed each year to meet our budget and sustain this vital work.

The task of providing emergency C-sections and incubator baby care becomes very hard due to grid power disruptions, which are very frequent. We are praying for funds to install two 20kw hybrid solar inverters with lithium-ion batteries to cope with this.

Other than medical work, ACS's ministry also has been to prepare young Christian professionals through providing financial support for medical education for students from strong Christian families. We have been doing this since the start by providing training at the hospital and also supporting higher professional training at higher educational institutes. At the moment we have three students in training in professional colleges that need support.

Hope and Healing in the Midst of Conflict

Contributed by Lizzie Makombe (acet UK)

Nigeria is a nation of immense strength, faith, and resilience. Yet, it also carries deep wounds. Ongoing conflict, economic instability, displacement, and insecurity place enormous strain on its healthcare system; particularly for children and young people. In this context, preventative sexual health education is not a luxury; it is a lifeline.

Across many regions of Nigeria, communities, especially Christian communities, are living with the long-term effects of violence and instability. Armed conflict and insecurity have disrupted schooling, displaced families, and weakened already overstretched health services. Sexual health clinics are often under-resourced, healthcare workers overwhelmed, and access to consistent care remains limited; particularly for adolescents navigating physical, emotional, and sexual development.

A Hidden Health Crisis Among Young People

While the visible effects of conflict are often measured in displacement figures and casualty numbers, quieter health crises remain largely unseen. Young people in conflict-affected settings face heightened risks of sexually transmitted infections, early and

unplanned pregnancies, substance misuse, and poor mental health. These risks are intensified by disrupted education, trauma, poverty, and limited access to accurate health information.

In many communities, conversations about relationships, sexual health, boundaries, and self-worth remain taboo. In the absence of trusted guidance, misinformation flourishes. Young people may turn to peers, social media, or harmful cultural norms for answers; often with serious consequences for their physical and emotional well-being.

Sara

Sara* is 14 years old and lives with her parents in Wamba. She attends an Esteem club.

“Before the project, I did not have much confidence in myself. Before Esteem, I got answers to questions about relationships and sex from social media and friends.

I used to think relationships is all about simple male and female having feelings.

My favourite thing about coming here was the body part labelling activity. The particular session that stood out for me was relationships. I learnt more in choosing my friends so I cannot get wrong friends.

Healthy relationships are one of the things that please God as are choosing friends with good characters.

Esteem was particularly useful when I learnt the changes on the teenage body and the facilitators answered questions asked in class.

I can confidently stand and ask question in my class as a result of having positive self esteem. I’m really happy to know how to choose good friends to have better life, unlike the friends that I don’t have.

I learnt that Jesus’ love continues. I didn’t really see potential in myself before but God has helped me see myself as good tool for the future, who can bring change to my family.” *(*name changed)*

Preventative Healthcare Through Education

ACET Nigeria works at the intersection of health, education, and faith. Their approach recognises that healthcare is not only about treatment, but about prevention: equipping young people with knowledge and a sense of personal value before crisis occurs.

Through school programmes, community groups, and youth initiatives, ACET Nigeria addresses critical issues including sexual and reproductive health, HIV prevention, substance abuse, self-esteem, personal boundaries, and healthy relationships. Sessions are delivered in age-appropriate and culturally sensitive ways, often in environments where young people feel safe to ask questions they may never have voiced before.

The team works closely with educators, parents, faith leaders, and volunteers, recognising that sustainable health outcomes require community-wide engagement. By strengthening the adults who influence young people, ACET Nigeria builds protective networks around vulnerable adolescents.

Faith, Dignity, and Healing

As a Christian organisation, ACET Nigeria understands health as holistic: embracing body, mind, and spirit. Many young people they serve carry unseen trauma from violence, displacement, or loss. Education alone is not enough without dignity, compassion, and hope.

In settings where fear and uncertainty dominate daily life, faith becomes a powerful source of resilience. ACET's work affirms the God-given value of every young person, challenging narratives of shame or worthlessness that often accompany poverty and conflict. This spiritual dimension is not separate from healthcare; it is integral to healing.

Medical professionals increasingly recognise that recovery is rarely purely physical. Emotional wellbeing, purpose, and hope significantly influence long-term health outcomes. ACET Nigeria's faith-based approach compliments clinical care by addressing these deeper needs.

Challenges on the Ground

This work is not without risk. Insecurity can disrupt programmes at short notice, and travel between communities is dangerous: particularly for Christian staff who are often targeted by extremist groups.

Economic pressures affect families and volunteers alike, and limited funding restricts how many schools and regions can be reached.

Healthcare systems under strain also mean referrals and follow-up care are not always guaranteed. While preventative education reduces pressure on clinics, it cannot replace the need for robust medical infrastructure.

Yet despite these challenges, the team continues; motivated by faith, compassion, and the belief that every young person deserves the opportunity to make informed, life-affirming choices.

Prayer

Prayer remains a vital expression of partnership for those serving on the frontlines of health and education in conflict-affected settings. We invite you to pray specifically:

- for an end to violence and insecurity, and for protection over communities, schools, and healthcare workers.
- for resilience, wisdom, and physical protection for those serving under immense pressure.
- that young people would be receptive to truthful, life-saving health education, and that cultural barriers would be gently dismantled.
- for emotional and psychological healing for children and adolescents affected by conflict, loss, and displacement.
- for resources, trained volunteers, and long-term support so preventative healthcare initiatives can continue and expand.

Healthcare in conflict settings is not only the responsibility of hospitals and clinics. It also belongs to educators, faith leaders, communities and partners who invest in prevention, dignity, and truth. ACET Nigeria's work reminds us that informed choices today can prevent suffering tomorrow.

Elective Report

With God all things are Possible

Contributed by Alex Bache who did her medical elective in Bangladesh

I have returned from a six week elective at LAMB hospital in Dinajpur, North-West Bangladesh. This is a rural area known as 'Mission Bazar' due to the market which surrounds the hospital's gate. Beyond this are beautiful sweeping rice fields and a network of mud hut villages. I spent most of my time in the neonatal and paediatric departments at the 150 bed hospital, although I also visited other departments, the rehabilitation centre and the chaplaincy team.

One key learning point for me was the transformational power of prayer. As I was observing, I generally felt limited in what I could contribute, especially given the language barrier, with all consultations in Bangla. However, I felt God was reminding me that I could pray for each patient, and make sure the children felt loved and seen. I prayed over and over that God would give me grace and that I would share this. As the apostle Paul wrote, 'But [God] said to me, "My grace is sufficient for you, for my power is made perfect in weakness"' 2 Cor. 12:9

I was able to build some lovely brief connections with some of the children, especially in the outpatient department. In one case, I smiled at a child with epidermolysis bullosa, and he looked over his shoulder, to his baby brother. I smiled again so he knew I was smiling at him and

half his face lifted to meet me with a smile. Another encouragement was a seriously unwell baby who I prayed for and who improved. We had daily prayer meetings which were a great way to start the day, in which we sang and prayed in a mixture of English and Bangla, so that everyone was involved. Joining the Easter services and events was a helpful time of reflection and happy celebration.

Maximising Resources

Another experience was seeing how healthcare is delievered in a more resource-limited setting. Initially I found the lack of continuous monitoring at the beds surprising. I saw how doctors had to make decisions with comparatively minimal investigations and be resilient to environmental challenges like power cuts. I held my breath when the oxygen concentrator also powered down in the emergency department, before the generator kicked in. However, it was amazing to see how resources were maximised and waste minimised. I believe higher resource settings can learn from this sustainable practice.

Christian Values

I saw the role of Christian values in shaping the direction and work of the hospital. LAMB's vision is that 'People of Bangladesh, transformed by the love of God, experience abundant life in healthy and just communities' so holistic healthcare is emphasised. It was a joyful experience to visit the rehabilitation centre and spend time getting to know the families, children and staff there. It was lovely to form simple relationships through the basic Bangla I had been learning. LAMB hospital is a beautiful place, with the hospital nestled around a garden with bright flowers. It is cared for by local men and women with physical and mental disabilities, who are trained and paid to undertake plant management. Attending their morning devotion, I saw how much joy these colleagues shared within the team, and also how this was shared with everyone on site through the uplifting landscape.

‘I saw how patients valued being listened to and accompanied, and took great comfort in the visits and prayer they received.’

I also really enjoyed my day with the chaplaincy team, seeing how they provide spiritual and emotional support. All patients are offered counselling and/or prayer. Someone had told me how a patient they met chose this hospital specifically to receive prayer. I saw how patients valued being listened to and accompanied, and took great comfort in the visits and prayer they received. For example, I saw the chaplain come alongside a mother as her child was dying. I was also encouraged to hear the chaplains’ own testimonies. I saw how LAMB’s vision of being transformed by God’s love and helping all people live fully, has helped shape the work of LAMB in providing whole person care.

Culture

I felt warmly welcomed into local culture, loved taking Bangla lessons and enjoyed living in the area and getting to know local people. The paediatric team made a huge effort to be kind and share their culture with me. I got fed lots of different *nasta* (snacks) from *Shingara* (savoury egg, peanut, potato pastries) to *Am Makha* (spicy unripe grated mango), and on one rainy day we all shared *Khichuri*. There was a

real sense of community. I was also kindly taught basic symptoms and medical phrases in Bangla which helped me gradually follow more of the gist of consultations. The team also explained conditions I was less familiar with like severe acute malnutrition and typhoid fever, as well as rarer congential conditions.

A group of us who were visiting short term held a worship evening, singing praise songs in different languages. It was a particular encouragement to me when one of the staff members I had invited came along, as well as a local family alongside the missionaries. We were also able to share at a women's Bible study in one of the village churches about the story of the woman healed from bleeding and Jesus' statement "Daughter, your faith has healed you. Go in peace and be freed from your suffering." Mark 5:34

I now have a greater understanding of cross-cultural mission. I am thankful to God for the opportunity to get to know LAMB, and grateful for the funding contribution from Medical Mission Network. The people of Bangladesh and the country now hold a special place in my heart and I will continue to pray for them.

'Jesus looked at them intently and said "Humanly speaking, it is impossible. But with God everything is possible."' Matt. 19:26

Restoring Hope

Contributed by Martin Wilcox (Director of ChildAid)

Despite overwhelming hardship, Ukraine's primary care system remains remarkably adaptive, innovative, and a source of stability and hope for millions. However, there are serious issues.

Four years into the war, the country's healthcare network has been stretched far beyond its intended capacity. Clinics have been destroyed or damaged, medical supply routes cut off, and hospitals overwhelmed with the wounded. Millions of Ukrainians have been displaced internally, straining services in the regions that remain relatively safe. Despite all of this, healthcare workers continue to demonstrate extraordinary resilience.

Accessing medical care, whether urgent or routine, has become increasingly unpredictable. During the night, when most missile and drone strikes occur, is particularly dangerous. Ambulance response is often delayed or unavailable, especially for elderly patients who are typically triaged with lower priority. Those living alone or in rural areas face even greater uncertainty, waiting in fear through sirens and explosions, unsure whether help can reach them at all.

Staffing shortages compound the

crisis. Many doctors serve in the military, while large numbers of predominantly female healthcare professionals have fled the country for safety. Hospitals struggle to stay operational under immense strain, with frequent power outages, insufficient heating, and wards filled to capacity with injured soldiers and civilians. The pressure on frontline staff is unrelenting.

Even before the war, healthcare in Ukraine involved both official costs and unofficial 'incentives'. Patients were often expected to provide their own medication, and the quality of treatment varied widely depending on personal resources. Now, with state funding diverted heavily toward defence, the gap between those who can afford healthcare and those who cannot has grown into a chasm. What was once challenging for poorer families has become almost insurmountable. Those with wealth still find solutions; those without face uncertainty, delay, or no treatment at all.

A further growing concern is the number of displaced 'orphans': children whose parents remain alive but have placed them into state care to move them away from front-line danger. In one western region, ChildAid to Eastern Europe is supporting nearly 300 such children. Many arrive with no documentation and no financial support from their home regions, some of which are now under Russian occupation or simply are unable to provide funding. Host authorities lack the resources to meet their needs, which means anything beyond the most basic medical care is often impossible. ChildAid steps in to provide food, clothing, and essential supplies; however, specialist healthcare for these children too often depends on outside intervention.

Bringing Light to the Darkness

Yet, even amid devastation, there are powerful stories of healing and hope: small acts that transform lives. At Little Lighthouse in Makariv, everyday health concerns are not forgotten, even during war. Poor eyesight may seem like a minor issue, but for a child who can no longer clearly see faces, colours, or words on a page, the world becomes a frightening and narrowing place. A simple pair of glasses can bring life back into focus.

With support from ChildAid, Little Lighthouse arranged ophthalmology consultations for five children from socially disadvantaged families. Each child chose their own pair of spectacles. The moment they put them on, seeing the

world sharp and bright again, was filled with wonder. Their joy, gratitude, and excitement were overwhelming. In times like these, such moments are precious reminders of what compassion can achieve.

Mental Health

Teenagers in Ukraine face even greater emotional turmoil. Many already carried heavy burdens: poverty, abandonment, discrimination or low self-esteem. Now these struggles are multiplied by trauma: the loss of homes, friends, family members, and any sense of normality. There is a growing fear of a 'lost generation', young people overwhelmed by grief and instability.

Mental health needs have risen sharply. Providers who were already stretched now face a tidal wave of anxiety, depression, trauma, and despair. And yet, Ukrainian healthcare workers persist. When roads are unsafe or communities are isolated, they conduct telephone consultations. Mobile medical units travel to displaced communities, bringing care to those who cannot reach a clinic. International partners have supplied vital equipment and training: including trauma care, psychological first aid and crisis support.

Recognising this immense need, ChildAid has commissioned a unique resilience programme called *'Finding Steady Ground'*. Developed specifically for Ukrainian

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teenagers living through war, it can be delivered in faith-rooted small groups or through one-to-one sessions over seven modules. It is not therapy or a substitute for professional medical care, but a set of practical, life-giving tools young people can use immediately.

The programme helps teenagers:
- feel more grounded and secure when life becomes overwhelming
- explore their values and wants: reconnecting with their own identity, values, hopes and sense of purpose
- recognise their personal needs and boundaries
- understand and use emotions as sources of information rather than threats
- regain control by focusing on what is within their influence
- process loss and grief gently and safely
- rediscover moments of joy, calm, connection and spiritual strength.

These steps are vital for building resilience in the midst of war. ChildAid's prayer is that young people in the programme will speak of renewed strength, courage, and hope, even when circumstances remain incredibly difficult. Supported by prayer and the ever-present comfort of the Lord, these tools help them anchor themselves amid chaos.

For years, access to quality healthcare in Ukraine has depended heavily on personal finances. Skilled professionals and excellent services exist, but they have never been accessible to all. The war has widened these inequalities and layered trauma upon trauma. Without focused support, an entire generation could bear emotional scars that last a lifetime.

That is why the work of ChildAid and its partners matters more than ever. By caring for vulnerable children, supporting families, empowering teenagers, and standing alongside healthcare providers, they bring light into some of the darkest places.

Pray for peace. Pray for healing. Pray for Ukraine.

"The LORD is my strength and defence; he has become my salvation."
Ex. 15:2

Reflect and pray

How difficult it is to read of the challenges and persecution of our brothers and sisters across the world. Despite these circumstances, our Lord and Saviour continues to hold onto His people and bring light into such dark situations.

While the world may be facing chaos in so many areas, how wonderful to know that God's plan is still unfolding - His love, strength and purposes never waiver.

Lord, we thank you for your children bringing hope across the world, often at the risk of their own safety. We pray your hand of protection over their lives as they serve you each day and bring your message of hope to so many people in need. More than that, would you strengthen their hearts and remind them of your deep love and care for them, that they may continue on in the fight. In a broken world, we thank you for your plans to prosper and that one day we know you will return to make everything right again.

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