

INPATIENT ↑


AN  
**EXPERIENCE**  
OF  
**MISSION**



**MEDICAL  
MISSIONARY  
NEWS**

Making Jesus Christ known through healthcare

2024  
Issue 2



‘We should do our utmost to seek out others to take over and extend the work of God..’

## PASSING ON THE BATON

**O**ne of our aims in Medical Missionary News is to encourage others to develop an interest and make connections in spreading the Good News of Jesus Christ through healthcare.

We must encourage others, who are mostly young, to take over the reins held by those currently supporting such work throughout the world. Whether that is going and working in another country to communicate the message of Jesus Christ, or in a supporting role in an organisation such as ours, or giving glory to God in the workplace. It is all about setting a flame

alight in someone’s heart through the work of the Holy Spirit, to decide to do something of relevance with their life so others can then have their lives changed by God.

If we remember what Barnabas did in Acts 11:25-26, “So Barnabas went to Tarsus to look for Saul, and when he had found him, he brought him to Antioch. For a whole year they met with the church and taught a great many people.”

What we are trying to do with Medical Electives and the Global Track Program with Christian Medical Fellowship is to bring

young people in healthcare to Antioch. To engage with them and show them the opportunities for serving God by using the abilities and gifts God has given them. Just as Barnabas saw a need, then recognised that Paul had the gift and ability to meet that need. Paul just needed someone to connect with him, and bring him into that area of service for God. So Barnabas went from Antioch to Tarsus, to look for Paul, and bring him to Antioch. A 300-mile round trip which could have taken around a week on foot. I wonder what Barnabas said to Paul to persuade him to get involved in the work at Antioch?

We should do our utmost to seek out others to take over and extend the work of God, whether in medical missionary work, or serving in the local church. As Timothy was encouraged to do in 2 Timothy 2:2, “what you have heard from me in the presence of many witnesses entrust to faithful men, who will be able to teach others also.”

We cannot do everything ourselves. We should be seeking to almost do ourselves out of a job!

In my work, I see it as a success, when I can sit in the coffee room in

“what you have heard from me in the presence of many witnesses entrust to faithful men, who will be able to teach others also.”

theatre and leave my trainee to do the operation without my interference; then I know my job is done. The only problem is that this does not last for long, once the trainees rotate around, I then get another one, often less experienced, so the work of training starts again.

So, as you read the reports of young doctors and others learning how they can be used by God, please pray for them, that they would continue to serve God wherever they may be, and not fall away and be choked by the cares of this world. And remember to seek out the young people in your church to encourage them to use their gifts, then for you to take the back seat. It is all about passing that baton, that has been entrusted to us, which is the gospel. And to do that with urgency lest we drop it!

*Contributed by  
Dr David Keith,  
MMN Trustee*



**M**y name is Lara, I'm a final year medical student at Cardiff University. For my elective my husband, Owen, and I spent nine weeks in the Madang region of Papua New Guinea (PNG) working with Youth With A Mission (YWAM) as part of their medical outreach team. An interest in long-term overseas mission is a huge part of why I originally chose to study medicine and is strongly on both mine and Owen's heart for our future, so it was really exciting being able to start exploring it together!

#### LOCATION

PNG is known as 'the land of the unexpected' and it certainly did live up to its reputation while we were there. The original plan was to spend all nine weeks on *The MV Liberty*, a medical ship belonging to YWAM Ships Kona, which serves isolated or rural communities along the north coast of PNG through primary care outreach clinics. The outreaches run on a '2 weeks on, 1 week off' schedule, so our nine weeks would allow us to take part in three outreaches. Unfortunately, shortly before we left for PNG, we found out that due to some engineering issues,

# LARA IN PAPUA NEW GUINEA



the ship needed significant maintenance work before being able to sail, requiring 'dry docking', which would delay the ship-based outreaches significantly. As such, outreach one was cancelled and the decision was made to plan for all subsequent outreaches to be land-based. These land-based

outreaches had been happening since 2022, after the country reopened its borders post-COVID, so this change, although different to what we had expected was not too problematic! As our flights were already booked we decided to fly to PNG as planned and spend the initial 2-3 weeks on the ship anyway. These three weeks consisted of getting to know people, adjusting to jet lag, and taking on general hospitality jobs around the ship.

After this a group of us flew to Madang for the start of the first outreach. Initially, the medical team stayed at 'Karua house', one of the houses rented by the YWAM Madang base, which had a beautiful garden and a little one bed 'back house' that me and Owen stayed in. We would have main meals at 'Green House' which was the main base building for YWAM

Madang, together with the other YWAM staff and outreach teams working in Madang. This was actually a really wonderful 'side effect' of the outreach being land-based, as we would not have been able to meet and interact with many of these people, had we been living exclusively on *The Liberty*.

## O U T R E A C H

The outreach itself was both fun and frustrating, almost in equal measure at first. We visited four villages during the two-week outreach period, either as day trips if they were close enough, or more commonly we would stay 1-2 nights in the village, allowing us at least two full days of clinic. The medical outreach team is split into: the clinical team of healthcare professionals who run the clinics, and a 'community engagement' (CE) team. The CE team ran all sorts



of activities while we were in the villages, from ball games with the children to prayer ministry with patients, 'tok stori' (sharing stories) with locals around the clinic to showing the *Jesus* film in Tok Pisin, (the most widely spoken language in PNG). Over the course of the four weeks we were on outreach, we saw well over 50 people respond to the gospel! They were either accepting Jesus for the first time, re-committing themselves, or simply asking for prayer after watching the *Jesus* film and seeing what He could do for them.

During the clinics we saw a range of illnesses ranging from the common things we would see at any

GP surgery in the UK (children with coughs and colds, back and joint pain, headaches, rashes etc) to malaria, TB, scabies and lots of tropical ulcers. Across the two outreaches we served almost 900 patients across eight villages (Yoidik, Karkum, Riwo, Basken, Bilbil, Sarang 2, Korak, Pepaur), showed the *Jesus* film five times to more than 300 viewers.

The last village we visited, Pepaur, felt like a particularly special one. It was a village YWAM had never visited before, for medical or any other type of outreach, and we were shown such incredible hospitality and honour by the people there! We were welcomed with



Lara & Owen with medical outreach team

a traditional greeting including drums, many members of the village dressed in traditional 'tribal' dress, and we even had to state our purpose before being allowed in! We were sleeping in a new building that will soon be the new Aid-Post (the lowest level and most common type of health facility) for the community and were privileged to be the first people to ever use it. The local people had even built a new outhouse for us and put up a little shelter for bucket showers. It was our busiest and probably most chaotic clinic, with some people walking over two hours from villages over the mountain to be seen!

On our last day in Pepaur they sent us off with a 'sing sing' (performance by children from the Sunday school), a 'presentation ceremony' where each of us was individually given a bilum (colourful, handmade bag) made by some of the mamas, and some of us were also given personal gifts like shell necklaces by people we had interacted with. This was such a fun and precious way to end our time here and to top it all off, they killed and roasted a whole pig for us - a real honour!

Pepaur was also a very exciting few days for YWAM Madang, as



*Welcome at Pepaur*

two of the 33 regional 'Tok Ples' languages that the OBT (Oral Bible Translation) team are hoping to reach are spoken there. Three members of the OBT team came with us and were able to make first contact with the village leader and local pastor, introduce the concept of OBT to them. Excitingly, they were super keen to get involved and partner with YWAM OBT in their mission to give every person access to the Bible in their heart language, written or spoken! Facilitating partnerships like these is one of the goals of these medical outreaches, as locations for outreach are originally chosen to align with OBT target languages. Seeing this happen while we were there (as well as all the great work being done by the CE team and getting to bring healthcare to people) was a very fun thing to be part of!

*Clinic at Pepaur*



## IMPACT

Overall, this was a wonderful opportunity for myself and Owen to experience what medical mission could be like for us as a couple, and it definitely affirmed in us the desire to go long-term one day (God willing). We both found that this experience was more enjoyable, easier and more inspiring than previous short-term trips that we had been on individually, and really felt that God encouraged us to start praying more specifically into what a future of medical mission could look like for us.

This trip, as well as being inspiring and exciting, was not without its challenges. Experiencing the unexpected changes of plan, delays, culture clashes and

communication mishaps that are common in cross-cultural mission settings was extremely frustrating at times. There were instances where no one in the team really knew where we needed to be or when, because the transport that had been contacted to take us to a village had not confirmed any details with the leaders; occasional issues with our food supply because of miscommunication between our medical team and the base kitchen team who do the shopping; and even some confusion around what roles people were taking within the team. However, seeing these situations play out, being part of them and seeing how they were resolved, was a valuable learning experience, and has reinforced the value of flexibility and adaptability, especially when working in a culture different to your own!

Another frustrating element of this experience was simply a result of working in a resource poor setting. To reduce dependency on foreign aid or distrust towards the government run healthcare services in PNG, the medical teams only carry medication that would be available by prescription in country from a standard health facility.



This meant that we did not have things like permethrin 5% lotion for scabies unless it was bought by a volunteer, because this could usually only be purchased from a pharmacy, not prescribed. This was really quite challenging for me to come to terms with, as I felt that it was a missed opportunity to provide best care for people when we could easily have the means to do it. On reflection, I understand why the team does not carry drugs that are unavailable in the country, I think that this is wise, and creates collaboration with the local health system, rather than dependency or conflict. However, there are still some decisions that I find hard to agree with when I think about

some of the patients who I feel that we could have provided much more comprehensive care for.

Some of this was unavoidable; during our first outreach we ran out of malaria RDTs half-way through, and were unable to restock before the second week because the local hospital (where we got malaria supplies from) had also run out! With malaria being one of the most common illnesses we encountered, and one of the most variable in presentation, this made the second week challenging, and full of uncertain discussions and best guesses. Fortunately, we were able to fully restock before outreach 2!

God encouraged us to start praying more specifically into what a future of medical mission could look like for us.



*Lara & Owen with the medical outreach team*



Jesus went to the poor, to the needy, to the sick, and He loved them, He healed them, and He brought them hope.

And as far as I'm concerned, that is a calling worth pursuing!

## GLOBAL TRACK

Over the past 18 months I have been taking part in a 'Global Track' run by the Christian Medical Fellowship (CMF), which is a course exploring and equipping people for global medical mission. One area of focus during this course was uncovering and challenging some of the traditional methods of medical mission which have their roots in British colonialism and can create unhealthy power dynamics, dependency and a 'western saviours' mentality that has often been abused. The importance of undertaking mission in a sustainable way, working in equal partnership with local people to empower them and their systems was emphasised strongly, so it was positive to see some steps that YWAM were actively taking to reduce 'western saviourism' in their medical missions, although I felt that in some places this mindset was still prevalent among the Papua New Guineans. Despite some people suggesting that there is no longer a role for Christian medical missions because of these issues, one huge encouragement I took from Global Track was hearing from people in the field, seeing that medical mission can be done well, and there is a place for it in the modern world,

and it is something that God still calls people to! Taking the things I had learned and explored during the Global Track into my time in PNG allowed me to reflect on my experiences more deeply. The lack of resources (including health-care professionals), the inability to perform any diagnostic tests, the distance and challenges facing people who need secondary care, and the questions around how to run a sustainable medical outreach that is genuinely valuable to the people you want to serve, has made me re-appreciate the complexity of medical missions, but also the need for them! Overall, I learned that I do still feel called into the world of overseas missions, and that although I found it challenging, my heart is drawn to the resource poor. Those for whom access to healthcare feels like a luxury not a right.

Because being the hands and feet of Jesus means going to the places that Jesus would go, doing what Jesus would do. And (among others) Jesus went to the poor, to the needy, to the sick, and He loved them, He healed them, and He brought them hope. And as far as I'm concerned, that is a calling worth pursuing!

# A HEART FOR MISSION HOSPITALS



He has a full year's internship to do at Solwezi Hospital, but intends to take every opportunity to travel to Chavuma to assist at the hospital where possible.

Through the CMML Health Board in Zambia, MMN has been able to offer financial support to national doctors who are doing further training in their home setting.

We have been able to support Vincent Chiyangi who received his final results in March 2024 and then registered with the Health Professional Council of Zambia.

During his time awaiting his final results, Vincent spent the interim at Chavuma Hospital, where he was a real asset. As a Government doctor, CMML Health Service were required to help process his request to be posted to Chavuma.

He has a full year's internship to do at Solwezi Hospital, but intends to take every opportunity to travel to Chavuma to assist at the hospital where possible.

MMN have been able to offer financial support for Vincent's travel to and from Chavuma over the next fifteen months. This allows Vincent to further embed himself into the role he has been working towards as resident Surgeon at Chavuma Mission Hospital.

# KATY IN NEPAL



**M**y name's Katy and I am currently in my final year of medical school. For my medical school elective I spent 10 weeks in Nepal working at Tansen Mission Hospital. I spent half the time in paediatrics and half on the medical ward. There were also large surgical, orthopaedic and maternity departments. The staff is made up of mostly Nepali doctors, with a small number of mission doctors from overseas. I would like to specialise in paediatrics in the future, so I was very excited to work on the paediatric ward first.

The hospital recently opened a

neonatal high dependency unit, increasing their capacity to care for preterm and very sick babies. While I was there, three babies were born before 28 weeks of gestation. I learned that in the US with all of its resources, babies born at that stage have a 50% chance of survival. At the time that I left, two out of three of the babies were still alive and improving well. So many people were praying for these babies, and it was a huge encouragement to the staff in the neonatal HDU to see them doing so well against the odds.

I learned about many diseases that I was not at all used to seeing in the UK, such as TB, rheumatic

heart disease, dengue, leprosy and typhoid. At first I had to look lots of things up when I got home in the evenings, but I enjoyed learning about the different signs and symptoms that it is important to be aware of for this population. The doctors were all very friendly and helpful, and they were really keen to help me learn which was brilliant.

Throughout my time in Nepal I saw so many instances of God showing me that He was with me. My elective helped me to learn to trust him with all the small parts of every day. No two days were the same, and there were so many new and unknown things for me. But I was able to take on the excitement and challenges of each day when I remembered that I was not doing any of it on my own. As I start work

as a doctor in the UK, I hope that I will remember that and be able to keep looking for what God is doing in the small moments as well as the big things. One of the best parts about my elective was getting to meet so many new people. I got to make some great friends that I will definitely be keeping in touch with. Many of the doctors really welcomed me into their lives for the short time that I was there, and I even went on a mini road trip with one doctor and his whole family to go and visit the village where his grandmother lived! It was wonderful to be part of the community for a few months, and I will carry those fond memories with me for a long time.

It is difficult to express all the different things I learned and experienced while I was on my elective in just a few paragraphs. I can confidently say that I think this time will be foundational for the rest of my career as a doctor and also for my faith. I want to thank Medical Missionary News and all their supporters for generously enabling me to have this opportunity. I really appreciate your prayers and support, it really made such a difference to me!



# ALICIA & JILL IN KENYA



**A**licia and Jill spent their medical elective at Kijabe Hospital in Kenya earlier this year, arranged through Africa Inland Mission (AIM). Their time consisted of supporting staff in gynaecology where they were able to scrub in for two C-Sections. They spent time in OPD where it was interesting to see how the HIV clinics were run quite smoothly as part of the national programme.

For their final week of placement, they swapped specialities and enjoyed the brief time in the respective departments. They spent the week saying good-byes to friends they had made there, including going to the local

restaurant one evening with a group of Kenyan medical students. Alicia and Jill were sad to attend their final Wednesday morning chapel service, but enjoyed singing “Because He lives” and were encouraged by the chorus “Because He lives, I can face tomorrow; Because He lives, all fear is gone; Because I know He holds the future, and life is worth the living



## Jill reflects...

Since returning from Kenya, life has been busy with lots of wedding planning for July, a few Europe trips with friends, and starting placement four hours away (in Bangor) from where I am based normally in Cardiff University. My elective in Kenya seems like ages ago now, but I will always remember my five weeks there with very fond memories. I pray that God would make it clear if He wants me to return in the future, or perhaps elsewhere. One of the most amazing things which Kenya reminded me of was how important prayer is. So many people prayed for us, and we were kept safe throughout, and had the most incredible experience. None of this would have been possible without the Goodness of God, which was so evident throughout. His protection far exceeds our every expectation, and I am so grateful for all the amazing people I met, the incredible work that goes on in Kijabe Hospital to God's glory, and not to forget the beautiful creation that I was very fortunate to experience. Until next time Africa!

## Alicia reflects...

Overall, I feel very fortunate to have been a part of the team at Kijabe Hospital. I did not expect it

to be quite as big a hospital, with a comprehensive range of specialties and an exceptional level of Christ-centred care to be delivered to each patient. Most people working in the hospital, from the consultants to the security guards, were very friendly, eager to teach, help or stop me for a chat, making me feel very welcomed. I especially liked the 'open circle' practice by one of the internal medicine consultants; where the consultant and the person presenting the patient case would stand on opposite ends of the circle so that everyone else in the team could listen and learn too.

I was given my own patients to manage, discussing with nurses and dieticians on the decided plan and even speaking to their family members to update them; a nice taster of what it is like as a foundation doctor. I was able to pray with patients who were feeling anxious and give words of encouragement to them. Attending some community teaching on 'danger signs in a mother after labour and in a newborn', catered for laypeople like farmers; taught me the importance of educating the community. It was inspiring to hear that one of them felt empowered, being able





to help a church member who had a nosebleed, because of one of the classes she attended.

The language barrier meant that sometimes I could not understand fully what was being discussed with patients. However, I was inspired by an American consultant who learnt simple sentences in Swahili to build a better doctor-patient relationship.

During my time there, I have recognised the power of prayer as I have seen what it can do. I have truly been blessed in my interactions, as many have been gracious and kind to me. I have been able to share my testimony to a few people and I think that this will help me comfortably do this more often in the future. I have also received quite a bit of good news while I was there and this is surely the

result of trusting in the Lord and the plans He has for me.

I pray that I can emulate the morning devotions for myself, to start the day with a good mindset at work. I have seen how people have dedicated their life to mission but incorporated their talents the Lord has blessed them with so that they are able to serve in the workplace. Some doctors were so loving with their patients who even had a different faith. I pray that I'll take up opportunities that present to me in the future and incorporate more love and kindness in my daily interactions.

I have really enjoyed my time in Kenya and am so thankful for everyone who is a part of MMN, who has encouraged, supported and prayed for me.

# ROSS IN PAPUA NEW GUINEA



**M**y name is Ross and I spent my medical elective in the Enga province of PNG at Kompiam Mission Hospital. I'm based in Oxford and will be staying there for my foundation years. Here is a look at my elective experience.

## ONE WEEK IN

It's been an exciting, in-at-the-deep-end start both medically and culturally. In one week I have seen a brachial plexus injury, cerebral malaria, a potential case of neuro syphilis, lots of TB affecting anywhere and everywhere in the body, pressure ulcers due to limb paralysis, a spinal fracture, new cancer diagnoses, malnourished babies and a heap of other things. Most

of these things are totally new to me - at least seeing them face to face is. I have had my first taste of being the doctor on call too, which has been something of a steep learning curve. This place keeps you on your toes!

## HALF WAY THROUGH

I had the privilege of traveling by aeroplane to a small village that can only be accessed on foot or by air. For this, we partner with Mission Aviation Fellowship, who provide air support to enable various mission initiatives throughout PNG to function. Apart from fulfilling a childhood dream to fly in the cockpit of a plane, this patrol was a great opportunity to experience life in such a remote location and to grow in my clinical judgment,

with next to no diagnostic tests available. Featuring on the on-call rota has been a very welcomed opportunity to prepare me well for life as an FY1 doctor. Getting to know the team better has been a joy. It is a privilege to work with a group of Christians that live lives so obviously shaped by their faith.

I have seen a lot more death than I am used to from UK hospitals. The reasons for it are complex, but patients tend to present much later here, meaning sadly for a number of them there is not an awful lot we can do. People's very public mourning here has helped me see more clearly how unhelpfully taboo death is often seen as at home.

#### FINAL E

What a blessing this experience has been! I have learned loads and also had a fantastic time doing so. One of the best things about working in a fairly small and very supportive team has been getting to try new things with close supervision; I am grateful for the chance to have drained some abscesses, debrided some wounds, have done more suturing than I have done previously, as well as assisting in some remarkable operations. Perhaps most notably was removing a

15 kg (yes, 15 kg!) pus-filled kidney secondary to likely abdominal TB: one of those 'I will almost certainly never see this again' moments.

I have also been on another health patrol to the bush, this time to a place called Malumanda. We spent three days there seeing a variety of patients. Amid a number of other opportunities, I got the chance to perform my first ultrasound-guided knee aspiration; we were able to drain about 70ml of fluid. Their knee looked much less swollen for it! We reckon the fluid was probably associated with previous trauma and possible ligament rupture, but in the bush it is hard to get confirmation of these things! We were able to bring a mother late on in a high-risk pregnancy back to Kompiam District Hospital with us for supervised delivery as well as a child who was a very perplexing case. Whilst there we screened a documentary on HIV as part of an ongoing patrol educational initiative.

Please be praying for the work at Kompiam. I am now back in Oxford doing my FY1, so would value prayers for wisdom in where God takes me next.

# SUSANNA IN PERU



This elective has enabled me to experience what surgical care looks like abroad and the diverse approaches to surgical treatments that are available.

The four weeks I spent in Trujillo Peru was truly an unforgettable experience. I am so grateful for the financial support I received from Medical Missionary News, and I thank God for His abundant provision in making this elective possible.

This was the first time I had ever travelled to South America and also the first time I had been away from home for this length of time, so I was excited for the adventures ahead and expectant to see God move. My time in Peru was divided into three parts: hospital placement, language school and serving the local community.

During my time in Peru, I was able to connect with the local church. Iglesia Cristo Rey is also part of Peru Mission and is involved in church planting, medical ministry, Christian education and various other ministries. Through these connections, I had the opportunity to learn more about the type of work that was happening in and around the city of Trujillo.

My placement was in general surgery at the Hospital de Alta Complejidad Virgen de la Puerta,

in Trujillo. The days would normally start in the hospital on the ward rounds where the surgical team would assess and review new and follow-up patients. During my placement, I encountered patients with a wide variety of conditions. I was able to learn about the most common surgical procedures that take place. The most common surgical cases included appendicitis, cholecystitis and bowel obstruction. In the hospital, the most common acute medical conditions included dengue fever and tuberculosis. I was able to further develop the clinical skills that I had learnt throughout medical school and develop my diagnostic reasoning and communication skills. Working alongside the surgical team allowed for great opportunities to refine my procedural skills. One of the highlights in the hospital was being able to observe a single incision laparoscopic cholecystectomy, which I had never seen before. This elective has enabled me to experience what surgical care looks like abroad and the diverse approaches to surgical treatments that are available.

## L A N G U A G E

The language lessons would take place at the language school in the

afternoons and consisted of learning both day-to-day conversational Spanish and medical Spanish. At the language school, the Spanish classes were divided into three categories: conversation, grammar and medical Spanish. Having a different focus for each session enabled us to have a well-rounded set of language skills. The conversation classes enabled us to develop our speaking and listening skills as we covered a whole range of topics. We also carried out debates in these classes to help develop our ability to formulate and articulate thoughts and ideas clearly and confidently. The grammar classes allowed us to study the rules and structures of the language in more depth. This helped with our writing and our speaking therefore helped us communicate more effectively with both patients and colleagues in the hospital and at the community fair. It was important to communicate with the patients in their native tongue, and so I am so grateful that this elective had language lessons incorporated into the programme.

## C O M M U N I T Y

Additionally, every week we served the local community through the community health fairs that ran



Every day was an opportunity to be a light to those around me through my words and actions.

throughout the city. The programme had partnerships with various local organisations including the national police service, local churches and other local authorities, which meant that we were able to serve a wide variety of patients with various health needs and often from low-income backgrounds. The community fairs prioritised locations where health-care was hard to access including rural areas and prisons. At these community fairs, we were able to provide free clinical consultations and appropriate medicines for those in need.

#### A D A P T I N G

Trying to adapt to a new culture, with new people while learning another language was a huge challenge for me; but, by God's grace, each day got easier. The main focus of my prayer throughout this trip was based on Matthew 5:14-16 which says: "You are the light of the world. A city set on a hill

cannot be hidden. Nor do people light a lamp and put it under a basket, but on a stand, and it gives light to all in the house. In the same way, let your light shine before others, so that they may see your good works and give glory to your Father who is in heaven".

Every day was an opportunity to be a light to those around me through my words and actions. It was also so encouraging to hear the stories from the missionaries that I met and who kindly invited me over for a meal. It was such a blessing to spend some time in fellowship and prayer and so inspiring to hear the amazing ways in which God was working in the more rural areas in Peru.

Overall, this trip has truly been one of the highlights of medical school and has encouraged me to seek out other opportunities similar to this in the future. Everyone was so kind, welcoming and caring. It has

been such an incredible learning experience and it has been so insightful to see how medicine can look different in other countries. Although I went to Peru by myself, I left with many friends all over the world. I am so grateful to the Lord for making a way with this elective, for keeping me safe and for blessing me with such incredible people. I will continue to pray about how the Lord wants me to serve both in the UK and overseas when it comes to my mission work. My hope is that I will be able to use the skills and gifts God has given me

to love people and share the Good news of Jesus Christ.

Please be praying that the Lord gives me wisdom and discernment as I enter this next season of life. That the Lord will show me where He wants me to be and what people groups He wants me to serve.

I would also like to take this opportunity again to thank Medical Missionary News for their kindness and generosity. I appreciate your prayers and support throughout this trip.

## Thinking of doing your medical elective/ placement overseas?

If you're a medic wanting to do their elective/ placement in a mission context then we would love to hear from you.

MMN are able to offer a bursary towards travel and accommodation expenses for those doing their elective/ placement in a mission setting.

For more information, please head to our website or drop us an email.



*Katie & Lucy on their medical elective in Kenya with Missions Africa*



# MOTHER'S HEART ORGANISATION

## Purpose

The mission of MHO is to empower, equip and educate women and their families through counselling, support services, medical care and community involvement so they can choose the best future for themselves and their babies.

Vulnerable girls and women in the Crisis Pregnancy Support programme are each assigned a social worker to support them throughout their pregnancy. Midwives will also ensure that pregnant women and girls (and their babies) have access to essential medical and health care support.

For those in greater need, a baby basket with essential post-birth items, temporary food assistance, and safe community-based housing is provided.

We also work to provide referrals and financial support for vocational training, so that beneficiaries can return to school or be job-ready and lead more independent lives.

Many women are abandoned by their families, so we work to reunite them through pastoral work and counselling.



# Strategy

MHO work to provide access to health and medical care for vulnerable women and girls by offering care set out by the Cambodian Ministry of Health.

Pregnant women are offered pre-natal care and safe delivery support to ensure they are provided with a safe and hygienic environment with support throughout. Women are then offered postpartum care, where we continue to provide care and support for mothers and their babies.

The midwives, with the support from partners like Reproductive Health Association of Cambodia, educate these women about sexual and reproductive health and family planning methods, helping them make informed decisions about their sexual reproductive health and rights.

We also offer comprehensive counselling and education to pregnant women, covering topics such as nutrition, hygiene, and maternal and infant health. As well as providing emotional support to help women cope with stress, anxiety and other emotions relating to pregnancy.

To ensure the team is offering this level of support, we run a case management scheme where each individual is monitored and evaluated well after the baby is born. We take a holistic approach to address the physical, emotional and social needs of these women.

We also collaborate with NGOs to pool resources and expertise, to ensure we can offer women the best possible support.

The team actively engage with local communities to advocate the rights of single mothers and their children. We aim to challenge stigma and discrimination, to successfully reunite women with their families and communities. From time to time, we will receive reports of violence and abuse towards women and their children, so we can intervene on their behalf.



# Impact

MHO work to ensure the health and safety, and well-being, of the mothers and babies.

When community members engage in Mother's Heart's work, they develop a sense of shared responsibility, contribute to a stronger sense of community, and develop empathy and mutual understanding and support for single mothers and their children.

Mother's Heart is a registered local non-governmental organisation, therefore, it would be illegal for us to openly evangelise and proselytise during our work with the beneficiaries. However, prayer and worship are a strong foundation of our work in Phnom Penh and Battambang, the staff, and of the Board Members as well.

Most of our staff are Christians, and some of our social workers have been trained in Christian counselling. Having said this, we see lives transformed every day by the grace and love of God.

We see young women and girls who return to school, learn vocational skills who eventually find work, start their own business, and find their path towards stability and independence, and in the children who grow healthy, happy, feeling loved and accepted, and learning and thriving in a safe and nurturing environment. Or, when they have what they need and bravely embark on a future without family support but have regained their self-esteem, have found God (through the local churches who are welcoming to them), and a new support system in their lives.



## Challenges

There is a need for individualised and diverse range of services and support systems to address the varying challenges MHO faces.

The team work with young girls, some as young as 12, meaning their needs are catered to in an appropriate way. We work with women who have physical and mental disabilities. These women often have no family support and may experience physical limitations, cognitive delays, making it difficult to provide them with the help they need. Some of the women supported by our team have severe mental health issues. Engaging with women who have severe mental health issues, especially in the absence of family support, is particularly challenging.

There are cultural and behavioural challenges and despite achieving positive outcomes, we face difficulties with a small percentage of beneficiaries who continue to adhere to traditional (birth) practices.

While Mother's Heart is fortunate to have a dedicated group of long-term donors, the absence of funding through institutional agencies presents a challenge.

## Prayer

Please pray for the safety, health, and well-being of the women and girls we support, and staff members. As the heat wave persists in Cambodia, we ask for protection from extreme temperatures and any related health risks. The heat wave can strain our staff's capacity to provide essential services. May we find relief and strength during this challenging time.

Pray for wisdom and guidance for the women we support as they navigate life's complexities. May they make informed decisions and find resilience.

Please pray for us, that we may be able to sustain our resources and partnerships. May we continue to receive the necessary support to enhance Mother's Heart's impact, even during these challenging conditions.

Lastly, please pray to lift up everyone at Mother's Heart. Pray that we remain resilient, find hope and strength in each situation we encounter daily, and to continue to have the ability to persevere and thrive, even in the face of adversity.

**T**hank you for your prayers for my recent trip to visit some of our partners in Thailand and Cambodia. It was great to see these projects in action and the way God is using them to give hope to those in need.

### RICD Thailand

RICD is a wheelchair distribution ministry that incorporates building/refurbishing wheelchairs ready for distribution at big events or through home visits organised by the local church. The big events are collaborations between the local hospital, community leaders and church where each person receives a more suitable wheelchair that is adapted to their needs, some basic essentials and Christian literature. Stronger Together works closely with churches to identify opportunities for reaching those living with disabilities and then helping to integrate them into the church.

### Sunrise Cambodia

The project has two separate



ministries that support the local community. In the mornings they visit the local prison to provide the medication that the prisoners need and cannot afford. As a result of doing this, they now are able to run a relationship skills course that is based on biblical principles with a number of the prisoners. They are, also, registered with the government to support those who are HIV positive. In the afternoons they visit patients and their families to assess needs, provide counselling and support, help with practical family needs like housing and education, and meet with them to share something of the gospel with them.

*Grev Parmenter, MMN Director*



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[info@mmn.uk.com](mailto:info@mmn.uk.com)  
[www.mmn.uk.com](http://www.mmn.uk.com)



01793 538200



Unit 16, Star West,  
Westmead Drive,  
Swindon, SN5 7SW