



MY
PEACE
I GIVE TO
YOU



**MEDICAL
MISSIONARY
NEWS**

Making Jesus Christ known through healthcare

2022
Issue 3

Our focus this issue is mental health and the projects working to support those who are suffering with severe damage caused by their past or the circumstances they currently face.

The UK mental health charity MIND report that 1 in 4 will experience a mental health problem every year. Following the pandemic, anxiety and depression have been on the rise, and our world is in desperate need of hope.



The projects we hear from explore the ways they are helping people recover from mental health issues. By offering pastoral support, community, prayer and developing people's faith, they demonstrate that Jesus is the greatest comfort for those facing distress and can carry us through anything we may face.

Who the Son sets free is
free indeed.

John 8:36



LAPSON'S CHAINS BEING
REMOVED...
READ THE FULL STORY ON
PAGE 14



Come to me all who are

weary

There are many different types of sickness and disability. Recently people have become more aware of mental health issues, which can sometimes be very serious. In the Psalms, we see many examples of how people who were under great stress expressed the need for God. For example in Psalm 3, David felt surrounded and overwhelmed (1). People were not helpful (2). He struggled to find peace of mind. David was under stress because of his son's rebellion. We may suffer because of what people have done to us, or we may suffer because of what we have done. We may be anxious, or feel guilty, or feel unheard and angry. David's solution was to look to God and cry out to

Him for help. He listened for God's reply. In David's case he found the ability, despite his problems, to sleep easy, not to be afraid and to be optimistic that his situation would change. In some cases, we may be able to do likewise, and as Christians we can have even greater confidence than David because we now know what God has done in Jesus Christ. God shields us in Christ and glorifies us and lifts us up in Christ. It is in Him that we have salvation. So, we have the possibility to reassure ourselves by remembering what God has done. But, even though we know this, we still go through difficulties, and we may still struggle to cope.

Jesus knew that his disciples

would face troubles, and so He described the confidence we can have in Him in John's Gospel. When we face trouble and our hearts may be troubled, Jesus encouraged us to believe in Him and trust Him as the way, the truth and the life (14:1-6). Jesus reassures us that He has sent us His spirit so that we can be at peace (14:27). He reminds us that He has overcome the world so we can be confident. But, Jesus did not ask us to manage just by understanding theology. He has also given us one another. We are part of a single vine, and we are not alone. The hallmark of the Christian life is that we love each other (13:34-35), and this is the command of Jesus (15:12, 17).

Why Does Jesus tell us to love each other? One reason is so that we can help each other to appreciate the goodness of God and glorify Him in this life. One of the tragedies of damaged mental health is that we may feel depressed and unable to praise God for a time. We may have a distorted view of reality. Our personality may change. Sometimes theological head knowledge is not enough, because we have too many preoccupations crowding in, and

we cannot cope. As Christians we want everyone, everywhere, to enjoy God and praise him, and sometimes just by listening sympathetically we can help another person to get through a really tough time. But, sometimes, if we have poor mental health we may need professional help, in just the same way as we need help if we have broken a leg.

MMN helps to support those who are making disciples of Jesus Christ through healthcare, including those who are trying to help people with damaged mental health. In this edition we look at the work of some of our partners who are working in this field. Our prayer is that those who are sick in the mind may find healing, so that they may glorify God and enjoy Him forever, as David found he could do in Psalm 3. Our prayer is that those who are troubled and are not at peace may find confidence in the salvation which Jesus has achieved on the cross when he overcame the world.

*Editorial by
Jason Freeman,
MMN Trustee*





PRIME Caring for the minority

In Pakistan, minority groups such as Christians often live in poverty with a high incidence of disease and illness, including mental health problems, infant and maternal mortality, tuberculosis, and Hepatitis B with a life expectancy nine years lower than the overall life expectancy at birth. Additionally, they also suffer from social breakdown leading to unemployment, and alcohol and domestic abuse.

The Parish Community Health project, financially supported by MMN, is now running into its second full year, and has produced

and supported ten young people from the local community to train and now work as Parish Community Health Workers (PCHV's) in a predominantly Christian parish.

Initially students undertook a one-year Nurse Assistant training as a foundation for their role. Then followed a six-month hiatus during the COVID pandemic, when it was not possible to meet with the young people, though many undertook Nurse Assistant roles in other local healthcare settings. In November 2020, the teaching programme began with tutors from the UK using Zoom

and face-to-face instruction carried out by a small team in Pakistan.

400 homes were identified by the Parish Priest as those most in need of support. A home profile was recorded for each home with the data being downloaded on a tablet for later analysis. Key issues within the homes were followed up with teaching, advice, and support. Key health problems identified included: diabetes, high blood pressure, obesity among some elderly women, failure to thrive amongst the children, drug abuse, alcohol abuse, mental health problems and domestic violence.

Home visits have been carried out since July 2021, with the PCHV's supported by a clinical/community supervisor. During home visits he identifies areas of learning needed and gives them on-the-spot training, followed up by weekly review sessions and additional training focusing on the situations that they have encountered. Every month the UK team meet with the PCHV's and their instructors on Zoom to receive reports on their progress, share experiences and solve any difficulties.

Children in many homes were identified as being below the expected rate of growth for their age. A school clinic was subsequently arranged, where 60% of the children were identified as being up to two years below their expected growth level for their age. This poor growth was due, in addition to internal worms, to poor cooking skills and cheap unhealthy food often taken from the wayside booths rather than prepared in the home. Cost was also a major issue as the families had very little income to spend on quality food.

Monitoring of chronic diseases became a major part of the role of the PCHV's. They found that health education alone was not sufficient to satisfy the expectations of the families. Due to the cost of medicines and the very little guidance they receive on how to take medicines or how to manage their chronic illnesses, families wanted a more informative approach. Sphygmomanometers, glucometers, weighing scales were purchased and a BMI conversion app was downloaded to the PCHV's tablets. Following some further training the PCHV's are now able to monitor the status of family members with chronic disease,

advise family members, primarily those with diabetes and hypertension, how to manage their illness, prevent side effects and comply with their medical prescription. This approach along with general advice on hygiene, diet, exercise, and other preventative activities have proved successful. Family members are given a self-retained record of their personal findings to keep and share with their doctor or hospital if necessary.

The biggest challenge has been to manage those families with members who have mental health problems and those suffering from drug and alcohol abuse. PRIME has arranged for a psychologist to deliver a series of sessions on

how best to manage these family members in the home and have arranged for the PCHV's to attend a mental health community clinic to learn more of the treatment and management of mental health problems. This has been done so that they can develop a deeper understanding of these conditions.

Future plans include a replication of the project in another diocese of Pakistan among several impoverished Christian villages and the development of a community palliative care outreach project.

Professor Barbara Parfitt CBE, PhD, DHC, Emeritus Professor Glasgow Caledonian University PRIME Tutor





Compassion

under pressure

There has been lots in the news, over the pandemic especially, about morale and burnout in the UK's NHS. PRIME started responding to this growing area of concern seven years ago trialling, and subsequently running, multiple Compassion Under Pressure programmes in several areas of the UK for healthcare professionals and medical students. The programme has been taken up by some local NHS organisations and is likely to become part of the main curriculum at the Brighton and Sussex Medical School. Dr Tim Patten, leader of the

programme team tells us more...

'I'm sitting on the grass in the shade of an apple tree at the annual Southampton CMF barbecue. We've just heard a talk by a PRIME tutor about compassion. I'm sitting next to Lydia*, who I had met a few times since she was a third-year medical student; she graduated a year ago. Lydia is a lively, optimistic, and mature young woman, who gives me hope for the future of medicine.

"So, Lydia, how much compassion do you have at work?" Lydia's face flattens, she looks down. "Most of the time, none." I think I can detect some tears. I wasn't expecting this reaction. Lydia describes relentless time pressures and lack of support. She felt unable to practice medicine in a caring way; a particular problem as a committed Christian. She was going to give medicine one more year before deciding whether to give it up.

Two years later, I was in another garden having lunch with my friend Andy Mott. He was telling me about a programme he and other PRIME colleagues were creating:

Compassion without burnout.

What is *Compassion without burnout*? It is 'what it says on the can'. Seminars to help junior doctors to practice compassionate medicine, while recognising and dealing with the pressures that affect their ability to do this, which could lead to burnout.

It has evolved over the years; considering the use and abuse of the concept of "resilience"; and focussing on the positives of "flourishing" in our places of work. A recent incarnation has relabelled it *Compassion under Pressure*, to give a less negative emphasis.

Throughout 2017-2019, PRIME ran this programme repeatedly for junior doctors, final year students, and multidisciplinary settings at various hospitals on the English South Coast. It gave them a safe space to share the challenges they were facing.

I got involved in early 2020, just before the pandemic hit. It all stopped for a while; however, before the end of the year we had got to grips with online teaching, which increased our reach, including an international audience.

I have just run my 20th CWB session, and still love running them. We get great feedback from participants, particularly when we can run them face-to-face.

They are not just for medics; at the time of writing, I'm about to run a second one for a diverse group of carers working for a hospice. It has been helpful for more senior doctors, nurses, and health-care professionals - even teachers. An exciting development is incorporating *Compassion under Pressure* into the final year curriculum of a UK medical school.

If you would like this seminar to happen in your work setting, please get in touch; either with the PRIME office, or me directly;
timjimpatten@gmail.com

And Lydia? I last saw her in the summer of 2017. Her next year had been much better, she was loving training to be a family doctor. And was having a quick career break, having had twins a few months before.
*name changed

Dr Tim Patten, Compassion Under Pressure Team Leader



SHINING STAR
...to bring

transformation
to their lives.

I imagine being so desperate for food that you say 'yes' to having sex with a stranger in return for some tomatoes and beans. It's so hard for most of us to picture ourselves being in this position. Yet, tragically, this scenario is a grim reality for many girls and women in Zimbabwe. The economy continues to crash, unemployment is staggeringly high, and in June 2022, inflation rose to a mind-boggling 192%. Food costs have tripled, and the World Food Programme reported in 2021 that 82% of urban households struggle to buy food. It is in this context that girls and women are feeling they have no option but to sell sex to survive. Entering the sex trade puts them at severe risk of sexual gender-based violence, HIV and STI transmission, unplanned pregnancy, and emotional trauma. The risk of HIV transmission is startlingly clear - 40% of sex workers in Zimbabwe are living with HIV, rising to 54.2% amongst Bulawayo's 7,000 female sex workers (Ministry of Health and Child Care, 2018). acet UK was founded by Dr Patrick Dixon in 1988 as a Christian response to HIV and AIDS. We work with international partners

around the world to tackle the key drivers of HIV. In Zimbabwe, we partner with the Nehemiah Project, started by City Pentecostal Assembly church in Bulawayo – an organisation that has 20 years' experience of HIV prevention work. The Nehemiah Project started the Shining Star Project to help prevent HIV transmission amongst sex worker communities and to bring transformation to their lives.

The Shining Star model (now delivered through churches in Bulawayo, Hwange, Plumtree and Gwanda) is to train a core group of girls and women engaged in sex work to become peer educators. The peer educators then reach other girls and women in, or at risk of, sex work with vital sexual health messages and support. In 2022, 1,594 ladies have already been reached through 91 peer educators.

Our work does not stop here. Unlike many other organisations who focus on helping girls and women to sell sex safely, we go beyond protecting the ladies' sexual health (also a key part of our work) and empower the ladies to exit the sex trade.

This is done through providing

business and vocational skills training, business grants and access to further education so that the girls and women have alternative, sustainable employment options.

The girls and women often feel worthless and incredibly ashamed of being involved in sex work. Their mental and physical health is impacted by their experiences of loveless, often painful, degrading, and abusive sex. Their emotional wellbeing is bruised by being shunned by others and through the stigma and discrimination they face. It is so important that they understand their worth and potential and can hear and experience the gospel truth of God's love for them.

Therefore, a core part of the Shining Star model is providing pastoral care and an opportunity to build a relationship with God. This is an invitation, not a condition of being part of the project, but many of the girls and women respond wholeheartedly.

Support provided includes specialist sexual gender-based violence support, coffee mornings, prayer meetings, a reflection weekend, individual pastoral care and initiatives such as the New Leaf



NEW LEAF PROJECT

Project, established last year. Peer educators planted 25 trees and discussed their aspirations for the future together. The project helped them deal with trauma they have experienced. The ladies were encouraged to take small steps towards their goals, just as trees grow slowly on their journey to bearing fruit. Many of the ladies come back regularly to nurture their trees and see their growth.

Our holistic approach of supporting the ladies' emotional, physical, sexual health and spiritual needs, is having a tangible impact on their lives, resulting in improved mental health and a real hope for the future for them and their children.

Gidela

is 24 years old and lives in Cowdray Park, Bulawayo, with her two children and extended family.

“Before joining Nehemiah, I used to do nothing. I was laughed at by the community. People viewed me as a burden to my brother and his family. Now I have learnt about sexual health, how to report cases of gender-based violence, and how to be a leader in my community.

The Shining Star Project has helped me with money to start a business. I am now a proud owner of a business that brings in enough money to take care of myself and contribute to my brother’s household. I have stopped going to clubs to earn money. I have launched my business selling clothes and beauty products, and I have been able to make my first ever loan repayment.

I have learnt a lot about Jesus Christ since I came to the project. I have learnt that Jesus loves you regardless of who you are. I now have a strong relationship with God and pray before anything I do.

The project has changed my life

for the better. They found me when my life was heading in a bad direction. If I hadn’t connected with the project, I would still be earning a living by going to clubs, selling my body in exchange of money, and putting my health at risk.

I would like to thank the Shining Star project for saving my life.”



Minnie

is 39 and has two children; this is her story:

“My life wasn’t good before I came to the Shining Star Project. I was always stressed and depressed, I worried about my children most of the time and I was dead inside. To me Jesus Christ was a name, but I had no connection with Him.

I heard about Shining Star from a woman in my neighbourhood. They have taught me about business and now I have improved my business management skills. I have learnt a lot about sexual reproductive health and how to prevent STI’s and HIV. I have also learnt about safer sex methods.

I have learnt that there is someone who has forgiven all my sins and He loves me unconditionally. I have learnt to forgive myself and not live a life of regrets. I have learnt that I can dream again, and my dreams can come true.

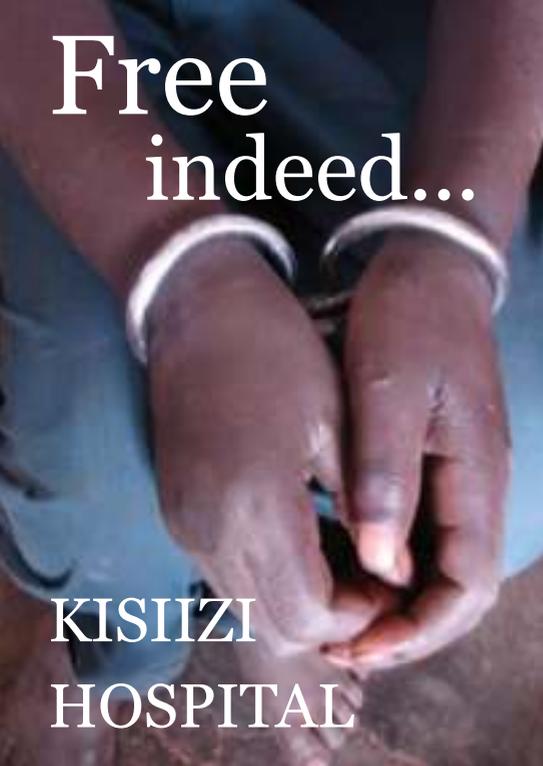
If I hadn’t been connected with this project, I would still be a hopeless sex worker who couldn’t put her life in order and suffering with

depression. At the project, I have seen a love like no other - they are not partial to anyone. It is like a home and I’m always welcomed with love.”

If we are to reduce the demand for sex work, change misogynistic attitudes towards women and improve the lives of girls and women at risk of engaging in sex work, it is essential that we work with men. This year, the Shining Star team are experiencing a strong positive interest from men in having these conversations at universities, in prisons, with uniformed men, at sex work hot spots and through sports tournaments. We know that changing attitudes takes time, but we are willing to be persistent in having these conversations to bring the change that is needed. Our dream is that these men will champion girls and women, not harm them.

We would like to say a huge thank you to MMN and your supporters for enabling this transformational work to happen! It is making a huge difference to the mental health and wellbeing on hundreds of vulnerable girls and women.

(names changed to protect identity)



Free indeed...

KISIIZI HOSPITAL

After a doctor from Kisiizi₁ preached about health-care in a rural church on St Luke's Day, a concerned mother asked him to see her son who had been mentally ill for some time. Investigation revealed a shocking tragedy and birthed a wonderful vision.

Years before, when traditional healers and herbs failed to help Samson, the family, not knowing what else they could do, shackled his hands and feet. He was dishevelled and unkempt in a sad state. Now the team brought him to Kisiizi Hospital where compas-

sion, prayers, good psychiatric treatment using readily available WHO approved drugs, together with occupational therapy (making baskets etc), brought a slow and steady improvement so he was seen playing football a few weeks later. Samson who, now restored "in his right mind" (Luke 8:35), at last found dignity and self-value, liberated from his physical and mental bondage.

**A bruised reed
he will not break,
and a
smouldering
wick he will not
snuff out...**

Matt. 12:20

The scandal of Samson's unnecessary lost years proved part of God's call to set up a mental health service. Dr Lionel Mills, then Medical Superintendent, pioneered the vision. For many years, Kisiizi was the only rural hospital in Uganda offering in-patient mental health as part of its core theme of "care for the vulnerable".

FROM TRAGEDY TO HOPE

Another great tragedy also brought a life-changing legacy. Jamie Devaney, aged 4, accompanied his parents on a trip to support mental health in Kisiizi. Sadly, Jamie was ill on his first day in Uganda with a serious infection and deteriorated, later being transferred to Nairobi where he died. Yet, wonderfully, the fund set up in his memory (<https://jamiesfund.org.uk/>) has had a huge impact, initially in Kisiizi, where it helped build the *Ahumuza (He cares)* Centre used for clinics, day cases and in-patients, with 50-60 admissions a month. Provision of a vehicle to support community mental health helps Kisiizi run outreach clinics four times a month seeing 400-500 patients, providing care closer to home and improving compliance with treatment. Jamie's Fund is now supporting mental health services in 27 hospitals across Uganda.

HOLISTIC CARE

As part of a distinctive Christian response, the *Ahumuza* Centre team seek to fulfil Kisiizi's motto and goal '*life in all its fullness*,' based on John 10:10, summarising health of body, mind, spirit and community. It is increasingly recognised that physical and mental health are bi-directionally connected, so a holistic approach improves healthcare outcomes.

For example, the 2022 publication from World Health Organization (WHO) "Transforming mental health for all - World Mental Health Report"₂ states:

- Untreated depression and psychological distress in people with tuberculosis are associated with worse clinical outcomes, poorer quality of life and greater disability.
- Depression is significantly linked to non-adherence to tuberculosis treatment.

AHUMUZA CENTRE



- Medicines for tuberculosis can have negative impacts on mental health.
- Treating depression can improve adherence to care and clinical outcomes for people living with HIV/AIDS.

Kisiizi, consulting with groups such as Ember₃, is seeking to further expand community outreach and its insurance scheme as part of an integrated holistic approach.

SPECIAL CLINICS

We are delighted to have Sister Prima, our first Child & Adolescent Mental Health Nurse, providing specialist support to some very vulnerable patients.

All attending Kisiizi general clinics undergo health screening, including alcohol intake. Information in the local language is then provided where indicated, warning of the health and societal hazards of alcohol addiction, a problem all too often seen in our communities, again exacerbated by the stresses of the pandemic. A regular neuro-psychiatric clinic was set up in 2020, supporting patients with alcohol dependency or substance abuse, as well as other problems, providing focussed care and

helping train staff in this important area.

UNIVERSAL HEALTH COVERAGE (UHC)

One of the key goals of WHO is to achieve UHC, including for mental health: removing barriers that hinder patients' ability to obtain the care they need. The Kisiizi community health insurance scheme is the oldest in Uganda, with around 40,000 beneficiaries in 216 community groups. Its motto is *'Affordable access to quality healthcare'*, and research has demonstrated that, in addition to protection against catastrophic financial expenditure for acute healthcare problems, the scheme has produced a very significant fall in childhood stunting.

Admission rates of members to hospital are only 50% that of non-members. We believe this is due to the scheme providing UHC in action as members attend much earlier in the course of an illness before they have deteriorated. This includes patients presenting with acute mental health problems.

In addition, Kisiizi has a Good Samaritan Fund (GSF), a lifeline to many in a society where most

are subsistence farmers with very little spare income. The mentally ill are often destitute. Support for the fund is from a percentage of the collections in staff chapel services; Kisiizi Fall tourism project; visiting student electives and donations. Kisiizi never turns patients away and has to subsidise mental health services, so the GSF is a real help.

PREVENTION - BETTER THAN CURE

Kisiizi has conducted the helpful WHO mhGAP₄ training in our community, not only for health-care workers but also teachers, police officers, prison wardens etc. The aim is to equip participants to recognise mental health problems and intervene promptly to prevent deterioration. Better understanding also helps to reduce stigma, as do self-help groups set up in various locations.

The global burden of mental disorders in disability-adjusted life years (DALYs) is 129 million (2019 data, representing 5.1% of all DALYs) including 39% with depression, 22% anxiety and 11.7% schizophrenia. The coronavirus pandemic has worsened this huge burden way beyond the capacity

of the limited number of trained psychiatrists. Estimates suggest cases of anxiety and depression increased 25%.

mhGAP training equips others to deal with milder conditions, so the specialists are freed up to concentrate on the severe problems. The course is modular and, in addition to psychoses, neuroses etc, it also covers alcohol and substance abuse issues and epilepsy, often under the umbrella of mental health in low-resource countries.

Moving more services into communities is an important strategy. The Kisiizi hub model is excellent as the team works across the continuum from home - to community - to institution, in a joined-up way ensuring the right level of care is available for the individual and family needs.

We have also used radio talk-shows to reach wider communities: communicating key messages about mental health, reducing stigma and encouraging early attendance for help.

We thank the dedicated *Ahumuza* team who often go the second mile

servicing the patients and their families; and appreciate the prayers and encouragement of individuals and groups supporting this noble work.

For further information contact khmedsup@gmail.com.

1. www.kisiizihospital.org.ug
2. (<https://www.who.int/publications/i/item/9789240049338>)
3. (<https://embermentalhealth.org/>)
4. <https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme#>



I have come
that they may have *life*
and have it to the
full
John 10:10

Project Focus

Y W A M

C A M B O D I A



Purpose

In 2005, YWAM set up a community-based care initiative to assist those living with HIV/AIDS. Now that (Anti-Retroviral) ARV drugs are available their health is much better so that we do not need to visit and care for People Living With HIV/AIDS (PLHAs) at their homes. Our thrust is on enabling families and communities to accept PLHAs in a way that dignifies them. The PLHAs report that discrimination is much reduced now. Our training includes how to safely care for a person who is sick with HIV/AIDS and sensitisation about the disease, etc. YWAM supports

a monthly peer group meeting for PLHAs and an average of 50 attend to receive teaching and to share personal experiences and encourage one another. This meeting is held in the local church. The numbers attending this meeting have decreased due to the fact that their better health means they are busy working. Since April 2020, these meetings have not happened due to COVID restrictions but we are now starting them again in July 2022. The current number of living patients registered with YWAM is over 469. Some of these are still coming from neighbouring Ratanakiri province as they do not trust the services there. Numbers in Stung Treng are expected to rise slowly through 2022 as more people go for testing, and with most PLHAs being on ARVs the death rate is also decreasing.

Support

YWAM provide travel money for all PLHAs registered with them to access ARV and other services in Stung Treng Referral Hospital, according to

the doctor's appointment. They make sure that there are no PLHAs missing their appointments or stopping their medication, and follow up those who do not come for their appointment.

The team provide counselling, health booklets, and a support package for any new PLHA. YWAM offers home visits to new PLHAs, the severely sick, those who leave hospital, and those missing their appointments. The team take every opportunity, when meeting PLHAs, to share the gospel, pray with them, give Christian tracts, and invite them to church. Bi-monthly self-support group meetings are also held at the local church. YWAM educate PLHAs and their families to know when to refer their sick relative to the hospital and how to take care of them. As well as supporting PLHA's, the team maintain hygiene and do repairs at the AIDS ward in the hospital. They will put leaflets and Christian booklets for patients and relatives to read, as well as spending time to talk and pray with them, if they allow. Funds are given for AIDS patients to buy food in hospital and care is given to patients who have no

relative to look after them. Teachers provide education on different topics eg. health, dangers of the internet, human trafficking, alcohol and drug abuse, Good Touch Bad Touch (child protection), Savings Groups.

Impact

No PLHA has missed their appointment or stopped taking their medication because they have no money for travel. All new PLHAs found at the hospital or health centres have been encouraged to register with YWAM. They receive counselling and encouragement by YWAM staff. There have been home visits to every new PLHA, the severely sick, and those PLHAs who missed their appointment. PLHAs have heard about Jesus, been prayed with at the office or at hospital. Some PLHAs have committed their life to Jesus and come to the church meetings. Family members of sick PLHAs understand when to refer to hospital and how to take care of them. AIDS ward has been kept clean and in good order. Christian tracts, and health leaflets and booklets, are made available for patients to read. At the bi-monthly Support Group Meetings, which will start again



PEER SUPPORT GROUP MEETING

in July 2022, the PLHAs have the opportunity to meet their friends, share their experiences, learn from one another, learn how to take care of themselves and relatives in order to prevent transmission, and hear about Jesus' love for them and salvation. PLHAs and their family members understand how to take care of themselves, to care for the sick, and prevent the transmission. The discrimination no longer happens in the PLHAs' families. The PLHAs are willing to talk about their HIV/AIDS status openly.

Here is a personal story showing the impact the project is having in the community.

I am Ms. Pam Sokun*, 39 years old. I have one daughter who is 7 years old. Currently, I am living in Stung Treng Province of NE Cambodia.

Not so long after I divorced my husband I became very ill. I had no money for food or for my medical treatment to the extent that I had no breast milk for my little daughter, but I also had no money to buy powdered milk. My life was so terribly difficult at that time.

One day I was told about YWAM organisation that has a programme to help and support the people living with HIV/AIDS. I was shown to the YWAM office and I registered with the YWAM Home Based Care team. They welcomed me, talked to me as a friend, encouraged me, and gave me advice on how to take care of myself. They also came often to my house and helped me to stay strong.

After I had met with the YWAM staff I felt that I had been revived, and my health has improved a

lot day by day. The YWAM team provided me with basic food on a monthly basis, and taught me how to raise chickens and plant vegetables, and also they told me about the love of Jesus Christ. The staff invited me to join the PLHAs' monthly peer group meetings and also the church meetings. About a year later I gave my life to the Lord Jesus Christ and I often come to join the church in my village and sometimes I come to join at Stung Treng Church.

I regularly came to join PLHAs' peer support group meeting held by YWAM. There I have met with other people living with HIV/AIDS and learned new things from them. It is really encouraging and has built up my self-confidence.

I thank you YWAM, for, if there had been no help and encouragement from YWAM, then I and my daughter would not be alive now.

**name changed to project identity*

Challenges

Covid has meant that some activities have been curtailed but hopefully we can begin to get things going again as restrictions have been eased. The province we work in is geographically large and villages are spread out so it is quite hard to go to visit some PLHAs who live far away. Finances are always a challenge and, so, we deeply appreciate MMN partnering with us faithfully for so long!

HOME VISITS



Prayer

One of our staff is HIV positive and also hemiplegic and so she is challenged in her ability to travel easily. Pray for her health and strength. The Project leader lost his wife to Lupus two years ago and is still grieving. Pray for God's comfort so that he can continue to do this ministry and also to lead the local church of which he is lead elder.

SAVE THE DATE
Mon 3rd Oct
7.30pm



PRAY FOR
mental
health

We hope you can join us for our next prayer event on Monday 3rd October where we'll be hearing from Dr Ian Spillman about the work Kisiizi Hospital, Uganda, are doing in the mental health sector, and the mental health team from PRIME will be sharing about their upcoming trip to Nepal and how they are supporting communities in their mental health struggles.

The past few months have allowed for more opportunities to partake in events like Keswick and the Developing Health Course run by CMF. Both events were encouraging and the DHC allowed for the opportunity to hear an update about the current challenges facing paediatrics.

We have had the joy of seeing prayer answered in a miraculous way when the container for Redemption Village, Malawi, was stuck at customs where they were demanding a fee of £2,000 for it to be released. Following prayer and the hard work of the team, the container was released with no charge. Please be praying for future containers and the issue of corruption that is ever-increasing.

We received the news that Malcolm Pickard went to be with his Saviour on 11th August. Malcolm faithfully volunteered two days a week for us for 20 years. He oversaw the IT requirements in Wickford and helped in the distribution of the magazine. We thank God for his contribution to the ministry of MMN.



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