



**MEDICAL
MISSION
NEWS**

A Need for Medicine

2025 Issue 3



Transforming Lives Today

He Heals all our Diseases

Contributed by Dr Christine Sansom (MMN Trustee)

Let all that I am praise the LORD, may I never forget the good things he does for me. He forgives all my sins, and heals all my diseases.

Ps. 103:2-3

Amen – for me as a young doctor, this scripture was a bit of a dilemma! If God wants to heal us and make us whole and He can, does He need doctors?

Well, the answer must be yes, and the Bible does speak of doctors and medicines. The Bible mentions doctors and medical practices. Jesus himself acknowledged the role of physicians, stating, “It is not the healthy who need a doctor, but the

sick”. The Bible also mentions various medical treatments used in ancient times, such as bandages, oil, wine, and leaves. Furthermore, it was Paul who referred to Luke as the beloved physician in Colossians 4:14. Although Luke never met Jesus personally, he became His follower later and wrote his gospel from eyewitness accounts; but, from a medical perspective.

In many of the places where our partners work, witch doctors are still consulted when someone is sick and, on several occasions, when I was in Malawi and Zimbabwe I witnessed people being healed and delivered from evil spirits as we prayed for them at our

medical clinic. Our God still works today to heal and set people free.

The whole ethos of Medical Mission Network is the sharing of the Gospel through medical work. MMN's aim is to follow the example Jesus set and provide support to those in need through the provision of healthcare 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.

We continue to support many mission hospitals where patients hear daily prayers and gospel messages. Here is an extract from a report that Josh, a fourth-year medical student, wrote after his visit to Kijabe Hospital: "Every morning the team would have a short devotional time led by the consultant for the day – a great way to start the day and commit it to God. On the ward round, we would pray with every patient – it was encouraging to see how most patients were so receptive to this."

In some of the projects we support we cannot evangelise openly and it is often in these places where our doctors and therapists are living testimonies. I think it was St Francis of Assisi who is thought to have

said "Preach the gospel at all times, and when necessary, use words." You see this quote everywhere, and for good measure too. I think that is because its message resonates with many Christians about the importance of living a life of such Christ-likeness that it makes the world stop, think, and enquire about the Jesus we serve.

Here are examples of some places where we cannot openly preach the gospel but where lives have been changed.

One of our partners runs a school for deaf children in Afghanistan, and this has impacted the lives of many deaf children and their families.

We have supported a Christian therapist in China who has been able to get into her local universities and help those with mental health issues. The suicide rates among young people in China has quadrupled in the last decade.

We support a medical work in India where doctors run medical camps in villages. In their recent grant application to MMN, they asked us for a grant to purchase a Bone Density monitoring machine. The trustees questioned this, as to us it seemed that the grant could have been better used to supply medicines to

these small village clinics. Dr Jane McNaughtan and I were asked to speak with the directors of Transforming Lives Today. It became clear during our conversations that God was using the machine and its prestige among the village leaders to get into many rural villages and be able to preach the Gospel. Not only that, Sozos the Director, to whom we were chatting had a rare illness himself and Jane McNaughtan works with a Specialist in that field of medicine. We were able both to pray with Sozos and his wife, Des, and direct him to some expert help. That was not a coincidence but a God-incidence.

Nepal Leprosy Trust is another project we support. The Hospital was built in 1972 and has become a Centre of Excellence for

leprosy care and, because of its impact in the community, there is now a thriving church there and in some local villages.

We are so grateful to all our mission partners who lay down their lives to provide high standard medical care and you can read more in the following articles.

'But how can they call on Him to save them unless they believe in Him? And how can they believe in Him if they have never heard about Him? And how can they hear about Him unless someone tells them? And how will anyone go and tell them without being sent? That is why the Scriptures say, "How beautiful are the feet of messengers who bring good news!"' (Rom. 10:14-15)



Nepal Leprosy Trust



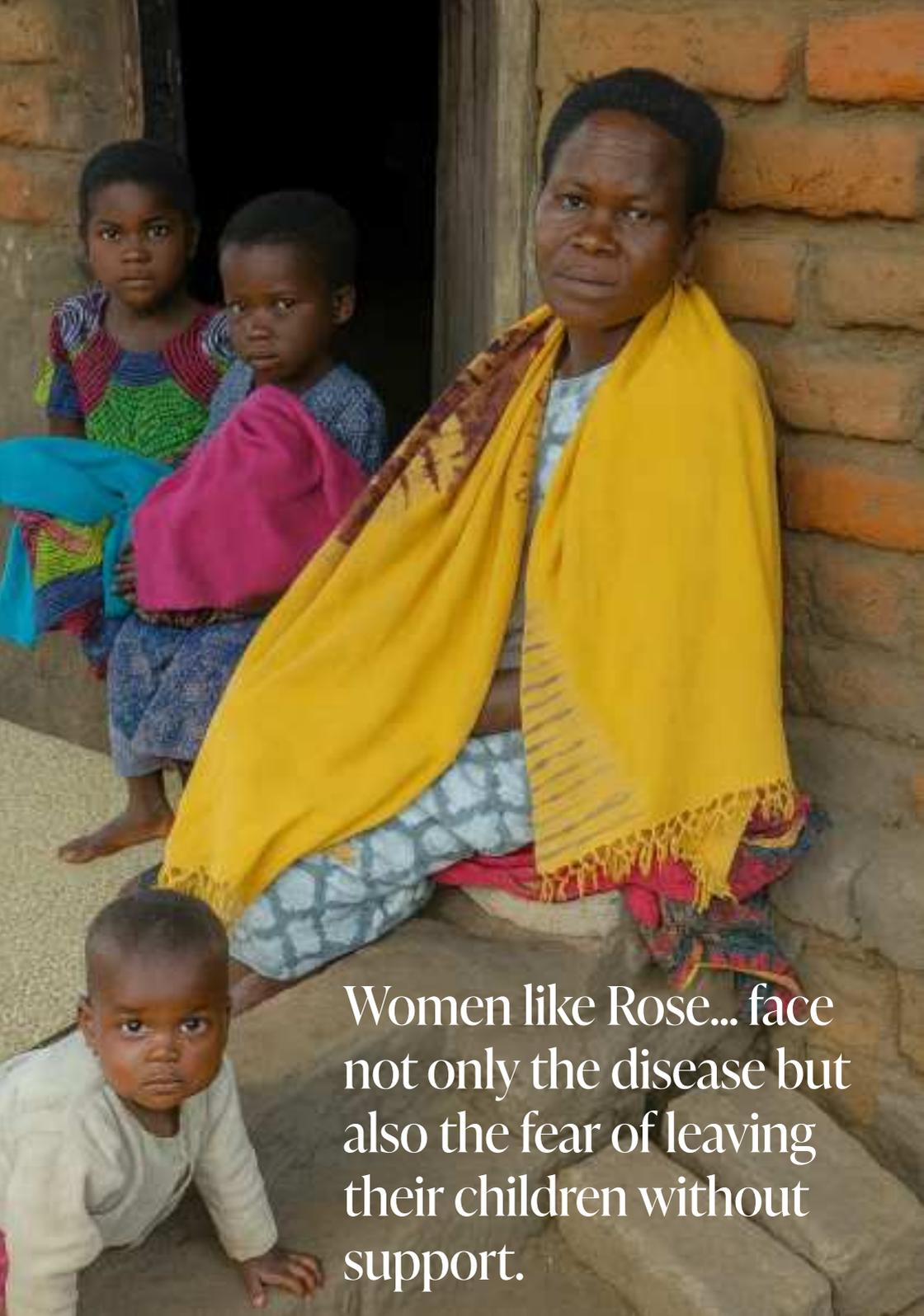
Early Help, Lasting Hope

Contributed by Heather Brooks and Justus Kanyuka, Lifeline Malawi

In rural Malawi, the journey to medical help is often measured not in minutes but in hours: hours of walking on dusty roads, sometimes carrying a sick child on your back, or riding a bicycle for kilometres over rough terrain. For many, the cost of transport to a distant hospital is simply impossible. The result is tragic: illnesses that could be treated early become life-threatening.

Since 2003, Lifeline Malawi has stood in the gap for those who would otherwise be left without care: delivering professional, compassionate healthcare to some of the most underserved communities. Within a 45-kilometer radius

of its rural health centre, Lifeline Malawi offers essential services such as HIV testing and treatment, TB screening and care, and cervical cancer detection and support. These are only part of a much wider range of medical and community programmes, designed to bring both health and hope. Every interaction is an opportunity to express the love of Jesus. Patients receive not only skilled medical attention, but also compassion, dignity, and the reassurance that God deeply values them. As one patient shared: “At Lifeline, they treat my body and my heart.”



Women like Rose... face not only the disease but also the fear of leaving their children without support.

HIV Testing and Care

Early detection saves lives. Lifeline Malawi tests more than 5,400 people for HIV each year, reaching remote and underserved areas. Consistent outreach has helped reduce the local HIV rate from 3% to 1% over four years. When someone tests positive, almost all begin treatment immediately, thanks to Lifeline's rapid follow-up.

Today, 1,452 clients are receiving HIV care at the rural health facility. Alongside life-saving antiretroviral therapy, they receive nutritional support, emotional encouragement, and spiritual counsel. Mothers who are HIV-positive are closely followed to ensure their children receive timely care and the best chance of living free from the virus. Fear and stigma still stop many from testing, but Lifeline's consistent, caring presence has built trust. In each conversation, health workers have an opportunity not only to explain the importance of treatment but also to share the deeper hope found in Christ.

Tackling Tuberculosis

Tuberculosis remains one of Malawi's deadliest diseases, especially in rural areas where symptoms are often ignored or misdiagnosed. From March 2024 to April 2025, Lifeline

collected 583 sputum samples, identifying TB in 8% of cases - up from 6% the year before, showing progress in reaching undiagnosed patients.

The Reach Out and Touch programme at Lifeline Malawi cares for some of our TB patients with more than medication and nutritional rehabilitation. The team make home visits, to support people through the long months of treatment.

People like Yohane Mwale, a 49-year-old father of four, know what this means. Living 12km from the clinic, Yohane was diagnosed with TB and HIV but was severely malnourished. For two weeks, Lifeline provided nutrition before safely starting his treatment. His recovery was steady but sure. Today, Yohane is back in his fields, tending his crops, and providing for his family: his voice strong again as he speaks openly of God's provision in his time of need.

Cervical Cancer

In Malawi, cervical cancer claims too many lives because women are diagnosed far too late. Poverty, lack of awareness, and long travel distances all play a role. Lifeline Malawi offers screening at its clinic and through outreach, and for those

already in advanced stages, covers transport to central hospitals for radiation and chemotherapy.

Women like Rose, a mother living 5km from the clinic, face not only the disease but also the fear of leaving their children without support. Diagnosed when the cancer had already affected her kidneys, Rose has been surrounded by medical care, prayer, and practical help, from food parcels to transport. While her treatment journey is ongoing, she speaks of feeling 'carried' by the compassion and faith of the Lifeline team.

Second Chances

For Davison, a fisherman living alone, the turning point came when Lifeline's team found him gravely ill after he stopped attending TB and HIV care. Weak, coughing, and undernourished, he was brought back into treatment with a specialised nutrition plan and home-based counselling. His health began to return within weeks. Now he is back on the lake, fishing to support himself and giving thanks for 'the people who did not give up' on him.

cancer, the lesson is the same: the sooner someone receives skilled care, the greater their chance of recovery and long-term health. Early intervention prevents suffering, slows the spread of disease, and gives families hope.

Lifeline Malawi's professional staff, supported by trained community health workers, bridge the gap between illness and treatment. But the work goes beyond medicine. Patients are also pointed to the One who can heal their hearts. Morning devotions, prayer, and compassionate listening remind them that their worth is not defined by illness, but by God's love.

Every test, every medicine, and every hand held in prayer is part of a bigger picture: a glimpse of God's Kingdom breaking through in a rural corner of Malawi. Early intervention changes the course of disease. The love of Jesus changes the course of a life. At Lifeline Malawi, both are offered: freely, faithfully, and with joy. We are thankful to Medical Mission Network for their support over the years, and by God's grace, this work will continue, bringing health and hope to many more in the years ahead.

www.lifelinemalawi.com



Davison



In the Image of God

Contributed by John & Becky Wright, who founded Wukwashi wa Nzambi in 2005; the project is currently run by Henry and Joyce Mutembu

There was a hush over the crowd as two teenagers began to sing. The first could not hold his microphone but then, in perfect pitch, started the song *'The way I am is how God created me'*. The second line was delivered as a response, *"So don't laugh when you see a person living with disability, they too are created in the image of God"*. Soon the whole congregation was clapping and cheering the children.

Wukwashi Wa Nzambi (*'with God's Help'*) was named to ensure the continuance of its' purpose; 'Breaking down the barriers that

stop children with disabilities from fulfilling their God given potential'. Healing through surgery, has released many disabled people from dependency, as well as the provision of equipment, (via MMN and locally sourced), but changing attitudes is a key objective too. As Joyce explained, "Some church pastors expect instant healings and are soon neglecting the disabled person if this isn't the case". Equally tragic is when a family spend their money on witchdoctors for cures, instead of being reached by a community-based project, such as Wukwashi Wa Nzambi (WWN).

Hence, our visit for the 20th

anniversary in June 2025 and hearing the children's song for acceptance, was so special.

The WWN project has been helpful to Operation Mobilisation in Kabwe, and they came to the celebration stating they had learnt a lot from Henry and Joyce when starting a similar scheme. Joyce also shared that OM had arranged for WWN to go to Tanzania, speaking to pastors in training using the resource *Transform Disability* (written by Bethany Children's Trust and available on their resources page).

Having gained recognition, other initiatives are partnering with Wukwashi. One organisation promoting community-based rehabilitation has placed a physiotherapist with our team. He was able to tell me that functional movement was the emphasis for the children, which fits with the foundations of our work. The work centres on

using play, posture and positive attitudes in the churches, where 19 groups meet.

Alongside the WWN centre the adjoining site is being developed into a boarding school for 1,200 children. The US based Christian charity doing this is Life Song, and they are prepared to jointly work with Wukwashi's board to promote further attainments for children with Special Educational Needs. This will bring further expertise into the project, but will not prevent the not professionally qualified church volunteers from using their time in the groups.

It was encouraging seeing Nduma, who was at the school on our last visit, busy on the site, with preparations. The mix of expertise and the constant kindness of WWN's Christian volunteers has reached nearly 1,000 Zambian SEND children. At the celebration, the volunteer team used a parent's story in a drama, where every official from clinics, schools and even a church choir would not help a parent; but, then they found acceptance and support through WWN. We felt encouraged to see how powerful this message of the Good Samaritan is still as it was when preached 2,000 years ago. How wonderful it is that God can show His love through the intervention of His people.



Medicine Behind Bars

Contributed by Hannah Bolton who did her medical elective in the Philippines

I spent two weeks volunteering with Integritas: heart for detainees, in Olongapo, Philippines. This was under the invaluable supervision of Dr Rachael Pickering.

Whatever I ended up doing during the elective, I wanted to be challenged. The prison environments, hot and humid air, and general barriers to daily tasks were, therefore, a welcome experience. It was humbling and eye opening to be immersed for a short while into a completely different culture. During our time we saw extreme poverty where people were living in slums in Olongapo, but also very monied areas in Manila.

Culture

Right from landing it was clear that the country functioned somewhat haphazardly. After surrendering control of our travel situation, we arrived in Olongapo. We were encouraged to learn about the differences in hot climate cultures, and this became apparent when things were not as task oriented as we are used to. The shame/honour culture was also prominent, and altered the way we taught and interacted with others. Simple tasks like getting a taxi were inhibited by the driver claiming they knew where they were going when, in fact, they did not, but did not want to admit this.

Activities

Each morning began with a team meeting. The Christian foundation of Integritas was woven into these, and I enjoyed discussing various Bible passages that relate to justice and helping those in prisons. Following this, we typically visited one or two police stations or jails a day. Interwoven with medical assessments were mental health and spiritual questions. It was refreshing to be able to pray openly and discuss situations beyond physical problems. Alongside the visits was teaching with the nursing assistant students (OJTs). Some days the plans fell through all together due to logistics that we were not familiar with. Nevertheless, there were cases to write up and reading to be done.

Teaching Challenges

There was a huge disparity in health literacy, which we encountered both with the OJTs as well as with the patients.

The OJT students were also working with Integritas as a final experience required in their training. Their main role in the police station visits was gathering patient demographics, measuring basic observations, and documenting these. This was, however, not a straightforward task. For example, we witnessed a trend of immediately taking random blood pressures before even introducing anyone. Documentation and patient confidentiality were also lax.





We formally taught Basic Life Support as well as teaching - or reprimanding - about medical topics to the OJTs. One such topic was regarding blood pressure.

Manual blood pressure itself is a very therapeutic procedure in the Philippines, so much so that the police officers often asked for us to take theirs. The implication of the reading is grossly misunderstood, with many claiming to have 'high blood' when they have a headache. This is one of many misconceptions we attempted to gently challenge. Despite the love of the task, the readings were suspiciously similar, rarely veering away from a number to the nearest 10. In response, we held a teaching session with the students with the hopes of improv-

ing accuracy.

With all of this, it was tricky to find the balance between improving the quality of work by locals, while respecting their way of doing things.

Running an NGO was a whole new level. It made me think how difficult it would be to maintain the quality of work being done while not physically present. Inevitably things will not get done perfectly. But, it is costly to pay staff members and provide legal and medical assistance. I would find it stressful watching things being done not quite how I had hoped. It is also not a role that offers a break. There are things to be dealt with 24/7, so knowing when to tackle the problem, when to delegate, and when to let go, is a skill in itself.

Conditions

The police stations themselves were stuffy, cramped, and oppressive. It was impossible not to feel empathy for the individuals on the other side of the bars, for whom this was now their home. Having learnt about the corruption within the justice system, it made it even harder to see punishment wrongly administered.

Going in, it was easy to jump straight in without a structured plan, but I enjoyed the challenge of managing multiple issues in a less than ideal circumstance. Often multiple inmates would be calling out, but they soon settled once told the plan. One thing I needed to improve was not rushing each case. With limited time and around five people with a problem, I tended to assess them all, only to realise after that I did a substandard job of them all! Thankfully, because we returned to the same stations for repeat check-ups or feeding programmes, further management was able to be implemented. However, were this not the case, it would have been possible to have left patients falsely reassured or untreated. Beginning work in Emergency Department, I will be wary of doing a rushed and incomplete job.

The medicine itself was not

dissimilar to General Practice, albeit through bars and via a translator. The risk of TB was much higher, dental caries were common, and wounds were often infected. Otherwise, we saw routine viral illnesses, dizziness, headaches and joint injuries as we would at home. Importantly, the aetiology of these presentations could be different. Were they injured as part of an arrest or within the cell? Have they got access to enough bottled water? Are they under a lot of stress with their legal situation? Have they had TB prior to this? Shabu (crystal meth) use was prevalent, so we learnt to establish the onset of symptoms versus use of shabu.

It was good to think about equivalence of care. We performed urine dips and blood glucose monitoring, but extensive investigations were not always appropriate even if available. If the management would be the same there would be little point. Detainees were not usually allowed out the cells, but wounds could be dressed and assessed through bars without too much compromise!

Impact

It was amazing to hear about a lady helped by Integritas earlier in the year who is now being managed for breast cancer. It goes to show

that more in depth medical cases could still be treated with the help of Integritas, despite their detainee status.

To add to the experience, we spent time with PREDA, and talked to Father Shay who founded the organisation. They play a vital role in helping abused women and children. Again, it was humbling to learn about the devastating impact of sex trafficking, the role of the US in this, and the now complicit society. It was a privilege to talk and play with some of the girls. It was also interesting to hear Father Shay talk about how a lot of the religion in the country is a facade, and how more often than not, is faith without action.

I did, however, have the opportunity to visit a jail with the

Philippine Outreach Centre. They are a church community who also look after abused children, and have a prison ministry. I had the honour of sharing my testimony to maybe 60 inmates, and joined in with their service.

Future

Overall, I am grateful to have learnt about a completely different culture, medicine through bars, taking leadership, the running of an NGO, and faith in action.

It has left me wanting to get involved in so many areas of healthcare and faith, but of course, it is not possible to do everything. Wherever I end up, I will incorporate the integral mission and pursue justice for those I meet.





Meeting the Need

Contributed by Mbita Annos, Mambilima Mission

Mambilima; the local name meaning 'the jumping waters', gets its name from the raging of the waters of the Luapula River over the rocky outcrop just above the village. Mambilima Mission station has three institutions; Mambilima Mission Hospital, Mambilima Special Primary School and Mambilima Special Secondary School.

Mambilima Mission Hospital is situated in Mulundu Village of Mwense District of Luapula Province in Zambia. It shares a natural border with Democratic Republic of Congo via Luapula River.

It is the only Christian Brethren hospital running in the district, registered in Zambia as Christian Missions in Many Lands (CMML) whose fundamental purpose is to communicate by word and deed the gospel of the Lord Jesus Christ to the members of the community. The hospital therefore seeks to provide quality health care to the members of this district, based upon the truth and teaching of the word of God.

Mambilima is conveniently accessible by both air and road. The area boasts a registered airstrip, allowing for easy access by air. By road, Mambilima is approximately 92km

from the provincial town, Mansa, and 22km from the Mwense district health offices. Additionally, its proximity to Luapula river provides a natural route for people traveling from the Dem. Rep. of Congo.

While medical work began in 1920, by the grace and help of God, the hospital has undergone infrastructure growth to become a well-equipped hospital with 110 beds for in-patients due to support from our mission workers, partners and government. It is largely because of this infrastructure expansion that the hospital was finally given the recognition of first referral hospital in 2017 by the Government. This pronouncement has however resulted in demand for more building work to meet the standards of a government hospital and increased demand for more health services.

In Mwense district, there are two first referral hospitals, Mwense District Hospital: a government hospital in lower valley, and Mambilima Mission Hospital in the upper valley. Mambilima has eight rural health centres, one private clinic and a mini-hospital which refers direct to Mambilima Hospital for first referral health services within its catchment area of 38,298 people. The hospital also attends to some cases that come from across Luapula river in Dem. Rep. of Congo.

Daily Activities

The daily schedules at Mambilima Hospital begins with morning devotion to members of staff and the patients at 7.30am from Monday to Friday. The Word of God is preached over loudspeakers, and daily visitations are made by the evangelists and the believers to the patients. The hospital has placed English Bibles in each department and we usually offer Bibles to our staff if we have some copies. Last year we distributed 200 free Bemba Bibles to patients who cannot afford to buy one, but who knew how to read and expressed the desire to own a Bible. There was an overwhelming response and we are praying that God may open more doors for such programmes. The Bibles were supplied by CMML health board.

Partnerships

Mambilima Mission Hospital is blessed with groups of dedicated health workers who have been providing health services to the best of their capabilities and this has resulted in the hospital earning a good reputation where service deliveries are concerned. The hospital also organises surgical camps where the hospital host Mission Medic Air, who come with surgeons, dentists and orthopaedic

doctors to give specialised treatment to the local people. It is so refreshing to see patients giving testimonies on the rejuvenated health after these procedures. I recently met Dr Jonathan Hannay who has expressed an interest to start coming to Mambilima for surgical camps and also knowledge sharing. We are praying over this so that the pre-programme may come to fruition by the will of God.

The hospital has a dedicated team that has worked hard to prevent maternal and neonatal death according to the ministerial statement that “no woman should die while in labour”. God has been gracious to us through Robert and Margaret Muir in Scotland, they bought us a portable ultrasound scanner which is used for easy monitoring of mothers in the maternity and labour wards. This has enabled the hospital to detect complications and initiate early intervention. We have also incorporated ultrasound services in our routine antenatal clinics and many centres around the hospital refer pregnant mothers suspected of having complications during pregnancy for review at Mambilima Hospital.

The hospital managed to construct a state of the art Anti-retroviral (ART) Clinic in 2022 with financial support from our mission partners.

The ART clinic has enabled the hospital to provide services in a conducive environment to many of our patients in our area and others who come from Dem. Rep. of Congo. The newly constructed clinic has a pharmacy, screening rooms, counselling room, data entry office, registry room and conveniences.

Tuberculosis

The hospital has continued to be the beacon of hope in the management and prevention of tuberculosis in our community. Mambilima Mission Quality Improvement project on “enhancing TB notification among children 5 years and below”, has been adopted for presentation at national level in October. The goal of the project is: “to improve health status of children under 5, ensuring access to TB services and promoting public health”. The hospital learnt from the QI project that through the enhancing of quality health workforce led to good results, strategic contact tracing and screening of under 5s for TB in numerous wards and among exposed infants. This was a game changer for Mambilima in achieving a successful outcome from the initial 7.5% in December 2024 to 25% TB notification in April 2025; far above the national target of 10%. Community engagement and ownership of the programme is key to

the vast public health concerns we have.

Provisions

We are grateful to God for his continuous provisions for Mambilima Hospital. On 1 August 2025, the dental unit at the hospital was fully set up and our staff (dental therapist, Mr Peter Nyirenda) trained to perform procedures such as fillings, and pit and fissure sealants cleaning, so extractions can be avoided.

The completion of the water project in 2023 was also another great milestone for the hospital as it enabled the hospital to have water at all times and improved hygiene.

The hospital is indeed grateful to Robert and Margaret Muir for their support, guidance and prayers.

Serving at Mambilima Mission Hospital has been a fulfilling experience, witnessing the hand of God at work. The hospital dedication to providing quality healthcare, rooted in Christian values, has made a tangible impact on the lives of thousands. As we continue to serve in this ministry, we are grateful for the support of partners, mission workers, and the government. May God continue to bless Mambilima Mission Hospital, and may His love and care be extended to all those in need.



Purpose

Our Medication Distribution Project, with our Lebanese partners Al Shabiba Risala, supports Christ-centred community peacebuilding by providing vital medication to individuals and families in Lebanon, especially in Bourj Hammoud, Nabaa, Dekwaneh, Achrafieh, Zahle, Baalbek, Keb Elias, Sidon, Nabatieh, Jezzine. We focus on supporting the most vulnerable; those facing extreme poverty, chronic illness, and displacement due to cyclical political conflict throughout the region.

On a regular basis, we:

- Provide essential medications for chronic and life-threatening conditions such as cancer, diabetes, hypertension, high cholesterol, and Parkinson's disease.
- Support medical treatment costs, including hospital admissions and cancer treatment for children.
- Offer personal visits to offer a relational and spiritual dimension to the care provided and bridge build into hard to reach populations.

Our work goes beyond healthcare to offering comfort, prayer, and encouragement as a ministry of presence, in line with Matt. 25:36.



Project Focus

Seek Peace

Strategy

We achieve this through a structured process:

1. Identifying needs: During home visits, community facilitators and staff assess family's health conditions and struggles.
2. Verification: Families provide prescriptions, IDs, and medical documentation.
3. Procurement and distribution: Medication is purchased (when unavailable elsewhere) and delivered directly to homes.

4. Personal care and follow-up: Each delivery is accompanied by listening, encouragement, prayer, and invitations to wider peace and discipleship programs in the Al Shabiba Risala Peace Centre in the community of Bourj Hamoud.

5. Embedding learning into Ministry: Through our support (Seek Peace) we have enabled the project to measure transformation beyond medical distribution by tracking health outcomes to show tangible health value. Also, measuring relational outcomes has enhanced trust, a sense of dignity and has helped to reduce feelings of isolation amongst the beneficiaries of this initiative.

6. Participatory peacebuilding: co-design with support of Seek Peace has deepened the involvement of the beneficiary families in identifying real needs and fair selection criteria that shaped the distribution processes. Those who are selected for support emerge as partners in this process, championed to advocate for their holistic health and not passive recipients of aid. Furthermore, this deepened process of involvement has served to provide entry points for relationship building and reconciliation between people groups, religious identities, genders and generational divides within this local community.

Tools/methods used:

- Medical records and prescriptions for accountability.
- Home visits for relational care, emotional support, and invitation/connection to the wider initiatives of the Al Shabiba Risala Peace Centre
- Monitoring and evaluation tools (developed with Seek Peace) to track beneficiaries, medications, and social impact.
- Seek Peace facilitated a Theory of Change process with Al Shabiba Risala, helping them develop detailed project plans for their various peacebuilding, discipleship, and medical mission projects. This ensured all activities aligned with their vision: building peace through the witness of Christ's love. The medical missions, in particular, were strategically integrated to provide practical love and build trust with families, encouraging their engagement in Al Shabiba's other projects at their Peace Centre.





The impact seen spiritually is:

- Many families (from diverse religious backgrounds) welcomed prayer and encouragement during visits.
- Recipients testified that they felt God's love through Al Shabiba Risala's presence e.g., one woman in isolation said the visit reminded her she was not alone.
- Through this, people's knowledge of God has grown as they encounter Christ's love in both word and action.

Impact

The community benefit is seen through:

- 50 individuals received life-saving medications in the last cycle, including cancer patients and elderly people with chronic conditions.
- Families facing financial hardship were able to access medication they otherwise could not afford.
- The initiative restored dignity and hope, reminding people they are not forgotten.
- By combining medical and emotional support, Al Shabiba Risala has become a trusted presence in Bourj Hammoud, building bridges across ethnic and religious divides.

In summary, the project demonstrates the pathway from healthcare to peacebuilding where distributing life-saving medicine meets critical personal needs to reduce desperation, support trauma healing, reduce other conflict drivers, encourage transparent participatory process models of justice and fairness in a divided community, and map outcomes to deepen faith and build peace between diverse peoples.



Challenges

Our current difficulties are:

- **High cost of medication:** Many essential drugs are expensive and difficult to obtain in Lebanon.
- **Verification and logistics:** Ensuring fair distribution and covering diverse regions takes time and resources.

Challenges we face in the future are:

- **Sustainability:** Without continuous funding, we may need to reduce reach or shorten the length of assistance.
- **Scaling up:** Expanding intervention to serve more families requires stronger partnerships with clinics, pharmacies, and donors.

Prayer

- **Team:** for encouragement and strength. The needs are overwhelming, and the stories we hear are often heavy, while resources are limited and bureaucracy is draining. Ask God to fill us with hope and joy as we continue serving.
- **People We Help:** many deal with long-term health issues like diabetes, high blood pressure, or heart disease, while some face more specific illnesses such as cancer or are waiting on medical results that bring extra stress. On top of this, a number also struggle with

depression, anxiety, or other serious mental health disorders, which makes coping even harder. Pray that they find strength, peace, and hope as they walk through these difficult seasons.

- **Lasting Impact:** we believe this is more than just handing out medicine. We spend time listening to people, encouraging them, and walking with them through tough seasons. Pray that each person feels loved, valued, and cared for.

- **Wider Work of Al Shabiba Risala:** this project is part of ASR's bigger vision to care for the whole person: body, mind, and spirit. Pray that it continues to be a strong witness of God's love in action.

- **For the Carers:** Most of those looking after the people we serve are close family members – often a spouse, parent, or child. They not only carry the financial load of medical costs but also the heavy emotional weight of watching a loved one suffer. Many are exhausted and feel unseen in their own struggles. Pray that they would be strengthened, encouraged, and supported, and that they too would experience peace and hope in the middle of their caring role.

- **Breakthroughs:** access to healthcare is often blocked by lack of resources and complicated systems. Pray for God's provision and for open doors to make access to help easier.

Mothers receiving gifts at Mambilima



“I am the Lord,
who heals you.”

Ex. 15:26

Reflect and pray

We have seen in this edition of the magazine how our Lord acts as the great Physician and draws people closer to Him through the means of healthcare. It is so encouraging to hear of the doors being opened to the gospel, especially in closed areas of the world, and how people's lives are not only being improved physically but that many are giving their hearts to Jesus too.

Please keep these projects in your ongoing prayers as they work diligently to care for those who have so little in life. Pray that doors would remain open and that healthcare will continue to be an avenue for sharing the gospel openly.

Lord, we thank you that you are a healing God and one who cares deeply about our physical, mental and spiritual wellbeing. May you continue to draw many more lives to You through your followers who use their medical skills to reach out to the lost. Please continue to encourage them and remind them of how proud you are of them, that they sacrifice so much each day to serve others and You.



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